efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493094010008 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

2016

Open to Public

Department of the Treasury

Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www. IRS gov/form990.

Interna	l Reve	nue Service	P Information above	ar Form 550 and its matractions is at wi	WW INS GOV	7101111330		Inspection		
A F	or th	e 2016 c		ning 07-01-2016 , and ending 06-	-30-2017					
		pplicable	C Name of organization LASELL COLLEGE			D Employ	er identif	fication number		
☐ Add		change	2.0222.0022			04-210	3585			
☐ Ini		-	Doing business as							
Fin		minated				E Telephor	ne number	-		
		d return	Number and street (or P O box if m 1844 COMMONWEALTH AVENUE	all is not delivered to street address) Room/	'suite					
□ Ар	plicati	on pending	City or town, state or province, coul	otry, and ZIP or foreign postal code		(61/) 2	43-2000	<u> </u>		
			NEWTON, MA 024662709	icry, and 211 or foreign postar code		G Gross re	ceints \$ 1	03,571,472		
			F Name and address of principa	al officer	H(a) I	s this a group re	•	03,371,472		
			Michael B Alexander			s this a group re ubordinates?	culli loi	□Yes ☑ No		
			1844 COMMONWEALTH AVENUE NEWTON, MA 024662709		н(ь) А	re all subordinat	tes	☐ Yes ☐No		
I Tax	k-exer	mpt status	☑ 501(c)(3)	(insert no) 4947(a)(1) or 527		ncluded? f "No," attach a l	list (see			
1 W	ebsit	te:▶ WW	'W lasell edu	(macrino) = 4547(a)(1) or = 327	1	Froup exemption		•		
K Forn	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Asso	ociation Other	L Year of	formation 1851	M State MA	of legal domicile		
							l'in			
Pa	rt I	Sum	.							
		Lasell Coll		ir most significant activities lice of their fields of study through colla	borative lea	arning that foste	rs lifelon	g ıntellectual		
Ce	<u> </u>	exploration	n and social responsibility	<u> </u>						
£	:									
Çe II	-									
Activities & Governance				scontinued its operations or disposed of				1		
3	l			ng body (Part VI, line 1a)			3	22		
<u>§</u>	l		•	the governing body (Part VI, line 1b)			4	22		
\ <u>\</u>	l		• •	lendar year 2016 (Part V, line 2a)			5	1,313		
AC	l		•	cessary)			7a	150		
	l			m Form 990-T, line 34			7a 7b	0		
		Net uniei	ated business taxable income nor	11 TOTH 990-1, IIIe 54		Prior Year	/	Current Year		
	8	Contribut	ions and grants (Part VIII line 1h)		5,337,9	977	5,222,736		
Ravenue	l)		86,195,	_	86,856,418		
اق ۸ د	l	-	•	lines 3, 4, and 7d)		1,884,	_	1,825,898		
Œ	l		enue (Part VIII, column (A), lines	•		180,	_	225,467		
	l		, , , , , , , , , , , , , , , , , , , ,	ist equal Part VIII, column (A), line 12)		93,598,	061	94,130,519		
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1–3)		29,918,	927	30,811,825		
	14	Benefits	paid to or for members (Part IX, c	olumn (A), line 4)			0	O		
82	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5–10))	31,877,0	644	33,213,109		
Expenses	16 a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)		76,4	401	33,594		
K D 6	ь	Total fundr	aising expenses (Part IX, column (D), l	ine 25) ▶2,361,099						
ш	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		26,688,	341	26,727,812		
	18	Total exp	enses Add lines 13–17 (must equ	ual Part IX, column (A), line 25)		88,561,	313	90,786,340		
	19	Revenue	less expenses Subtract line 18 fr	om line 12		5,036,		3,344,179		
Net Assets or Fund Balances					Begin	ning of Current Y	'ear	End of Year		
alar	20	Total asso	ets (Part X, line 16)			140,218,0	045	152,401,919		
A B	l		ılıtıes (Part X, lıne 26)			80,688,		83,538,245		
ᇎ	l		s or fund balances Subtract line			59,529,8	_	68,863,674		
Par	t II		ature Block			,,		,,		
Under	pen.	alties of p	erjury, I declare that I have exam	ined this return, including accompanyir						
knowl any k	edge nowle	and belie	f, it is true, correct, and complete	Declaration of preparer (other than of	fficer) is bas	sed on all inform	ation of	which preparer has		
ally K	1104416	L								
		******	vra of officer			2018-03-23				
Sign		Signati	ure of officer			Date				
Here	;		I J Hoyle Ph D VP for Admin & Finance r print name and title							
		17		Proparer's signature	Dato		PTIN			
Da:-	ı		rınt/Type preparer's name raıg Kleın	Preparer's signature Craig Klein	Date 2018-03-23	Check L If	PTIN P0073464	0		
Paid		⋋ ├ _╒	ırm's name ► CBIZ MHM LLC		I	self-employed Firm's EIN ► 26-	-3753134	53134		
Prej		₹! 	irm's address ► 500 Boylston Street			Phone no (617)		_		
Use	UII	עיי	Boston, MA 02116							
Mav t	he IR	S discuss	·	wn above? (see instructions)			✓,	Yes □ No		

Form	990 (2	016)					Page 2
Par	t IIII	Statement	of Program Se	rvice Accomplis	hments		
		Check If Sched	dule O contains a r	esponse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganızatıon's mıssı	on			
	l College I respon		ents in the practice	e of their fields of st	udy through collaborat	ive learning that fosters lifelong	; intellectual exploration and
	Пезроп	Sibility					
2	Did the	e organization i	undertake any sigr	nificant program ser	vices during the year w	which were not listed on	
	the pri	or Form 990 or	990-EZ?				☐ Yes 🗹 No
	If "Yes	," describe the	se new services or	Schedule O			
3	Did the	e organization (cease conducting,	or make significant	changes in how it cond	ucts, any program	
	service	es?					. 🗌 Yes 🗹 No
	If "Yes	," describe the	se changes on Sch	edule O			
4	Section	n 501(c)(3) and	d 501(c)(4) organı		to report the amount	largest program services, as more figures, as more figures, and allocations to other	
4a	(Code) (Expenses \$	77,567,205	ıncludıng grants of \$	30,811,825) (Revenue \$	82,543,131)
	See Ad	ditional Data					
4b	(Code) (Expenses \$	1,334,995	ıncludıng grants of \$) (Revenue \$	2,152,409)
	See Ad	ditional Data					
4c	(Code) (Expenses \$	1,691,535	including grants of \$) (Revenue \$	1,730,241)
	See Ad	ditional Data					
	(Code) (Expenses \$	408,517	including grants of \$) (Revenue \$	430,637)
	Provide	d facilities for oth	er educational organi	zations to conduct educ	cational programs and to p	rovide housing to students	
4d			es (Describe in Sc	•			
	(Expe	nses \$	408,517	including grants of	\$) (Revenue \$	430,637)
4e	Total	program serv	rice expenses ►	81,002,2	52		

or X as applicable

Yes

Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Νo

Nο

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No

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? 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? 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?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

No Yes Nο

Yes Yes

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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

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Page 4

Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Fair	Checklist of Required Schedules (Continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

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,"

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

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 II

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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24a

24b

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24d

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25b

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Yes

Yes

Yes

Form 990 (2016)

Yes Yes

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Nο

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Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3,219	4 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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		
0	Section 501(c)(7) organizations. Enter			
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	1		
1	Section 501(c)(12) organizations. Enter]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to l	
Sar	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
360	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year label 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ MA , AK , MD , MI , NH , NY , OR , SC , KY	,		
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

20 State the name, address, and telephone number of the person who possesses the organization's books and records
►Michael J Hoyle Ph D VP for Ad 1844 commonwealth avenue newton, MA 024662709 (617) 243-2000

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Part VII	Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
La Complete	e 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

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

(B)

(A)

• List all of the organization's former officers, key employees, or 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

1350 Euclid Ave Suite 1500 cleveland, OH 44115 Cannon Boston Inc

100 cambridge s suite 1400 boston, MA 02114

compensation from the organization ▶ 15

Page **8** ued)

	Part VII. Section & Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Par	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u in off tor/ti	ot che unles fficer truste		rson a	Rep comp fro organiz	(D) portable pensation om the zation (W 99-MISC)	from related '- organizations ('	w-	(F) Estima amount or compens from to	ated f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,103	75-1113-67	2/10/3 11/30	,	relate organiza	ed
See	See Additional Data Table													
		<u> </u>		<u> </u>	<u> </u>	<u> '</u>	<u> </u>	<u> </u>				\perp		
				<u> </u>	\vdash	<u> </u>	_	+-	-			+		
		+		\vdash	H	\vdash	\vdash	+				+		
		<u> </u>		<u> </u>	<u> </u>	<u></u> '	<u> </u>	<u> </u>				\bot		
		<u> </u>	 		\vdash	<u> </u>	 	 				+		
сТ	Sub-Total	Part VII, Section	nA.				 		1,	,816,866		0		300,083
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos					o rec			100,000			<u> </u>
												_	Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>				•				ghest co	•	ed employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$										4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ation or in	ıdıvıdual for	5		No
Se	ection B. Independent Contract	tore		—	—	—		—						
1	Complete this table for your five higher from the organization Report comper	nest compensate										npen	sation	
	<u> </u>	(A)				<u></u>		<u> </u>		Ι	(B)		(c)	
Comn	Name a nodore Builders Corp	and business addre	<u>+SS</u>							+	scription of services ion Services		Compen 5,	,602,763
Walth	Nyman Street Suite 400 nam, MA 02451													
	xo Inc Washington Blvd									Food Serv	rices		3,	,709,725
	ersburg, MD 20878 • West Contracting Corp					—				Construct	ion Services		1,	,281,487
	numonts Pond Drive pro, MA 02035												<u></u>	
gca se	ervices group									Housekee	ping Services		İ	905,890

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

899,745

Architectural Services

Part	VII	II Statement of	Revenue									- rage 3
		Check if Schedul	e O contains	a respo	onse or note to any						<u> </u>	<u> </u>
							(A) revenue	Rela ex fur	(B) ated or empt action	(C) Unrelate busines revenue	s	(D) Revenue excluded from ix under sections
	1:	a Federated campaigr	ns	1a				rev	/enue			512-514
Iributions, Gifts, Grants Other Similar Amounts		b Membership dues .		1b								
3ra not		c Fundraising events		1c								
IS, (d Related organization		1d	<u> </u>							
Giff Ia		e Government grants (co		1e	649,156							
S. III		f All other contributions,			<u>, </u>							
ë S		and similar amounts no above	ot included	1f	4,573,580							
혈		g Noncash contributio	ns included									
Contributions, and Other Sim		ın lınes 1a-1f \$		54,9	932							
<u>ج ت</u>	_Ի	Total.Add lines 1a-1	f				5,222,736					
E E					Business							
J-A-L		Tuition & Fees				611310 611310		553,721	61,55	·		
ı Çξ		Room & Board Mgmt fee/rent from tax-	ovemet aff			561499		387,621 152,409	18,38	2,409		
rwc		Connected learning/ed	exempt an			611710		744,994		1,994		
₹.		collaborations with college	ges			611710	1,7	730,241	1,730	0,241		
ran	f	All other program ser	rvice revenue	<u> </u>			1,2	287,432	878	3,251		409,181
Program Service Revenue		Total.Add lines 2a-2f			86,8	356,418						
		Investment income (in			unterest and other	1						
			· · · ·		interest, and other		832,94	5				832,945
		Income from investme	ent of tax-exe	empt b	ond proceeds >							
	5	Royalties			· · · •							
	6-	Gross rents	(ı) Rea	1	(II) Personal	-						
	Ua	GIOSS TEIRS	1	150,405								
	Ŀ	Less rental expenses		52,028		1						
		Rental income or		98,377		-						
		(loss)				_						
	•	Net rental income or	, ,	•		ļ	98,37	7				98,377
	7-	Gross amount	(ı) Securi	ties	(II) Other	-						
	7 a	from sales of assets other	10,3	366,148	14,300)						
		than inventory										
	Ŀ	Less cost or	0.5	207.405	,	,						
		other basis and sales expenses		387,495								
		Gain or (loss)	Ğ	978,653	14,300]	992,95	2				992,953
		I Net gain or (loss) . Gross income from fu	indraising ev	• ents	<u> </u>	├─	992,93	3				
<u>ə</u>	0.0	(not including \$	_	of								
eun		contributions reporte See Part IV, line 18			 38,333							
ev.	Ŀ	Less direct expenses			1,430	4						
er F		: Net income or (loss)			ents	_	36,90	3				36,903
Other Revenue	9a	Gross income from g		ies								
O		See Part IV, line 19		а	}							
	Ŀ	Less direct expenses	s	ь		1						
		Net income or (loss)		activit	iles •	_						
	10	aGross sales of invent										
		returns and allowanc	es	а								
	Ł	Less cost of goods s	old	Ь		1						
		Net income or (loss)		invent	tory ►	_						
		Miscellaneous			Business Code							
	11	a Mıscellaneous Incom	ne		900099	9	85,38	3	85,383	1		
	Ł	alumnı events			900099	9	4,80	4	4,804			
	(=									T	
		d All other revenue .										
	•	Total. Add lines 11a	-11d		•		90,18	7				
	12	? Total revenue. See	Instructions				94,130,51	9	86,537,424		0	2,370,359
							,,		-, , 12		-	Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses	-L All -kl		lata lara (A)	
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	oiete column (A)	
Check if Schedule O contains a response or note to any	Ine in this Part IX			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	30,811,825	30,811,825		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	925,480		716,841	208,639
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,462,642	20,341,822	4,847,251	1,273,569
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	985,399	741,180	176,282	67,937
9 Other employee benefits	2,807,843	1,917,797	775,439	114,607
10 Payroll taxes	2,031,745	1,471,049	449,620	111,076
11 Fees for services (non-employees)				
a Management				
b Legal	131,477		131,477	
c Accounting	138,630		138,630	
d Lobbying				
e Professional fundraising services See Part IV, line 17	33,594			33,594
f Investment management fees	149,551		149,551	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,869,130	1,252,480	586,377	30,273
12 Advertising and promotion	741,440	721,065	20,375	
13 Office expenses	2,162,631	1,471,865	520,085	170,681
14 Information technology	1,426,144	343,452	1,059,827	22,865
15 Royalties				
16 Occupancy	5,320,363	717,771	4,602,592	
17 Travel	936,303	799,217	89,239	47,847
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	105,389	83,301	18,953	3,135
20 Interest	2,724,690	2,706,675	18,015	

4,777,317

3,287,917

2,537,914

205,925

90,786,340

0

212,991

4,410,536

3,287,917

2,035,016

7,864,543

81,002,252

24,741

273,780

188,250

366,590

205,925

-7,912,110

7,422,989

93,001

136,308

47,567

2,361,099

Form **990** (2016)

21 Payments to affiliates . . .

expenses on Schedule O)

a Cafeteria Food service

23 Insurance . . .

b other expenses

c annuity payments

e All other expenses

d allocation of operation

22 Depreciation, depletion, and amortization .

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

25 Total functional expenses. Add lines 1 through 24e 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)

Page **11**

362

1,062,279

92,400,966

40.094.537

125,611

606.860

2.603.896

152.401.919

10,169,714

8,910,555

57,551,178

6.906.798

83,538,245

52,530,129

8,127,643

8.205.902

68,863,674

152.401.919

Form **990** (2016)

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34

2.918

738.879

76.810.587

38.413.860

122.811

569.047

2,409,470

5,673,327

6,904,677

58,734,348

9.375.849

80,688,201

45.218.286

6,278,843

8.032.715

59,529,844

140.218.045

140,218,045

	0 0 ,		1
1 Cash-non-interest-bearing	25,322	1	30,644
2 Savings and temporary cash investments	18,180,321	2	10,324,596
3 Pledges and grants receivable, net	1,739,798	3	2,676,835
4 Accounts receivable, net	1,205,032	4	2,475,333
Loans and other receivables from current and former officers, directors, 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			

145,984,404

53,583,438

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Assets 10a Land, buildings, and equipment cost or other

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Notes and loans receivable, net

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Form 990 (2016)

☐ Both consolidated and separate basis

2c

3a

3b

Yes

Yes

Yes (2016)

✓ Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 04-2103585

Name: LASELL COLLEGE

Form 990 (2016)

Form 990, Part III, Line 4a: 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 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 responsibility **Number of students in 2016-2017 school year Fall 2016 semester Undergraduate 1747 Full-time, 31 part-time, Graduate 82 full-time, 234 part-time Spring 2017 semester Undergraduate 1669 Full-time, 30 part-time, Graduate 86 full-time, 249 part-time Summer 2016 term 2 Undergraduate 47 part-time, Graduate 159 part-time Summer 2017 term 1 Undergraduate 233 part-time, Graduate 1 full-time, 188 part-time. Our Undergraduate students represent 27 states and 26 foreign countries and our Graduate students represent 24 states and 17 foreign. countries

Form 990, Part III, Line 4b: 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

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

Form 990, Part III, Line 4c:

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related Highest compensional (W-2/1099-(W-2/1099organization and Office Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line) Trus

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Vice Chair	0 00	l ''							, and the second	
peter schulte	1 00	×		×				0	0	
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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trustee (through 10/16)	0 00					5	0	
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trustee (through 10/16)	0 00							
Richard K Blankstein	1 00							
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Trustee/Past Chair	0 00							
Rena Clark	1 00							
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trustee (through 10/16)	0 00	^					
Rıchard K Blankstein	1 00	I ↓			0	0	
Trustee/Past Chair	0 00	_ ^			0		
Rena Clark	1 00				0	0	

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Trustee

Trustee

Trustee

Trustee

John Doran

Michael Connor

Susan Rinklin Dunne

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Office Highest compensate Former Individual trustee or director Key employee organizations Institutional MISC) MISC) related below dotted organizations line) Trustee

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Deborah Estabrook	1 00	 			0	0	
Trustee	0 00	^			0	0	
Patrıcıa Flatley	1 00	×			0	0	
Trustee	0 00	l ''				0	
Irwin Gruverman	1 00	l					
Trustee	0 00	×			0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Trustee	0 00				,		
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trustee	0 00						

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Joe Maraia

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David McInnis

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BRAD KATES	1 00	· ·							
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Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related any hours and a director/trustee) organizations organization for related (W-2/1099-(W-2/1099organization and

(F)

Estimated

compensation

from the

46,001

26,649

41,186

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	organizations below dotted line)	ndradual trustee or director	Institutional Trustee	Officer	ey employee	righest compensated	Former	MISC)	MISC)	related organizations
debbie schneider	1 00	x						0	0	
Trustee	0 00									
WARNER SLACK	1 00									

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debbie schneider	1 00	×			0	0	
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TRUStee	0 00	^					
lucie salhany	1 00	X			0	0	0
Trustee	0 00						
judith wittenberg	1 00						_

WARNER SLACK	1 00	x			0	0	0	
TRUStee	0 00					,		
lucie salhany Trustee	1 00	Х			0	0	0	
judith wittenberg trustee (through 10/16)	0 00	×			0	0	0	
	40.00							

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lucie salhany	1 00	×					0	0	0
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judith wittenberg	1 00	l 🗸					0	0	0
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Mıchael B Alexander	40 00								
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Trustee	0 00						
judith wittenberg	1 00	×			0	0	0
trustee (through 10/16)	0 00	,			,	,	
Michael B Alexander	40 00		×		403,535	0	102.932
President	10 00		,		103,333		

trustee (through 10/16)	0 00								
Michael B Alexander	40 00								
	•••••			×			403,535	0	102,932
President	10 00								
dr Michael J Hoyle	40 00								
		l	1 1	νI	l	I	1 220 242	ا م	26.620

Michael B Alexander				x			403,535	0	102,932
President	10 00								
dr Michael J Hoyle	40 00								
				×			229,313	0	26,628
Asst Treasurer, VP Admin & Finance	10.00	l .	l I	- 1	- 1				

dr Michael J Hoyle	40 00		v		229,313	0	26,628
Asst Treasurer, VP Admin & Finance	10 00				225,515	0	20,020
Pamela Faria	40 00						
			_x		138,414	0	21,644

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236,856

222,008

202,896

ur Pilcilaer 3 Floyle			l x l		229,313	0	
Asst Treasurer, VP Admın & Fınance	10 00		,		223,313	,	
Pamela Faria	40 00						
Tullion Tullio			x		138,414	0	
Asst Clerk, VP Special Asst to Pres	10.00				,		

10 00 40 00

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Dean J Hickey

VP Development/Alumni Relations

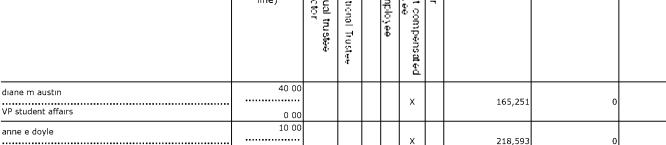
dr Kathleen M O'Connor

VP Enrollment Mgmt

dr James M Ostrow

VP Academic Affairs

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation from the week (list person is both an officer from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and Former Individual organizations Institutiona MISC) MISC) related below dotted organizations line)



40 00

VP Lasell Village

20,977

14,066

SCI	HED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
	m 990			organization is a sect 4947(a)(1) nonexe	ion 501(c)(3) d	organization o		2016
epart	ment of	the Treasury	► Information abo	► Attach to Form 9 out Schedule A (Form	990 or Form 99	0-EZ.	uctions is at	Open to Public Inspection
am	l Reven e of th L COLLE	ne Service ne organiza ECE	tion	www.ms.g	Employer identific			
JEL	L COLL						04-2103585	
	rt I		for Public Charity State private foundation becaus				See instructions.	
1e 0			onvention of churches, or a	•	-	,	ι(Δ)(i)	
- 2		,	escribed in section 170(b)				((~)(1)	
3			or a cooperative hospital se		· ·		'iii)	
4		•	esearch organization opera	•				nter the hospital's
•	Ш		and state	tea in conjunction with	a nospital descri	bed iii section	170(b)(1)(A)(III). L	
5			ation operated for the benef (iv). (Complete Part II)	fit of a college or univer	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6			tate, or local government o	r governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7	✓	_	ation that normally receives ('0(b)(1)(A)(vi). (Complet	•	s support from a	governmental (unit or from the gener	al public described in
8		A communi	ty trust described in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9		_	ural research organization or rant college of agriculture	. , , ,		•	-	ege or university or a
0		from activit	ation that normally receives ties related to its exempt fu income and unrelated busi See section 509(a)(2). (C	nctions—subject to cert ness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1		· ·	ation organized and operate		r public safety S	ee section 509	O(a)(4).	
2		more public	ation organized and operate ly supported organizations i through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а		organizatio	supporting organization open n(s) the power to regularly Part IV, Sections A and E	appoint or elect a major				
b		Type II. A manageme	supporting organization su nt of the supporting organiz plete Part IV, Sections A	pervised or controlled in zation vested in the san				
С			unctionally integrated. A prganization(s) (see instruc					ted with, its
d		functionally	on-functionally integrated integrated The organization You must complete Page 1	on generally must satis	fy a distribution i			
e			box if the organization rece			RS that it is a Ty	ype I, Type II, Type II	I functionally
f	Enter		or Type III non-functionally of supported organizations		organization			
g	Provid	de the follow	ing information about the s	upported organization(s)			
i)N	ame of	f supported o	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
ota	1							
		vork Reduc	tion Act Notice, see the I	Instructions for	L Cat No 11285	<u> </u>	⊥ Schedule A (Form 9	ı 90 or 990-EZ) 2016

dividends, payments received on 793,178 789,151 1,083,068 1,024,952 securities loans, rents, royalties and

income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 409,581 or loss from the sale of capital 446,609 assets (Explain in Part VI)

54 810 % 50 710 % ▶ 🗹

4,673,699

2,321,207

983,350

447,514

561,835

11 Total support. Add lines 7 through 23,836,895 12 Gross receipts from related activities, etc. (see instructions) 12 395,372,595 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, Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2016. 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 box and stop here. The organization qualifies as a publicly supported organization is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

455,668

h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 h 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 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 or 990-EZ) 2016

Section A. Public Support											
the organization fails to qualify under the tests listed below, please complete Part II.)											
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT										

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	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 assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S	16					
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
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			
	ın section 509(a)(1) or (2)	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	1 - '		l

	(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)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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	

	III Section 309(a)(1) or (2)	2	i				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)						
	below	3a					
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
	determination	3b					
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						

	below	3a			
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the				
	determination				
	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				
	checked 12a or 12b in Part I, answer (b) and (c) below				
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box			

		30	l
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purpos			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
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	4b	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

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

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	stion B. Tuno I Summouting Ouspainstions			
36	ction B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or		1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
	skien C. Tune II Cumpostine Opposite tions			
Se	ction C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of	163	110
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	"		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
C -	skion D. All Tuno III Sunnouting Ouspuinskians			
36	ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's		1.03	"
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of t			
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	, , , , , , , , , , , , , , , , , , , ,	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization			
	(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization			
	maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the	-		
	organization's investment policies and in directing the use of the organization's income or assets at all times during the ta			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction 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 instru	ctions)		
а	The organization satisfied the Activities Test. Complete line 2 below	•		
ь	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 (s	ee instri	ictions)	١
_	The organization supported a governmental entity bescribe in Fair variow you supported a government entity (s	oc mond	100113)	,
2	Activities Test Answer (a) and (b) below.		1	
			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 those supported			
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, and the organization have the power to require the organization of the organization have the organization of the	of 3a		
	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			
	Supported organizations: It res, describe in Fart #1. the fole played by the organization in this regard	3b	1	1

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 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	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

Schedule A (Form 990 or 9	chedule A (Form 990 or 990-EZ) 2016 Page 8							
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test							
990 Schedule A, Sup	emental Information							
Return Reference	Explanation							
Form 990, Schedule A, Pa Line 7	I, The basis of the College's public charity status has been and continues to be its qualific ation 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 qual ification to follow the special rule for abbreviated reporting or contributions on Form 99							

0, Schedule B

Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493094010008 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** LASELL COLLEGE 04-2103585 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☑ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a 1 Total acreage restricted by conservation easements 2b 2 20 Number of conservation easements on a certified historic structure included in (a) 2c 0 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 0 structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ✓ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t IIII	Organizations Ma	aintaining Col	lections of A	Art, Hist	orical 1	reas	ures, or Ot	her Similar .	Assets (continued)
3		the organization's acq (check all that apply)	uisition, accessior	n, and other re	cords, che	eck any o	f the f	ollowing that a	are a significan	t use of its	collection
а		Public exhibition				d 🗌	Loar	n or exchange	programs		
b		Scholarly research				е 🗌	Othe	er			
С		Preservation for future	e generations								
4	Provide Part	de a description of the	organızatıon's coll	lections and ex	oplain how	they fur	ther th	ne organization	n's exempt pur	pose in	
5		g the year, dıd the orga s to be sold to raise fur								☐ Ye	s 🗆 No
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			n Form !	990, Par	t IV,	line 9, or rep	oorted an am	ount on F	Form 990, Part
1a		e organization an agent ded on Form 990, Part)		an or other inte	ermediary	for contr	ributio	ns or other as	sets not	☐ Ye	s 🗆 No
Ь	If "Y∈	es," explain the arrange	ement in Part XIII	and complete	the follow	ving table				Amount	
С	Begin	ning balance						1c			
d	Addıt	ions during the year						1d			
е	Dıstrı	butions during the year	r					1e			
f	Endın	g balance						1f			
2 a	Did th	ne organization include	an amount on Fo	rm 990, Part X	(, line 21,	for escro	w or c	ustodial accou	int liability?	☐ Ye	s 🗆 No
Ь	TE "Vo	s," explain the arrange	mont in Part VIII	Chack hara if	the evala	nation h	s boo	a providad in l	Dart VIII		
	rt V	Endowment Fund									<u>. – </u>
		<u> </u>	usi complete ii	(a)Current ye		(b) Prior ye		(c)Two years b			(e)Four years back
1 a	Beginn	ing of year balance .		36,35			5,340	37,62		31,927,933	26,264,144
Ь	Contrib	outions		41	0,416	31	2,135	35	1,919	1,763,429	3,406,039
С	Net inv	estment earnings, gair	ns, and losses	5,08	2,471	-26	3,745	1,31	1,083	5,290,492	3,446,873
d	Grants	or scholarships	•	14	0,361	13	33,323	12	4,231	110,590	96,332
e		expenditures for facilitie	es	7,62	0,668	1,25	57,128	1,29	4,135	1,045,540	919,770
f	Admını	strative expenses .		17	0,772	10	4,311	6	0,030	204,990	173,021
g	End of	year balance		33,92	0,054	36,35	8,968	37,80	5,340 3	37,620,734	31,927,933
2 a		de the estimated perceid designated or quasi-e	-	ent year end ba	alance (lır	ie 1g, coli	umn (a	a)) held as			
ь	Perm	anent endowment >	24 170 %								
c	Temp	orarily restricted endov	vment ▶ 14.8	350 %							
٠		ercentages on lines 2a									
3a	Are th	nere endowment funds nization by		•		that are	held ai	nd administer	ed for the		Yes No
	(i) ur	nrelated organizations									a(i) Yes
		elated organizations .				• •		• •			(ii) No
ь 4		es" on 3a(II), are the rel Tibe In Part XIII the Inte	-	•			R′.				Bb
	rt VI	Land, Buildings,			endownie	SITE TUTTOS					
ГС	C VI	Complete of the org			n Form 9	90, Part	IV, lı	ne 11a. See	Form 990, P	art X, line	e 10.
	Descri	ption of property	(a) Cost or oth (investme	er basis (I	b) Cost or o				ated depreciation		(d) Book value
	Land					1,2	235,118	3			1,235,118
	Buildin					102,6	501,127	7	40,363,40	0	62,237,727
		old improvements									
		nent				10,2	228,454	1	9,044,30	3	1,184,151
	Other			2,196,000			723,705		4,175,73		27,743,970
		lines 1a through 1e (Co	u Olumn (d) must ed	qual Form 990,	, Part X, c	·			•		92,400,966

	Investments—Other Securities. Complete if the org	200170	tion ancu	uorod 'Vos' on E	arm 000 Bart IV line 11h	Page 3
Part VII	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	Janiza	(b)Book value	(c)Method of valuation or end-of-year market value	
(1)Financial	derivatives		raide		or one or year market raise	
(2) Closely-h (3) Other	eld equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the o	•		swored 'Ves' on	Form 000 Part IV line 11c	
Part VIII	See Form 990, Part X, line 13.				· · · · · · · · · · · · · · · · · · ·	·
	(a) Description of investment	(b) B	look value		c) Method of valuation or end-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'	on For	rm 000 Pa	et IV line 11d. Se	o Form 990 Part V June 15	
	(a) Description	011101	111 330, 14	ittiv, iiile 11a Se	(b) Book va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(1) (5) (6) (7) (7) (7)					
Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe	red 'Y	es' on Fo	rm 990, Part IV	, line 11e or 11f.	
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal ı	ncome taxes					
FMV interest	rate swaps			5,483,237		
Refundable a	advances - Perkins Ioan program			371,911		
conditional a	sset retirement obligation	-		44,500		
Annuity oblig	gations			697,200		
capital lease	liability			149,950		
457 plan liab (7)	ollity			160,000		
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	<u></u>		6,906,798		
	or uncertain tax positions In Part XIII, provide the text of the f 's liability for uncertain tax positions under FIN 48 (ASC 740)(ganızatıon's fınand		_
					Schedule D (Form 99	0) 2016

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

2b

2c 2d

4a 4b

Explanation

52,028

149,551

30,726,557

2e

3

4c

5

Page 4

52,028

59.910.232

30,876,108

90,786,340

Schedule D (Form 990) 2015

Schedule D (Form 990) 2016

Prior year adjustments

Other losses

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

е

3

4

b

C

Part XIII

See Additional Data Table

5

Other (Describe in Part XIII)

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Page 5	Schedule D (Form 990) 2015				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software Version: **EIN:** 04-2103585

Software ID:

Supplemental Information Return Reference

Part II, Line 5

Name: LASELL COLLEGE

Members of the city's conservation committee visit the location to ensure that we are in compliance

Supplemental Information	
Return Reference	Explanation
Part V, Line 4	Board-designated Endowment - Funds set aside by the Board of Trustees for strategic purpos es and to provide investment income to support operations. These amounts may only be used with the approval of the Board of Trustees. Permanent Endowment - Amounts restricted by do nors against any expenditure of principal. Substantially all the income earned on principa. I may be used for general or donor-restricted purposes and is recorded in unrestricted net assets or temporarily restricted net assets, as appropriate.

Supplemental Information	
Return Reference	Explanation
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 agging regates 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 recognition. The College is not currently under examination by any taxing jurisdiction. The College's Federal and state income tax returns are generally open for examination for three years following.

the date filed

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	change in fair value of interest rate swaps 2,469,652 RENTAL EXPENSES INCLUDED ON PART VI II, LINE 6B 52,028 change in actuarial value of annuity liabilities 55,904 change in value of beneficial interests 199,429

_ _ _

Supplemental Information Return Reference Explanation Part XI, Line 4b - Other FINANCIAL AID 30,325,942 Auxiliary enterprise discounts 26,857 Other expense 167,833 Annuity payments Adjustments 205,925

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	rental expenses included on Part VIII, Line 6b 52,028

Supplemental Information Return Reference Explanation Financial aid 30,325,942 Auxiliary enterprise discounts 26,857 Annuity payments 205,925 Part XII, Line 4b - Other Adjustments Other expense 167,833 Loss on disposal of property and equipment

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493094010008 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the organization **Employer identification number** LASELL COLLEGE 04-2103585 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Nο Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

Schedule E (Form 990 or 990EZ) (2016) Page 2						
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)						
Return Reference	Explanation					
Schedule E, Part I, Line 3	PER PART 4 03 2(B) OF REV PROC 75-50, 1975-2 C B 587, THE COLLEGE CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM A LARGE GEOGRAPHICAL SECTION OF THE UNITED STATES AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO ITS STUDENTS IT CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS ITS PROMOTIONAL ACTIVITIES AND RECRUITING EFFORTS ARE REASONABLY DESIGNED TO INFORM STUDENTS OF ALL RACIAL SEGMENTS OF THE AVAILABILITY OF THE COLLEGE					
Schedule E, Part I, Line 6	THE COLLEGE RECEIVES GRANTS IN THE FORM OF FUNDS DISTRIBUTED FOR FINANCIAL AID OR SUPPORT OF EDUCATIONAL PROGRAMS					

Schedule F (Form 990 or 990-FZ) (2016)

SCHEDULE G

Supplemental Information Regarding

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

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DLN: 93493094010008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization

Employer identification number

ASEL	L COLLEGE							04-2103585	
Par		tivities.Complete i		_			Form 990,	Part IV, line	17.
L	Indicate whether the orga	nization raised funds	through	any of the	e foll	owing activities Che	ck all that a	pply	
a ☑ Mail solicitations e ☑ Solicit						✓ Solicitation of r	on-governm	nent grants	
ь [✓ Internet and email soli	ıcıtatıons			f	✓ Solicitation of o	jovernment	grants	
c [✓ Phone solicitations				g	Special fundrai	sing events		
d [✓ In-person solicitations								
	Did the organization have or key employees listed in							—	es 🗹 No
	If "Yes," list the ten highes to be compensated at leas			fundraise	rs) p	oursuant to agreeme	nts under w	hich the fundrais	ser is
• •	Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	ount paid to stained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
			Yes	No					
45	enefactor Group 50 S Front St Dlumbus, OH 43215	fundraising counsel		No			0	33,594	(
2									
3									
4									
5									
6									
7									
8									
9									
0									
otal		1	1	•				33,594	
					1	##l# l		المستحددة المسا	

MA, AK, CO, DC, KY, MD, ME, MI, NH, NY, OR, SC, WA

		(a)Event #1	/L\ E		
		(4)=70.00 % =	(b) Event #2	(c)Other events	(d) Total events (add col (a) through
Revenue		(event type)	(event type)	(total number)	col (c))
:	1 Gross receipts			38,333	38,333
	2 Less Contributions			38,333	38,333
4	1 Cash prizes				
	Noncash prizes				
Expenses	Rent/facility costs				
Š 7	7 Food and beverages				
Direct	B Entertainment				
- 1	Other direct expenses			1,430	1,430
1	LO Direct expense summary Add lines 4 t	hrough 9 in column (d)		•	1,430
	II Net income summary Subtract line 10 III Gaming. Complete if the organical complete in the or			>	36,903
Part	on Form 990-EZ, line 6a.	anization answered Y	es on Form 990, Part I		
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u> :	1 Gross revenue				
ses.	2 Cash prizes				
Expenses	Noncash prizes				
	Rent/facility costs				
Direct	S Other direct expenses				
<u> </u>	S other direct expenses 1 1 1	☐ Yes %	Yes %	☐ Yes %	
e	5 Volunteer labor	No	□ No	No	
7	 Direct expense summary Add lines 2 t 	hrough 5 in column (d)			
	Net gaming income summary Subtrac	t line 7 from line 1, colur	nn (d)	•	
	Enter the state(s) in which the organizati				
	Is the organization licensed to conduct ga If "No," explain				Yes No
	Were any of the organization's gaming lid	enses revoked, suspend	ed or terminated during th	e tax year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2016					F	age
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords			
	Name •						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			ganization ▶ \$ and th	ne			
	amount of gaming revenue retained b	y the third party $ hildsymbol{ ho}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilder$ $\$$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	,	te law to make charitable di	stributions from the gaming proceeds to		_		
_	retain the state gaming license?				☐ Yes	□ No	
b	·		uted to other exempt organizations or spent				
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt	
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid				
	Return Reference		Explanation				
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201

efile GRAPHIC print - DO NOT PROCESS DLN: 93493094010008 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** LASELL COLLEGE 04-2103585 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

(a) Type of grant or assi	stance (b) Numi recipie		c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) seog grants		66	116,026			
(2) massachusetts gilbert grant	S	181	343,000			
(3) Lasell Scholarships and other fi awards	nancial aid	1749	30,181,131			
(4) SCHOLARSHIPS FROM RESTRIC	TED GIFTS	24	92,585			
(5) lasell sibling discounts		43	70,353			
(6) LASELL OTHER TUITION DI	COUNTS	12	8,730			
5)						
7)						
Part IV Supplementa	I Information. Provide	e the informat	ion required in F	Part I, line 2, Part III,	column (b), and any other add	itional information.
Return Reference	Explanation					
Part IV Supplementa Return Reference Part I, Line 2	Explanation Institutional financial as	ssistance is awa	rded based on bot	h a financial need and m	column (b), and any other add nerit basis Financial need is determited by the colory of the colors o	ned by the submission of the free

Schedule I (Form 990) 2016

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493094010008

2015

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Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Employer identification number Name of the organization LASELL COLLEGE 04-2103585 Part I Questions Regarding Compensation

					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	□ First-class or charter travel	Ľ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	□ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenumbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec		, , , , , , , , , , , , , , , , , , ,	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all thused by a related organization to establish compensation.	at appl	y Do not check any boxes for methods			
	Compensation committee	Ľ	Written employment contract			
	Independent compensation consultant	Ľ	Compensation survey or study			
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, l or a related organization	Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The organization?			6 a		Νo
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7	Yes	
8	Were any amounts reported on Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	кеgula	itions section 53 4958-4(a)(3)? If "Yes," describe	8		Νo
9	If "Yes" on line 8, did the organization also follow the	rehutt	able presumption procedure described in Regulations			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?						

(ii)

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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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 (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(I)-(D)column(B) reported (ii) (iii) Base as deferred on prior compensation Bonus & incentive Other reportable (I) compensation Form 990 compensation compensation 1 Michael B Alexander 374.011 19,000 10,524 77,375 25,557 506,467 0 President Ω 0 0 0 0 0 0 (ii) 2 dr Michael J Hoyle 209,037 276 20,000 15,856 10,772 255,941 0 (i) Asst Treasurer, VP Admin & Finance 0 0 0 0 Ω 0 0 (ii) 3 Pamela Fana 127,622 (i) 10,000 792 9,840 11,804 160,058 0 Asst Clerk, VP Special Asst to 0 0 0 0 0 0 (ii) 4 Dean J Hickey 224,080 276 (i) 12,500 17,665 28,336 282,857 0 VP Development/Alumni Relations 0 0 0 0 Ω 0 0 (ii) 5 dr Kathleen M O'Connor 206,216 (i) 15,000 792 15,702 10,947 248,657 0 VP Enrollment Mgmt 0 0 0 0 0 0 0 (ii) 6 dr James M Ostrow 189,574 (i) 12,500 822 15,009 26,177 244,082 0 VP Academic Affairs 0 0 0 0 0 0 0 (ii) 7 diane m austin 153,727 10,000 1,524 11,697 9,280 186,228 0 (i) VP student affairs 0 0 0 0 0 0 0 (ii) 203,077 8 anne e dovle (i) 15,000 516 12,346 1,720 232,659 0 VP Lasell Village 0 0 0 Ω

Schedule 5 (Form 550) 2015	rage 5						
Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
Part I, Line 1a	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, 2016 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 A bonus was awarded to the president of the college at the						

Schedule 1 (Form 990) 2015

recommendation of the executive compensation committee and upon the approval of the board of trustees. Bonuses to all other persons were awarded at

Schedule J (Form 990) 2015

the discretion of the president of the college

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	hedule K orm 990)			I Information o									No 154		7	
	,	► Complete		nswered "Yes" to Form				de des	criptions,				201	.0		
	artment of the Treasury	h T	•	► Attach to Form 99	0.								en to F			
	nal Revenue Service e of the organization	►Intorn	nation about Schedul	e K (Form 990) and its	instruction	s is at <u>v</u>	vww.irs.go	ov/tori	<u> 11990</u> .	Emplo	yer iden		nspeci n numb			
	ELL COLLÉGE									'	03585					
P	art I Bond Issues									1						
	(a) Issuer name	(b) Issuer	EIN (c) CUSIP #	(d) Date issued	(e) Issue	price	(f) D	escripti	on of purpose	(g) De	efeased	eased (h) On behalf of issuer		(i) Pool financing		
										Yes	No	Yes	No	Yes	No	
A	massachusetts Developm Finance Agency	nent 04-343181	.4 57583RZC2	08-07-2008	14,	565,000	Construction existing pr		esidence hall &	t	Х		Х		Х	
В	Massachusetts Developm Finance Agency	ent 04-343181	.4 57583RGS8	09-28-2006	6,	400,000	advance re	fund o	f prior issue		Х		Х		Х	
С	Massachusetts Developm Finance Agency	ent 04-343181	.4 57583RGS8	09-28-2006	12,	070,000	Construction existing pr		esidence hall &	t	Х		Х		X	
D	massachusetts Developm	nent 04-343181	.4 57583ucz9	05-25-2011	24,	589,453	Refund pri		e and new		Х		Х		X	
	Finance Agency						construction	n								
Pa	rt III Proceeds	•	•				•			•						
						A		E	3	C	1			D		
1	Amount of bonds retired					4,515	5,000		1,260,000		700	,000		3,0	020,000	
	Amount of bonds legally															
3	Total proceeds of issue					14,732,917 6,400,000		12,292,016								
	4 Gross proceeds in reserve funds					664 622		220.00			1,959,2					
5	Proceeds in refunding e					661	.,623				330	,000			807,400	
<u>6</u> 7	Issuance costs from pro					2.46	. 750		122.645		201.010			202 2-		
<u></u>	Credit enhancement fro					248,753 123,645		<u> </u>			•					
9	Working capital expendi				69,657 17,921				,798							
10	Capital expenditures fro	•				13 753	984		53 884		8 502	71.7		11 /	023 653	
11	Other spent proceeds .					13,752,884 53,884 6,204,550			<u> </u>							
12	Other unspent proceeds								0,201,330		3,031	, 107		10,	117,220	
13	Year of substantial com				2	009		20	07	200)7			2012		
					Yes	No	, Y	es	No	Yes	No		Yes		No	
14	Were the bonds issued	as part of a current refu	unding issue?			Х			Х	Х			Х			
15	Were the bonds issued a	as part of an advance re	efunding issue?			X		X			X				X	
16	Has the final allocation	ation of proceeds been made?			×			×		X			X			
Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х			×		х			Х				
Pa	rt IIII Private Busin					1	l							_		
						A		E	В	C				D		
	18/			Ch.ch	Yes	No	Y	es	No	Yes	No		Yes		No	
1	Was the organization a financed by tax-exempt	partner in a partnership : bonds?	o, or a member of an LL	.C, which owned property		X			X		Х				X	
2	Are there any lease arra	angements that may res	sult in private business			х			х		Х				X	
For	Paperwork Reduction A			90.	C:	t No 50)193F		<u> </u>		S	chedul	e K (Fo	rm 990	0) 2016	

Arbitrage

Part IV

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Page 2

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Schedule K (Form 990) 2016

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counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Yes

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No

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Yes

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Page 3

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No

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Yes

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

Issuer Name massachusetts Development Finance Agency Date the Rebate Computation was Performed 09/01/2017 Issuer Name Massachusetts Development Finance Agency Date the Rebate Computation was Performed 09/01/2017 Issuer Name Massachusetts Development Finance Agency Date the Rebate Computation

was Performed 09/01/2017 Issuer Name massachusetts Development Finance Agency Date the Rebate Computation was Performed 06/30/2017 Issuer Name massachusetts Development Finance Agency Date the

Explanation

Yes

Χ

Yes

Χ

Yes

Χ

No

Χ

No

_ ,		
		1
	Yes	
Were gross proceeds invested in a quaranteed investment contract		

Schedule K (Form 990) 2016

(GIC)?

period?

Part V

Part VI

Performed

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the

voluntary closing agreement program if self-remediation is not available under

Rebate Computation was Performed 08/31/2017

requirements of section 148? . . .

applicable regulations?

Return Reference

Date Rebate Computation

Return Reference	Explanation
Form 990, Schedule K-Part II,	The differences consist of interest earned Column A amount \$67,917 Column C amount \$222,016 Column D
Line 3-Total Proceeds of issue	amount \$413 Column E amount \$75,883

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(Fo	orm 990)		pplemental Inf									1	201	6	
		Complete if the	e organization answer explanations, an					Provide des	scriptions,				'UI	U	
	rtment of the Treasury	A Information	A ◆ n about Schedule K (Fo	ttach to Form 99		. i		ina aau/fan	000				en to Pı		
	nal Revenue Service	Piniormatio	n about Schedule K (Fo	orm 990) and its	instruction	s is at <u>w</u>	/ww.i	irs.qov/iori	<u>111990</u> .	Emplo	yer iden		nspection number		
LASE	ELL COLLÉGE									04-21	03585				
Pa	rt I Bond Issues									1					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP # (c	d) Date issued	(e) Issue	orice		(f) Description	on of purpose	(g) De	feased	(h)	On	(i)	Pool
	` ,		`		, ,	'	•			1,2,		beha	alf of	finar	
										Yes	No	Yes	No No	Yes	No
Α	massachusetts Development	04-3431814		10-08-2015	10,0	00,000	Const	ruction of ac	cademic building	1.05	X		X		X
	Finance Agency								_				.		
Pai	rt III Proceeds														
	Trocceus					Α	Т	E	3					D	
1	Amount of bonds retired					-									
2	Amount of bonds legally defease														
3	Total proceeds of issue					10,075	,883								
4	Gross proceeds in reserve funds	5													
5	Capitalized interest from procee	eds													
6	Proceeds in refunding escrows .														
7	Issuance costs from proceeds .														
8	Credit enhancement from proce	eds													
9	Working capital expenditures fro	om proceeds													
10	Capital expenditures from proce	eds				6,430	,855								
11	Other spent proceeds														
12	Other unspent proceeds					3,645	,028								
13	Year of substantial completion .				20	017							-		
					Yes	No		Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part of	of a current refunding	ıssue ⁷			X									
15	Were the bonds issued as part of	of an advance refundi	ng issue?			X									
16	Has the final allocation of proce	eds been made?				×									
17	Does the organization maintain				X										
	proceeds?		<u> </u>		^										
Par	t III Private Business Us	se			Г	_			<u> </u>			1		_	
					Yes	A No	-+	Yes	No No	Vac I	No		Yes	D	No
1	Was the organization a partner financed by tax-exempt bonds?	ın a partnership, or a	member of an LLC, which	ch owned property	res	X		1 es	NO	Yes	NO		1es		110
2	Are there any lease arrangement property?	nts that may result in	private business use of l			х									
For	Panerwork Reduction Act Notic				Ca	t No 50	193F				S	chedul	k (For	m 990	1 2016

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

C

C

Nο

Yes

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No

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Yes

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В

Nο

Yes

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

requirements of section 148? . . .

Schedule K (Form 990) 2016

period?

Part V

D

D

No

Yes

Yes

Page 3

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | Yes | No | Yes | No | Yes | No | Yes | No | Yes | Yes | No | Yes | Yes | No | Yes | Ye

Yes

No

Yes

No

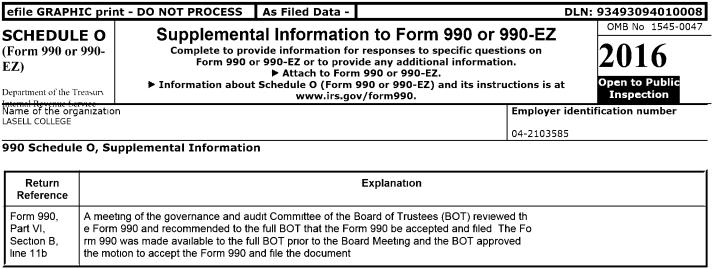
Yes

No

No

DLN: 93493094010008 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** LASELL COLLEGE 04-2103585 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . 8 Intellectual property Securities—Publicly traded . Χ 54,932 fair market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 19 20 Drugs and medical supplies . 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ (______ **26** Other ▶ (___ Other ► (_____ 27 28 Other ► (___ Number of Forms 8283 received by the organization during the tax year for contributions 29 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 is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	Page 2										
Part II Supplemental Info											
Provide the informat	non required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part										
I, column (b), the number of contributions, the number of items received, or a combination of both.											
this part for any add	itional information.										
Return Reference	Explanation										
Part I, Column (b)	The amounts in Column (B) represent the number of contributions										
	Schedule M (Form 990) (2016)										



Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 12c

The trustees send the conflict of interest forms to the Executive Assistant to the Preside
nt 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

Return Explanation

data from national surveys

Form 990.

Part VI,
Section B,
line 15

dent of the college whose duties also include CEO of Lasell village and establishes compen
sation based on performance and among other data, considers a comparison of presidents and
ceo's at similar sized institutions. The President reviews the performance of each Office
r and key employee against a written set of goals. Compensation is determined by reviewing
salary data of the respective position at peer institutions, as well as reviewing salary.

The board of trustees of Lasell College conducts an annual written evaluation of the presi

Return Explanation

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Form 990,	These documents are available for review upon request. The financial statements of lasell
Part VI,	college are available on the college's website as well as in the reserve section of the co

Part VI,
Section C,
line 19

college are available on the college's website as well as in the reserve section of the college library. Additionally, the audited financial statements and form 990 are available via the massachusetts attorney general's website and www.guidestar.org

Return Explanation
Reference

Form 990,
Part XI, line
Change in fair value of interest rate swap 2,469,652 Change in actuarial value of annuity
liabilities 55,904 Change in value of beneficial interests 199,429

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493094010008 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** LASELL COLLEGE 04-2103585 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activ	Primary activity		(c) Legal domicile (state or foreign country)		ome	me (e) End-of-year ass		(f) Direct cor enti	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.									cause			
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co	(d) mpt Code section		(e) charity status on 501(c)(3))	(f) Direct controlling entity		Section (13) co ent	ntrolled ity?
(1)Lasell Village 120 seminary ave	Residential (al Care		MA	501(c)(3)		Line 10		Lasell Inc		Yes	No No
auburndale, MA 02466 22-3042122												
(2)Lasell Inc 1844 Commonwealth ave	admınıstratı	ve support		MA	501(c)(3)		Line 12b, II		N/A			No
newton, MA 024662716 86-1070319												
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	t No 50135	Ϋ́		•		Sch	edule R (Form	990) 20)16

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			rtionate tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
Part IV Identification of Related Organizati because it had one or more related org.						ation answ	vered "Yes	" on Fo	orm 9	90, Part IV,	line	34	
_		•											
(a)	(b)	(c)		(d)	(e)	(f)	1	(g)	(H	1)		(i)

Part IV Identification of Related Or because it had one or more re	rganizations Taxable as a Co lated organizations treated as				nswered "Yes	" on Form 990,	Part IV, line 3	4	
(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	Section (13) co ent Yes	512(b) ntrolled
(1)charitable remainder trusts (3)	investments	MA	lasell college	sell college T				Yes	
(2)trust	investments	МА	lasell college	Т		589,469		Yes	
(3)trust	investments	МА	lasell college	Т		1,077,882		Yes	
						Scl	nedule R (Form	990) 20	16

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1 e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	

g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No						
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes							
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No						
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
О	Sharing of paid employees with related organization(s)	10	Yes	,						
				T						
р	Reimbursement paid to related organization(s) for expenses	1 p		No						
q	Reimbursement paid by related organization(s) for expenses	1 q		No						
r	Other transfer of cash or property to related organization(s)	1r		No						
s	Other transfer of cash or property from related organization(s)	1s		No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
	(a) (b) (c) (d)									

m	Performance of services or membership or fundraising solicitations by related organization(s)	1		140		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No		
o	Sharing of paid employees with related organization(s)	10	Yes			
р	Reimbursement paid to related organization(s) for expenses	1 p		No		
q	Reimbursement paid by related organization(s) for expenses	1 q		No		
r	Other transfer of cash or property to related organization(s)	1r		No		
s	Other transfer of cash or property from related organization(s)	1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds					
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining an					

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

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016