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Open to Public

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017 D Employer identification number B Check if applicable MOREHOUSE COLLEGE □ Address change % DR ALAN D ROBERTSON ☐ Name change Doing business as ☐ Initial return Final Deturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 830 WESTVIEW DRIVE SW (404) 681-2800 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA $\,$ 30314 $\,$ **G** Gross receipts \$ 146,308,754 Name and address of principal officer H(a) Is this a group return for DR DAVID A THOMAS □Yes ☑No subordinates? 830 WESTVIEW DRIVE SW H(b) Are all subordinates ATLANTA, GA 30314 ☐ Yes ☐No ıncluded? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW MOREHOUSE EDU L Year of formation 1867 M State of legal domicile GA K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities MORÉHOUSE COLLEGE IS A HISTORICAL BLACK COLLEGE WHOSE MISSION IS TO DEVELOP MEN WITH DISCIPLINED MINDS WHO WILL LEAD LIVES OF LEADERSHIP AND SERVICE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 26 Number of independent voting members of the governing body (Part VI, line 1b) 4 1,254 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -51,198 Net unrelated business taxable income from Form 990-T, line 34 -55,352 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 25,569,114 25,535,988 Program service revenue (Part VIII, line 2g) . 53,595,540 53,261,220 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 82,302 2,338,818 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,739,751 25,269,948 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 103,986,707 106,405,974 24,009,009 22,056,154 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 46,868,918 47,201,980 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 15,000 15,000 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶5,010,837 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 40,656,341 40,833,504 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 111,549,268 110,106,638 $\mathbf{19}$ Revenue less expenses Subtract line 18 from line 12 . -7,562,561 -3,700,664 Net Assets or Fund Balances **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . 325,509,144 330,286,285 21 Total liabilities (Part X, line 26) . 79,114,294 76,756,121 Net assets or fund balances Subtract line 21 from line 20 246,394,850 253,530,164 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-03-28 Signature of officer Sign Here DR ALAN D ROBERTSON VP FINANCE & CFO Type or print name and title Preparer's signature SHAWN M HUTCHINSON Print/Type preparer's name SHAWN M HUTCHINSON Date PTIN Check \square ıf 2018-02-12 P01048557 Paid self-employed

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ≥ 300 North Greene Street Suite 400

Greensboro, NC 27401

Firm's name ► KPMG LLP

Preparer

Use Only

Firm's EIN ▶

Phone no (336) 275-3394

Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the	organization's mission				
PRIV CHAI CULT TEAC INST MATI AND	ATE HISTORICALLY BL RACTER DEVELOPMEN' TURE OF BLACK PEOPL KHING, SCHOLARSHIP, RUCTIONAL PROGRAM HEMATICS - AS WELL	ACK LIBERAL ARTS CO T OF ITS STUDENTS II E FOUNDED IN 1867 A , AND SERVICE, AND T IS IN THREE DIVISION AS EXTRACURRICULAR AND INTERPERSONAL	DLLEGE FOR MEN N ADDITION, TH AND LOCATED IN HE CONTINUING S - BUSINESS A . ACTIVITIES TH	I, MOREHOUSE REALIZ E COLLEGE ASSUMES S N ATLANTA, GEORGIA, S SEARCH FOR TRUTH A ND ECONOMICS, HUMA AT 1 DEVELOP SKILLS	S WHO WILL LEAD LIVES OF LEAD ES THIS MISSION BY EMPHASIZI SPECIAL RESPONSIBILITY FOR TEAD TO BE ACADEMIC OF A LIBERATING FORCE AS SUCHISTES AND SOCIAL SCIENCES, IN ORAL AND WRITTEN COMMUNISTEN COMMUNISTANDING AND APPRECIATION	NG THE INTELLECTUAL AND ACTION THE HISTORY AND DIMUNITY DEDICATED TO THE COLLEGE OFFERS AND SCIENCE AND NICATIONS, ANALYTICAL
2	Did the organization	undertake any signific	ant program serv	vices during the year w	hich were not listed on	
	the prior Form 990 c	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant i	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) ar		ons are required	to report the amount of	largest program services, as mea of grants and allocations to others	
4a	(Code) (Expenses \$	48,962,683	including grants of \$	251,111) (Revenue \$	75,409,047)
	See Additional Data	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4b	(Code) (Expenses \$	21,805,043	including grants of \$	21,805,043) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	5,421,174	including grants of \$) (Revenue \$)
	See Additional Data					
4d		ces (Describe in Sched	,			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ▶	76,188,9	00		

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

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Nο

Nο

Nο

No

No

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Nο

No

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No

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Nο

Form 990 (2016)

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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?

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

to provide advice on the distribution or investment of amounts in such funds or accounts?

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?

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

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

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

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

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

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

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c 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 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* 😼

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

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 engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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12b

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Yes

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

instructions for applicable filing thresholds, conditions, and exceptions)

	, , , , , , , , , , , , , , , , , , ,			
Par	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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

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

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 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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

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.

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

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

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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

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)?

Page 4

No

Nο

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35h

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Yes

Yes

Form 990 (2016)

orm	990 (2016)			Page
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			✓
	Fortunation according to 2 of Forms 1006 Fortun 0 of each completely.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 590 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
		.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
·	If res, to fine 3a of 3b, did the organization me Form 6660-17	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
	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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		
b	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	12-		
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	13a		
С	Enter the amount of reserves on hand			
		1 l		No
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

orm 9	990 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year la	27	Yes	No
	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	26		
	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?	er 2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisor 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 members of the governing body?	ore 7a		No
	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 the following	by		
	The governing body?	8a	Yes	
	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 Reve	nue Code		
۰.	Did the amount of heart level should be about househors and the level of	10-	Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a 5, 10b		No
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	165	
	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		165	
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	—
15	Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	163	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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 exemination of the organization of the organizatio			
	status with respect to such arrangements?	16b		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
- /	GA			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply	iy)		
	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 DR ALAN D ROBERTSON 830 WESTVIEW DRIVE SW ATLANTA, GA 30314 (404) 681-2800			
			orm OO	0 (2016)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

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

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) (A) (B) (D) (F) (E) 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 organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former Q#||5€| organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

GCA Education Services Inc, 1350 EUCLID AVE STE 1500 CLEVELAND, OH 44115

PO BOX 105275 ATLANTA, GA 30348

CITY OF ATLANTA WATER DEPARTMENT,

compensation from the organization ▶ 55

Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

	Name and Title	hours per week (list any hours	than c	one bo ooth a direct	oox, u an off ctor/t	unles fficer trust	•	son	compo froi organiz	ensation m the zation (W	٧-	compensat from relat organizations	tion ted s (W-	amount compe from	of other nsation n the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	99-MISC)	,	2/1099-MI:	5C)	rela	ation and ated zations
See	Addıtıonal Data Table														
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166	Sub-Total	!		<u></u>	<u> </u>	\perp	<u> </u>	Щ					\dashv		
сT	Fotal from continuation sheets to P	Part VII, Section	on A.				•						\perp		
	Total (add lines 1b and 1c)						>			136,140	_	<u>-</u>	0		393,347
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who) rec	eived mo	re than	\$100	0,000			
						—								Yes	No
3	Did the organization list any former								ghest cor	mpensat	:ed ε	mployee on		1	+
	line 1a? If "Yes," complete Schedule.					_	• •	_		• •	٠		3		No
4	For any individual listed on line 1a, is organization and related organization	ns greater than \$	\$150,00	00? <i>If</i>	"Yes	s," co	complet	te Sc	chedule J	for such		the			
	ındıvıdual			•	•	•	• ,				•		4	Yes	
5	Did any person listed on line 1a receiver services rendered to the organization														
	ection B. Independent Contract			Cuare		<i>" 3</i> "		,50,,	<u> </u>		<u>. </u>		5		No
1	Complete this table for your five high from the organization Report compe	nest compensate											comper	nsation	
		(A) and business addre				<u> </u>	••••	-		Ī		(B) ption of service			(C) ensation
Arama	ark,	IIIU Dubilless adare	255							FOOD SE	_		:5		4,198,732
PHILA	MARKET STREET ADELPHIA, PA 19107														
805B	gia Power Company, RALPH DAVID ABERNATHY BLVD									UTILITIE	S				1,497,062
Follet	NTA, GA 30310 tt Higher Education Group,									BOOKSTO	ORE				1,340,365
	K STORE 598 830 WESTVIEW DRIVE NTA, GA 30314														

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

(C)

Position (do not check more

Average

(D)

Reportable

Reportable

1,116,348

889,454

JANITORIAL SERVICES

UTILITIES

Part		II Statement of	Revenue								rage y
				a respo	onse or note to any	line in th	ıs Part VIII				🗆
				•		(A Total re	١)	(B) Related of exempt function	or	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a	L			revenue	!		512-514
ributions, Gifts, Grants Other Similar Amounts		b Membership dues		1b							
ira nou		c Fundraising events		1c	826,281						
s. (An		d Related organizatio		1d	1						
Giff		e Government grants (co		1e	10,495,181						
ıs,		f All other contributions,									
tion er S		and similar amounts n		1f	14,214,526						
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ons included								
Contr and (ın lınes 1a-1f \$									
ತ ರ	L	n Total.Add lines 1a-1	lf				535,988				
щ					Business						
Service Revenue	2a	TUITION AND FEES				900099	53,26	51,220	53,261,220		
ı Ç	ь										
TMC	C										
32	e	•									
Program		All other program se	rvice revenue								
ΡΩ		Total.Add lines 2a-2f			▶ 53,2	61,220					
		Investment income (ii			interest, and other	1					
	9	sımılar amounts) .			•	<u> </u>	2,896,892			-51,198	2,948,090
		Income from investme Royalties		•	•		0				
	3	Royalties	(ı) Rea		(II) Personal		-				
	6a	Gross rents	(7,1,1,2		(,	1					
						-					
	t	Less rental expenses									
	•	Rental income or (loss)		0	C	1					
		Net rental income o	r (loss)			1	0				
		- Her remar meetine o	(i) Securit		(II) Other						
	7a	Gross amount from sales of assets other than inventory	38,9	27,396	```	-					
	ŀ	Less cost or other basis and sales expenses	39,4	85,470							
	•	Gain or (loss)	-5	58,074]					
		d Net gain or (loss) .			•		-558,074				-558,074
Other Revenue	8a	Gross income from fi (not including \$ contributions reporte See Part IV, line 18	826,281 ed on line 1c)	of	46,300						
Re		Less direct expense		b	417,310]					
ıer		Net income or (loss)			ents ▶		-371,010				-371,010
O	9a	Gross income from g See Part IV, line 19		es							
				а	0						
		Less direct expense		b	0						
		Net income or (loss)		activit	ies >		0				
	10.	a Gross sales of invent returns and allowand	ces	a	0						
	Ŀ	Less cost of goods s	sold	b	0						
	•	Net income or (loss) Miscellaneous		invent	Business Code		0				
	11	La AUXILIARY SERVICE			900099	-	22,147,827	22	147,827		
		AONILIANI SERVICE									
	Ł	OTHER INCOME			900099	,	3,493,131				3,493,131
	•	:									
		d All other revenue .									
	6	Total. Add lines 11a	-11d		•		25,640,958				
	12	2 Total revenue. See	Instructions				106,405,974	75	409,047	-51,198	5 510 127
							100,403,974	/5,	702,04/	-51,198	5,512,137 Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	_	inizations must comp	olete column (A)	
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	0	,	,	
2 Grants and other assistance to domestic individuals See Part IV, line 22	21,805,043	21,805,043		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	251,111	251,111		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,864,846	1,711,099	3,829,170	324,577
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	30,531,378	23,457,567	4,506,545	2,567,266
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,436,309	1,105,958	215,446	114,905
9 Other employee benefits	7,135,784	4,205,382	2,474,443	455,959
10 Payroll taxes	2,233,663	1,722,936	399,823	110,904
11 Fees for services (non-employees)				
a Management	0			
b Legal	677,503		674,710	2,793

319,850

15,000

282,071

166,377

3,793,126

4,663,235

2,912,424

0

1,575

2,327,633

5,423,001

1,046,171

4,814,694

5,463,150

3,465,196

2,662,101

2,496,703

110,106,638

318,694

0

0

60,256

1,441,388

3,497,426

1,738,166

1,326,751

2,174,937

1,931,878

5,240,189

1,836,554

2,381,414

76,188,900

58,651

240,619

1,575

c Accounting **d** Lobbying .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

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

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

c EQUIP RENTAL AND MAINTENANCE

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)

d UNIVERSITY CENTER EXPENSES

21 Payments to affiliates . . .

expenses on Schedule O)

a PROFESSIONAL FEES

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

b FOOD SERVICE

e All other expenses

23 Insurance .

15 Royalties .

17 Travel .

16 Occupancy .

14 Information technology

319,850

282,071

11,716

2,124,150

1,165,809

1,010,928

1,000,882

3,248,064

2,366,550

1,559,338

280,687

2,312,473

28,906,901

805,552

318,694

15,000

94,405

227,588

163,330

516,266

222,961

69,304

125,579

5,010,837

Form 990 (2016)

Page **11**

0

113.243.891

28.737.371

330,286,285

10,697,036

1,342,187

53,930,865

6.276.305

4.509.728

76,756,121

92,561,310

82,697,941

78.270.913

253,530,164

330.286.285

Form **990** (2016)

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Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

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

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.

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

Retained earnings, endowment, accumulated income, or other funds

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

	Beginning of year		End of year
1 Cash-non-interest-bearing	0	1	0
2 Savings and temporary cash investments	 17,959,400	2	19,021,946
3 Pledges and grants receivable, net	10,759,916	3	7,641,233
4 Accounts receivable, net	 4,897,005	4	4,407,707

3	Pledges and grants receivable, net	10,759,916	3	
4	Accounts receivable, net	4,897,005	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete	0	6	

Assets	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (unitary employees' beneficiary organizations (part II of Schedule L	(c)(3)(B), and of section 501(c)(9)	0	6	0	
ets	7	Notes and loans receivable, net			1,892,598	7	2,937,086
SS	8	Inventories for sale or use		0	8	0	
A	9	Prepaid expenses and deferred charges		325,622	9	486,294	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	254,739,245			
	Ь	Less accumulated depreciation	10 b	100,928,488	156,705,754	10c	153,810,757

104.149.949

28.818.900

325,509,144

10,780,671

1,216,428

6.280.000

4.475.604

79,114,294

91.516.294

78.207.852

76.670.704

246,394,850

325.509.144

56,361,591

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0 14

11

12

13

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17

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27

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31 32

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C 22

2c

3a

3b

Yes

Yes

Yes (2016)

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

Audit Act and OMB Circular A-133?

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:

Name: MOREHOUSE COLLEGE

Form 990 (2016)

PROGRESSIVE ENVIRONMENT

Form 990, Part III, Line 4a:

EIN: 58-0566205

PROVIDING HIGHER EDUCATION TO STUDENTS UNDER A DEGREE PROGRAM INSTRUCTION TO OVER 2.100 UNDERGRADUATE STUDENTS IN CURRICULA SUCH AS EDUCATION, SCIENCES, HUMANITIES, AND MATH THE COLLEGE PROVIDES ITS STUDENTS WITH THE HIGHEST QUALITY OF EDUCATION IN AN ACADEMICALLY

Form 990, Part III, Line 4b: PROVIDING SCHOLARSHIPS TO DESERVING STUDENTS THOUGH STUDENT AID, THE COLLEGE OFFERS SUPPORT IN THE FORM OF SCHOLARSHIPS, GRANTS, LOANS, AND WORK STUDY TO STUDENTS BASED ON FINANCIAL NEED TO ALLOW STUDENTS A COLLEGE EDUCATION WHO MAY NOT OTHERWISE BE ABLE TO ATTEND

Form 990, Part III, Line 4c: CONDUCTING RESEARCH AND OTHER ACADEMIC PROGRAMS FOR THE BENEFIT OF ITS STUDENT BODY AND THE GENERAL PUBLIC.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related director. below dotted organizations employee line) 40 0 John S Wilson Χ Х 312,113 64,053 President 0.0 40 0 William Taggart Х Х 245,044 14,183 INTERIM PRESIDENT/COO 0 0

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Mr Willie Woods

Mr John L Thornton

Mr Richard Thaler Jr

VICE-CHAIRMAN

Mr Harold Martin

Mrs Billye Aaron

Mr Dan T Cathy

Trustee

Trustee

Trustee

Dr Dorthy Cowser Yancy

ASSISTANT SECRETARY

Dr Benjamin A Blackburn

SECRETARY

Trustee

CHAIRMAN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) 1 0 Mr Christopher Cowan

Trustee	0.0						
Ms Valerie Ervin	1 0	x			0	0	
Trustee	0 0						
Mr Charles H James III	1 0	×			0	0	
Trustee	0 0				Ĭ		

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Mr J Alexander M Douglas Jr

Mr Donald R Knauss

Mr Lamell McMorris

Mr Charles D Moody

Rev Otis Moss III

Mr Robin Richards

Trustee

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Trustee	0 0							
Mr Charles H James III	1 0	X				0	0	0
Trustee	0 0						,	3
Mr Benjamın Jealous	1 0	X				0	0	0
Trustee	0.0					Ĭ	Ĭ	

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Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) organizations MISC) related director. below dotted organizations employee line) 10 Mr Rufus Rivers

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

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Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Amanda Bailey

Mr Euclid Walker

Dr John A Wallace

Mr Stan Washington

Ambassador Andrew Young

AVP for Human Resources

Dr Howard Willis

Trustee	0 0								
Mr E Robbie Robinson	1 0	×					0	О	
Trustee	0 0	,							
Mr Ratanjit S Sondhe	1 0						0	0	
Frustee	0.0	^							

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Mr E Robbie Robinson	1 0	×			0	0	0
Trustee	0 0					Ů	
Mr Ratanjit S Sondhe	1 0	×			0	0	0
Trustee	0 0					· ·	
Mr Clinton L Stevenson	1 0						

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

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251,103

195,561

153,490

154,490

211,421

215,700

141,834

141,834

150,000

168,100

(F)

Estimated

from the

related

0

0

24,753

38,616

19,932

17,746

16,692

40,292

19,685

15,365

4,000

33,030

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

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	line)	dual trustee ector	tutional Trustee
Garaıkaı Campbell	40 0		

SVP of Academic Affairs/Prov

VP for Student Development

Chief Infor Officer/VP, Tech

VP for Business & Finance/CFO

AVP of Enrollment Management

Associate General Counsel

AVP for Campus Operations

......

Timothy Sams

Undria Stalling

Chief Audit Officer

Clifford Russell Jr

Lacrecia Cade

General Counsel

Alan D Robertson

Director of Finance

TERRANCE DIXON

FREDERICA WHITE

Andre Bertrand

David Lerch

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

	,	al trustee tor	ional Trustee	ployee	compensated			
John Brown	40 0				\ \ \			
Interim VP for OIA	0 0				X	173,353	0	10,613
Felicia Murphy-Phillips	40 0						_	
Sr Leadership Gifts Officer	0.0				X	152,000	0	13,933

40 D

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0.0

Exec Director of Innovation/TT

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

James Tyson Chief Advancement Officer 0.0

40.0

Phillip Howard

............... 168,645

32,689

24,459

efile G	RAPHIC prii	nt - DO NOT PROCESS	As Filed Data -				3493096007228
	DULE A	Public (Charity Statu	s and Pub	olic Supp		OMB No 1545-0047
Form 9 90 EZ)	90 or		ganization is a secti 4947(a)(1) nonexe	ion 501(c)(3) o mpt charitable	organization or trust.	I	2016
•	of the Treasury	► Information abou				ictions is at	Open to Public Inspection
ame of	the organiza E COLLEGE	tion				Employer identific	ation number
a		complete objects of the	- (41)		1-1112	58-0566205	
Part I ne organ		for Public Charity Statual private foundation because				see instructions.	
ı _	A church, c	onvention of churches, or as:	sociation of churches o	described in sect	tion 170(b)(1)	(A)(i).	
_ 2	A school de	scribed in section 170(b)(:	L)(A)(ii). (Attach Sch	edule E (Form 9	90 or 990-EZ))		
3 □	A hospital o	or a cooperative hospital serv	ice organization descr	ibed in section	170(b)(1)(A)(iii).	
4 🗆		esearch organization operate	d in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5 🗆	(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II)	-	,			bed in section 170
6		tate, or local government or	_				
⁷ \Box		ation that normally receives a ' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	ai public described in
8 🗌	A communi	ty trust described in section	170(b)(1)(A)(vi)	Complete Part I	I)		
9 🗌		ural research organization de rant college of agriculture Se					ege or university or a
o 🗆	from activit	ation that normally receives ties related to its exempt fun- income and unrelated busing see section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1 🗆	•	ation organized and operated		public safety S	ee section 509	(a)(4).	
2 🗆	more public	ation organized and operated ly supported organizations d i through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	e purposes of one or a)(3). Check the box
a 🗌	Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
ь 🗆	Type II. A manageme	supporting organization supents of the supporting organizations A a	tion vested in the sam				
c 🗆	Type III f	unctionally integrated. A sorganization(s) (see instruction	upporting organization				ted with, its
d 🗌	functionally	on-functionally integrated integrated The organization (a) You must complete Par	generally must satisf	y a distribution i			
e 🗌	Check this	box if the organization receiv or Type III non-functionally	ed a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f Ente		of supported organizations	megrated supporting	organizacion			
g Pro	vide the follow	ing information about the su	pported organization(5)			•
i)Name	of supported of	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
		<u> </u>					
otal	rwork Boduc	tion Act Notice, see the In	etructions for	Cat No 11285	SF (Schedule A (Form 9	 00 or 000-E7\ 2016

	III. If the organization fa				-					
S	ection A. Public Support									
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total			
1	(or fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	33,789,817	31,271,120	28,078,118	25,569,114	25,535,988	144,244,157			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0			
4	Total. Add lines 1 through 3	33,789,817	31,271,120	28,078,118	25,569,114	25,535,988	144,244,157			
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						0			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4						144,244,157			
s	ection B. Total Support			I		l l				
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total			
_	(or fiscal year beginning in) ▶	` ´		• •	· · ·	` ,				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,789,817 1,075,835	31,271,120 890,023	28,078,118 1,843,408	25,569,114 2,844,746	25,535,988	9,550,907			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	24,374,412	23,005,193	22,270,727	25,015,050	25,687,258	120,352,640			
11	Total support. Add lines 7 through 10						274,147,704			
12	Gross receipts from related activities,	etc (see instructio	ns)	I		12	368,265,281			
13	First five years. If the Form 990 is for	or the organization'	s first, second, thir	d, fourth, or fifth	tax vear as a secti	on 501(c)(3) organ	nization,			
	check this box and stop here					▶ □	,			
S	ection C. Computation of Publi						-			
14	Public support percentage for 2016 (li			lumn (f))		14	52 616 %			
15	Public support percentage for 2015 Sc	hedule A, Part II, l	ne 14			15	53 904 %			
	33 1/3% support test-2016. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b				
	and stop here. The organization qual 33 1/3% support test—2015. If the	ifies as a publicly s le organization did	upported organızat not check a box on	ion line 13 or 16a, ai			▶ ☑			
17a	box and stop here. The organization 10%-facts-and-circumstances test 10% or more and if the organization	t—2016. If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14	▶⊔			

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

organization

instructions

supported organization

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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

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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			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	necked 12a or 12b ın 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) purposes?		
	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 foreign supported expansion was used exclusively for section 170(c)(2)/B) purposes.		

	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

9c

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 Ouspuingtions			
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 Tune III Sunnauking Ouseningking			
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 the			
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	, , , , , , , , , , , , , , , , , , , ,	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization			
	(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization			
	maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the	-		
	organization's investment policies and in directing the use of the organization's income or assets at all times during the 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 mon	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)		
	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. . . .



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

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Attach to Form 990.

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

DLN: 93493096007228OMB No 1545-0047

2016

Open to Public Inspection

	me of the organization REHOUSE COLLEGE			Emp	oloyer identificat	tion num	ber
MOI	REHOUSE COLLEGE			58-0	0566205		
Pa	Organizations Maintaining Donor Complete if the organization answere			ls or Acc	ounts.		
		(a) Donor advised funds		(b)	Funds and other a	accounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to			r advised		Yes	
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				urpose	☐ Yes	□ N
Pa	rt III Conservation Easements. Complet	e if the organization answer	ed "Yes" on F	orm 990	, Part IV, line 7		
1	Purpose(s) of conservation easements held by the	e organization (check all that ap	ply)				
	Preservation of land for public use (e g , rec	reation or education)	Preservation o	f an histor	ically important la	nd area	
	Protection of natural habitat		Preservation o	f a certifie	d historic structur	e	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation cor	ntribution in the	e form of a	a conservation Held at the Er	nd of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easemen			2b			
С	Number of conservation easements on a certified	` '		2c			
d	Number of conservation easements included in (c structure listed in the National Register	acquired after 8/17/06, and no	t on a historic	2d			
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished	, or terminated	by the or	ganızatıon durıng	the	
4	Number of states where property subject to cons	ervation easement is located >					
5	Does the organization have a written policy regar	– ding the periodic monitoring, ins	spection, handli	— ing of viola	ations,		
	and enforcement of the conservation easements	t holds?			Ye	s 🗆	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violation	s, and enforcin	ig conserv	ation easements d	luring the	year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, an	d enforcing cor	nservation	easements during	the year	•
8	Does each conservation easement reported on lin and section $170(h)(4)(B)(II)^7$	e 2(d) above satisfy the require	ments of section	on 170(h)(4)(B)(ı) ☐ Ye :	s 🗆	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organizat					
Par	t III Organizations Maintaining Collection Complete if the organization answere	tions of Art, Historical Tre		Other Si	milar Assets.		
1a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets his provide, in Part XIII, the text of the footnote to it	AS 116 (ASC 958), not to repored for public exhibition, education	t in its revenue on, or research	ın further	nt and balance she ance of public ser	et works vice,	of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items						
((i) Revenue included on Form 990, Part VIII, line 1				> \$ _		
(i	ii)Assets included in Form 990, Part X				► \$ ► \$	2,75	1,875
2	If the organization received or held works of art, following amounts required to be reported under			financial g		•	
а	Revenue included on Form 990, Part VIII, line 1				> \$		
b	Assets included in Form 990, Part X				▶ \$		

Cat No 52283D

Schedule D (Form 990) 2016

Par	3111	Organizations Ma	aintaining Colle	ctions o	f Art, His	tori	cal Tı	reasi	ures, o	r Other :	Similar As	ssets	(contin	iued)	
3		the organization's acq (check all that apply)													
а	✓	Public exhibition				d		Loar	or exch	ange prog	rams				
b		Scholarly research				e		Othe	er						
С		Preservation for future	e generations												
4		e a description of the	_	ctions and	explain ho	w the	y furth	ner th	e organi:	zation's ex	empt purpo	se in			
5		iii I the year, did the org	anization solicit or r	eceive doi	nations of a	rt he	storica	al trea	sures or	other sim	ılar				
-		to be sold to raise fur										□ Y	es (☑ No	D
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			' on Form	990,	, Part	IV,	ıne 9, o	r reporte	d an amou	ınt on	Form	990,	Part
1a		organization an agent		or other i	ntermediar	y for	contril	butior	ns or oth	er assets i	not				
	inclua	ed on Form 990, Part 1	X?									∐ Y	es es	∐ No	D
ь	If "Yes	s," explain the arrange	ement in Part XIII ai	nd comple	te the follo	wina	table				A	moun	t		-
С		ning balance				5				1c					_
d	Addıtı	ons during the year								1d					
е	Distrib	outions during the year	r							1e					_
f	Ending	g balance								1f					_
2a	Did th	e organization include	an amount on Form	n 990, Par	t X, line 21	, for e	escrow	or cu	ustodial a	account lia	bility?	□ Y	es (□ No	D
b	If "Yes	s," explain the arrange	ement in Part XIII C	heck here	if the expl	anatio	on has	beer	n provide	d in Part)	KIII				
Pa	rt V	Endowment Fund	ds. Complete if th	ne organi	zation ans	swere	ed "Ye	es" o	n Form	990, Par	t IV, line 1	0.			
				(a)Curren			ior yea	-		ears back	(d)Three year			our year	
1a	Beginni	ng of year balance .			.316,622	1	135,887	-+	1:	37,985,811		825,999		-	132,458
		utions			712,583		3,468			1,504,289		305,817			28,659
		estment earnings, gair	· —		812,201		-1,651			2,483,073		424,963			62,910
			•	5,	412,822		5,387	7,818		6,085,846	6,	570,968	8	7,9	05,706
	and pro	xpenditures for facilitie grams	es											11,3	392,322
		strative expenses .													
g	End of y	year balance		141,	428,584	1	132,316	5,622	1.	35,887,327	137,	.985,81	1	125,8	325,999
2		e the estimated perce	-	•	balance (li	ne 1g	ı, colui	mn (a	i)) held a	ıs					
а		designated or quasi-e		030 %											
b		inent endowment >	54 730 %												
С		orarily restricted endov			20/										
3a	Are th	ercentages on lines 2a ere endowment funds		•		that	are h	eld ar	nd admin	ıstered foı	r the		г	V 1	NI-
	-	zation by related organizations										Γ:	3a(i)	Yes	No No
	. ,	lated organizations .											Ba(ii)	$\overline{}$	No
b		s" on 3a(II), are the re	-		•			?.					3b		
4		be in Part XIII the inte			n's endowm	ent f	unds								
Par	t VI	Land, Buildings,			on Form (aan	Dart 1	T\/	na 119	See For	m 990 Dav	+ Y I	na 10		
	Descrip	Complete If the orderion of property	(a) Cost or other (investment)	basis	(b)Cost or					umulated d		· ^, 11		ok value	,
1 >	Land .						26.34	1 6,543						26	,346,543
	Building						179,36				82,296,492				,069,477
	_	old improvements					- 1	,			, -,				. , ,
		ent					45,78	35,587			18,631,996			27	,153,591

3,241,146

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

3,241,146

153,810,757

Schedule D (Form 990) 2016				Page 3
Part VII Investments—Other Securities. Complete if See Form 990, Part X, line 12.	f the organization a	nswered 'Yes' on	Form 990, Par	t IV, line 11b.
(a) Description of security or category(including name of security)	(b)Book value	Cos	(c)Method of value of	
(1)Financial derivatives				
(2)Closely-held equity interests				
(A) PRIVATE EQUITY FUNDS	8,763,7	69	F	
(B) REAL ASSET FUNDS	1,429,1	09	F	
(C) CASH AND CASH EQUIVALENTS	3,787,7	75	F	
(D) HEDGE FUNDS (D)	14,756,7	18	F	
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 28,737,3		n Form 000 Ds	sub TV line 11c
Part VIII Investments—Program Related. Complete See Form 990, Part X, line 13.			n Form 990, Pa	irt IV, line IIC.
(a) Description of investment	(b) Book va		(c) Method of voice of the contract of the con	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer	red 'Yes' on Form 990	. Part IV, line 11d	See Form 990. Pa	art X. line 15
(a) Descript				(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•	
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	n answered 'Yes' or	Form 990, Part	IV, line 11e or	11f.
1. (a) Description of liability	(t) Book value		
(1) Federal income taxes		0		
ASSET RETIREMENT OBLIGATIONS		1,879,210		
COMMITMENTS AND CONTINGENCIES		2,329,478		
CAPITAL LEASE OBLIGATION (4)		301,040		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	4,509,728		
2. Liability for uncertain tax positions. In Part XIII, provide the text	t of the footnote to th	e organization's fina	ancial statements	that reports the

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Part XI

2

3

4

b

c 5

1

2

а

b

d

е 3

а

b

c

Part XIII

5

4

Part XII

а

Schedule D (Form 990) 2016

Page 4

11,253,285

84,600,934

21,805,043

106,405,977

88,718,905

417,310

Net unrealized gains (losses) on investments . . .

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

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

Donated services and use of facilities . b c Recoveries of prior year grants . . . Other (Describe in Part XIII) . . d Add lines 2a through 2d е Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total expenses and losses per audited financial statements .

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

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 .

Other (Describe in Part XIII)

Supplemental Information

2c 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1

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

Other (Describe in Part XIII)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

2a

2b

2c

2d

4b

Explanation

2a

2b

21.805.043

10,835,975

417,310

417,310

21.805.043

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

2e 3 4c 5

88.301.595 21,805,043 110,106,638

Schedule D (Form 990) 2015

Page 5	Schedule D (Form 990) 2015			
tinued)	Part XIII Supplemental Information (co			
Explanation	Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software Version:

EIN: 58-0566205

Name: MOREHOUSE COLLEGE

EXHIBITIONS, AND EDUCATION PROGRAMS THROUGH THESE VARIED ACTIVITIES, THE ART COLLECTION PROVIDES A FORUM FOR ART, ARTISTS, AND AUDIENCES WHICH ENHANCES THE LIFE OF THE ORGANIZATION

Hamer Hoxenoose college

Supplemental Information

Return Reference

Explanation

Software ID:

FORM SCH D PART III LINE 4

ART COLLECTIONS MAINTAINING AN ART COLLECTION BY THE ORGANIZATION SERVES COLLEGE, COMMUNIT Y, STATE, AND NATIONAL AUDIENCES BY COLLECTING, PRESERVING, PRESENTING, AND INTERPRETING T HE WORK OF ARTISTS THE ORGANIZATION ENCOURAGES AESTHETIC AND CRITICAL AWARENESS BY ENGAGI NG IN RESEARCH, SCHOLARSHIP, AND COMMUNITY OUTREACH, AND THE DEVELOPMENT OF PUBLICATIONS,

N AND COMMUNITY AND BRINGS NATIONAL ATTENTION TO THE ORGANIZATION

Supplemental Information	
Return Reference	Explanation
Form Sch D Part V Line 4	ENDOWMENT FUND USES The College follows the provisions of ASC Subtopic 958-205, Presentation on of Financial Statements relative to its endowment

S

Supplemental Information	
Return Reference	Explanation
Form Sch D Part X Line 2	ASC 740 DISCLOSURE The College is recognized as an organization exempt from federal income taxes under Section 501(a) of the Internal Revenue Code (the Code) as an organization des cribed in Section 501(c)(3) whereby only unrelated business income, as defined by Section 512(a) of the Code, is subject to federal income tax. The College's management has reviewe d its tax positions and determined that it does not have material uncertain tax positions that should be reflected in the financial statements for 2017 or 2016

upplemental Information	
Return Reference	Explanation
orm Sch D Part XI Line 4b AND III Line 4b	OTHER RECONCILING ITEMS STUDENT AID \$21,805,043

<u>Su</u>

upplemental Information	
Return Reference	Explanation
Form Sch D Part XI Line 2d AND Part XII Line 2d	Other Reconciling Items Rent/faacility costs 207,733 Other direct expenses 209,578

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493096007228 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 corporation **Employer identification number** MOREHOUSE COLLEGE 58-0566205 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 Yes 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	
Page 2 Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)		
Return Reference	Explanation	
Form Sch E Part I Line 3	PUBLISHES ITS NONDISCRIMINATORY POLICIES IN NUMEROUS DOCUMENTS OF THE COLLEGE INCLUDING THE SCHOOL CATALOG, STUDENT HANDBOOK REGISTRATION POSTERS, AND NEWSPAPER	
Form Sch E Part I Line 6a	FINANCIAL ASSISTANCE FROM A GOVERNMENT AGENCY STUDENTS RECEIVED \$4,818,923 FROM THE FEDERAL PELL GRANT PROGRAM AND \$33,217,839 FROM THE FEDERAL DIRECT STUDENT LOAN PROGRAM FOR THE CURRENT FISCAL YEAR IN ADDITION, VARIOUS FEDERAL, STATE AND LOCAL GRANTS HAVE BEEN RECEIVED TO SUPPORT THE PROGRAMS OF	

THE CURRENT FISCAL YEAR IN ADDITION, VARIOUS FEDERAL, STATE AND LOCAL GRANTS HAVE BEEN RECEIVED TO SUPPORT THE PROGRAMS OF MOREHOUSE COLLEGE

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493096007228 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** MOREHOUSE COLLEGE 58-0566205 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g , program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 15,040,351 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 15,040,351

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (q) Amount (h) Description (i) Method of of non-cash section cash grant cash of non-cash valuation organization grant and EIN (If (book, FMV, disbursement assistance assistance applicable) appraisal, other) See Add'l Data

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2016							Page 3
				ad States. Complete if	the organization an	nswered "Yes" to Form 9	90, Part IV, line 16.
Part III can be (a) Type of grant or assistance	e duplicated if addition (b) Region	(c) Number of recipients	needed. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
l				1	1	1	
						1	
						1	
			<u> </u>				
			+			1	
			+				
			+				
			+				
			+				
			+			1	
						1	
		+					
	<u></u>						edule F (Form 990) 2016

Sche	dule F (Form 990) 2016		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
	Instructions for Forms 3320 and 3320-A)	\square Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Colporations (see Instructions for Form 54/1)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	_	_
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713)	☐ Yes	✓ No

Additional Data

Schedule F (Form 990) 2016

Europe (Including Iceland and

Part V

Greenland)

Software ID: Software Version:

EIN: 58-0566205

method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide

Name: MOREHOUSE COLLEGE

Page 5

449,640

Maille. Morehouse collegi

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting

Supplemental Information

any additional information (see instructions).

Form 990 Schedule F Pa	art I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		14,590,711

Investments

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Study Abroad 71,873 Check N/A IN/A Africa East Asia and Study Abroad 27,867 Check N/A IN/A

Ithe Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Study Abroad 14,500 Check N/A IN/A lAfrica Central America Study Abroad 89.085 Check N/A IN/A land the Carıbbean

(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Study Abroad 40,254 Check IN/A IN/A Europe l(Includina Iceland and Greenland)

7.533 Check

N/A

IN/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

East Asia and

the Pacific

Study Abroad

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493096007228 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization MOREHOUSE COLLEGE 58-0566205 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did (i) Name and address of (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have ındıvıdual from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? No Yes GALA CONSULTANT RH BOLTON No 872,581 15,000 857,581 Total 872,581 15,000 857,581 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c)Other events (a)Event #1 (d) Total events **CANDLE GALA** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 872,581 872,581 2 Less Contributions. 826,281 826,281 3 Gross income (line 1 minus 46,300 line 2) 46,300 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 207.733 207,733 7 Food and beverages 8 Entertainment Other direct expenses 209,578 209,578 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 417,311 11 Net income summary Subtract line 10 from line 3, column (d) -371,011 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

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	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the								
	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 $ hilde{ ho}$ \$								
	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: 93493096007228 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** MOREHOUSE COLLEGE 58-0566205 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

GRANT SUBSTANTIATION THE ORGANIZATION FOLLOWS FEDERAL, STATE AND INSTITUTIONAL GUIDELINES AND METHODOLOGIES FOR DETERMINING ELIGIBILITY AND AWARDING OF NEED-BASED FINANCIAL AID FOR MERIT-BASED GRANTS. THE ORGANIZATION AWARDS THE GRANTS IN COMPLIANCE WITH THE STIPULATIONS OF THE UNDERLYING GOVERNING INSTRUMENT (I E DONOR ENDOWMENT AGREEMENTS, AND OTHER DONOR DOCUMENTATION) THE ORGANIZATION MAINTAINS DETAILED RECORDS OF COMPLIANCE FOR ALL GRANTS DISPERSED. ASSISTANCE TO MOREHOUSE COLLEGE STUDENTS IN THE FORM OF SCHOLARSHIPS ARE AWARDED FOR THE PURPOSE OF AIDING WITH THE COST OF ATTENDING THE UNIVERSITY, I E FOR TUITION, HOUSING, AND MEALS SCHOLARSHIPS ARE BASED ON

Schedule I (Form 990) 2016

ACADEMIC ACHIEVEMENT, NEED, AND OTHER DONOR REQUIREMENTS SUCH AS LOCATION OF RESIDENCE MOREHOUSE COLLEGE HAS CRITERIA FOR THE

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

Part IV

Return Reference

Form Sch I Part I Line 2

Explanation

ELIGIBILITY REOUIREMENTS NEEDED TO AWARD A SCHOLARSHIP

DLN: 93493096007228

OMB No 1545-0047

2015

Schedule J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MOREHOUSE COLLEGE

Employer identification number

			58-0566205			
Pa	rt I Questions Regarding Compensa	tion				
					Yes	No
a		•	ny of the following to or for a person listed on Form ide any relevant information regarding these items			
	First-class or charter travel	•	Housing allowance or residence for personal use			
	Travel for companions	г.	Payments for business use of personal residence			
	┌ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did th		1 , 9 91 ,			
	reimbursement or provision of all of the expense		·	1b	Yes	
!	Did the organization require substantiation prior directors, trustees, officers, including the CEO/E			2	Yes	
;	Indicate which, if any, of the following the filing o organization's CEO/Executive Director Check a used by a related organization to establish comp	all that apply				
	Compensation committee	r.	Written employment contract			
	Independent compensation consultant	Ľ	Compensation survey or study			
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee			
	During the year, did any person listed on Form 9 or a related organization	90, Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-con	trol paymen	t?	4a		No
b	Participate in, or receive payment from, a supple	emental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equit	y-based cor	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons an	d provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ	nizations mu	ıst complete lines 5-9.			
i	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	on A , line 1a	n, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
•	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	•	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
,	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes			7		No
;	Were any amounts reported on Form 990, Part V	•				
	subject to the initial contract exception describe		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
ı	If "Yes" on line 8, did the organization also follow section 53 4958-6(c)?	w the rebutt	able presumption procedure described in Regulations	9		

Schedule J (Form 990) 2015							Page Z		
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
For each individual whose compensal instructions, on row (ii) Do not list al Note. The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·			
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Form Sch J Part I Line 1a CERTAIN BENEFITS PROVIDED A HOUSE IS PROVIDED TO THE PRESIDENT. AT THE CONVENIENCE OF THE EMPLOYER AS A CONDITION OF IEMPLOYMENT. THE ESTIMATED VALUE WAS NOT INCLUDED IN TAXABLE INCOME Form Sch 1 Part I Line 3 COMPENSATION OF THE TOP MANAGEMENT OFFICIAL PRESIDENT/CEO'S COMPENSATION 1 ANNUALLY THE PRESIDENT ESTABLISHES HIS

 $\mathsf{IPERFORMANCE}$ GOALS IN CONSULTATION WITH THE EXECUTIVE COMMITTEE AND THE BOARD OF TRUSTEES $\,2\,$ ANNUALLY THE PRESIDENT REVIEWS HIS PROGRESS ON THOSE GOALS WITH THE EXECUTIVE COMMITTEE WHO DOCUMENTS A PERFORMANCE REVIEW WITH THE IPRESIDENT 3 PERIODICALLY, THE EXECUTIVE COMMITTEE PERFORMS A COMPARATIVE REVIEW OF THE PRESIDENT'S COMPENSATION AGAINST THE ORGANIZATION'S PEER INSTITUTIONS 4 PERIODICALLY AND IN CERTAIN CASES (I E THE ARRIVAL OF A NEW PRESIDENT). AN OUTSIDE COMPENSATION CONSULTANT MAY ADVISE THE EXECUTIVE COMMITTEE ON PRESIDENTIAL COMPENSATION 5 BASED ON THE ABOVE, THE EXECUTIVE COMMITTEE ESTABLISHES THE PRESIDENT'S COMPENSATION FOR THE FOLLOWING YEAR 6 THE EXECUTIVE IRENEWS THE PRESIDENT'S CONTRACT FOR AN ADDITIONAL TERM AT THE NEW COMPENSATION LEVEL Form Sch 1 Part I Line 4b

Schedule J (Form 990) 2015

COMMITTEE DOCUMENTS THE REASONS FOR ESTABLISHING THE NEW COMPENSATION AMOUNT 7. THE EXECUTIVE COMMITTEE THEN SUPPLEMENTAL NONQUALIFIED PLAN THE ORGANIZATION HAS A 457(B) DEFERRED COMPENSATION PLAN, LIMITED TO MANAGEMENT OR

Page 3

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 58-0566205

Name: MOREHOUSE COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title			W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits		(F) Compensation in column (B) reported as deferred on prior Form 990
1)ohn S WilsonPresident	(I) (II)	312,113			9,390	54,663 	376,166	
1Garaikai Campbell SVP of Academic Affairs/Prov	(1)	250,001		1,102	8,250	16,503	275,856	
2 Timothy Sams VP for Student Development	(1)	195,000		561	18,149	20,467	234,177	
3 Undria Stalling Chief Audit Officer	(I) (II)	153,490			7,925	12,007	173,422	
4William Taggart INTERIM PRESIDENT/COO	(1)	245,044			2,500	11,683	259,227	
5 Clifford Russell Jr Chief Infor Officer/VP, Tech	(I) (II)	154,490			485	17,261	172,236	
6 Lacrecia Cade General Counsel	(1)	211,421			6,405	10,287	228,113	
7 Alan D Robertson VP for Business & Finance/CFO	(I) (II)	215,000		700	31,758	8,534 	255,992	
8 Andre Bertrand AVP for Campus Operations	(I) (II)	168,100			19,409	13,621	201,130	
9 John Brown Intenm VP for OIA	(I) (II)	173,353			10,613		183,966	
10 Felicia Murphy-Phillips Sr Leadership Gifts Officer	(I) (II)	152,000			13,933		165,933	
11 James Tyson Chief Advancement Officer	(I) (II)	177,604			13,067	19,622	210,293	
12 David Lerch Director of Finance	(I) (II)	141,834			19,685		161,519	
13Phillip Howard Exec Director of Innovation/TT	(I) (II)	168,645			15,459	9,000,	193,104	
14TERRANCE DIXON AVP of Enrollment Management	(1)	141,834			15,365		157,199	
15 FREDERICA WHITE Associate General Counsel	(I) (II)	150,000			4,000		154,000	

efi	le GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN:	934930	09600	7228			
Sc	hedule K	C	n n la mantal Infarm	-4i	n Tay F	-1/0 100	4 F) a mala				ОМВ	No 154	5-0047				
(Fo	orm 990)				on Tax Exempt Bonds m 990, Part IV, line 24a. Provide descriptions,							2016						
		Complete ii tii	explanations, and any	additional	information			riovide des	scriptions,			2010						
	ortment of the Treasury mal Revenue Service	▶Informatio	► Attach t n about Schedule K (Form 99	to Form 999 90) and its		s is at w	vww.i	irs.aov/for	m990.			Open to Public Inspection						
Nam	e of the organization	r zmormatio	n about bolledate K (1 offin b.	o o o una res	moti decion	<u> </u>				Emp	loyer iden							
MOR	REHOUSE COLLEGE									58-0	566205							
Pa	art I Bond Issues																	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP # (d) Dat	e issued	(e) Issue	price	((f) Descripti	on of purpose	(g)	Defeased) On		Pool			
										behalf of issuer		finar	ncing					
										Yes	No	Yes	No	Yes	No			
Α	DEVELOPMENT AUTHORITY OF	58-1506878	000359900 05-31	-2007	45,3	00,000		ND BONDS	AND	X			X		X			
	FULTON COUNTY						CONS	TRUCTION										
В	RICE CAPITAL ACCESS	58-0566205	09-10-	-2013	18,9	98,381		RE ADVANC	PROJECT		Х		×		Х			
	PROGRAM LLC-SERIES 2013						FUND:	ING BON										
Pa	rt III Proceeds						l					<u> </u>						
						A		ı	3		С			D				
1	Amount of bonds retired					6,644	,982	0										
2	Amount of bonds legally defease					15,370	,210		0									
3	Total proceeds of issue					45,649	,186		18,998,381									
4	Gross proceeds in reserve funds				0 131,291													
5	Capitalized interest from procee				1,048,295 0													
6	Proceeds in refunding escrows .				22,015,192 0													
7_	Issuance costs from proceeds .				410,649 380,000													
8	Credit enhancement from proce					0 0												
9	Working capital expenditures fro						0		0									
10	Capital expenditures from proce			•		22,175	,049		18,487,090									
11	Other spent proceeds						0		0									
12	Other unspent proceeds						0		0									
13	Year of substantial completion .					010			34		1							
					Yes	No	•	Yes	No	Yes	No		Yes		No			
14	Were the bonds issued as part of				Х				Х									
15	Were the bonds issued as part o					×		X										
16	Has the final allocation of procee	eds been made? .		•	Х			X										
17	Does the organization maintain proceeds?	adequate books and	records to support the final allo	ocation of	×			×										
Pa	rt IIII Private Business Us																	
						Α			3		<u>C</u>			D				
	Was the organization a partner i	in a nartnershin or a	member of an LLC which own	ed property	Yes	No		Yes	No	Yes	No		Yes	+	No			
1	financed by tax-exempt bonds?	in a partilership, or a		ed property		Х			Х									
2	Are there any lease arrangemen property?	nts that may result in	private business use of bond-fi	inanced		х			х									
For	Panerwork Reduction Act Notice				Ca	t No 50	1103E					chadul	o K /Fo	rm 990	1) 2016			

Page 2

D

Schedule K (Form 990) 2016

Nο

Yes

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 C Χ Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property?

Α

No

Х

Χ

Х

Χ

Х

Х

Yes

0 %

Х

Х

Х

Yes

В

Х

No

Х

Χ

Х

Χ

Χ

Χ

Χ

0 %

Χ

Х

Χ

Yes

C

Nο

Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government

Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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 nongualified bonds of

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

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

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? Was the hedge terminated?

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

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	
ь	Name of provider	0		0		

Schedule K (Form 990) 2016

Arbitrage (Continued)

the GIC satisfied?

requirements of section 148? . . .

applicable regulations?

Return Reference

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

Part IV

period?

Part V

Part VI

PART II, LINE 3

Х

Х

Yes

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

DUE TO THE INCLUSION OF INTEREST AND OTHER INVESTMENT EARNINGS ON THE PROCEEDS

Explanation

THE PART I, COLUMN (E) ISSUE PRICE DOES NOT AGREE WITH THE PART II, LINE 3 TOTAL PROCEEDS OF ISSUE

Nο

Х

Х

Х

No

Χ

Yes

No

В

Yes

Page 3

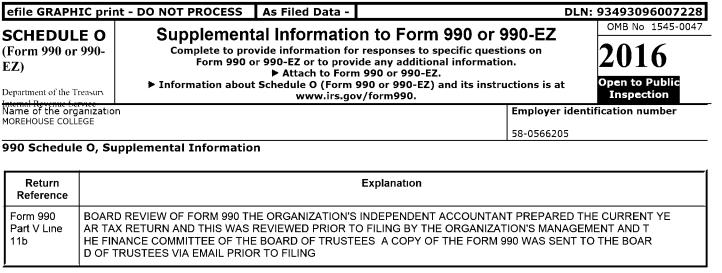
No

No

D

Yes

Yes



Return Explanation

Form 990	CONFLICT OF INTEREST POLICY THE ORGANIZATION REQUIRES ALL BOARD MEMBERS TO CONFIRM THEY AR
Part VI Line	E IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY EACH YEAR THROUGH AN AFFIRMATION OF C
12a	OMPLIANCE WITH THE POLICY THROUGH EMAIL OR SOME OTHER ACCEPTABLE COMMUNICATION MEDIUM

Return Reference	Explanation
Form 990 Part VI Line 15a	PROCESS FOR DETERMINING COMPENSATION PRESIDENT/CEO'S COMPENSATION 1 ANNUALLY THE PRESIDEN T ESTABLISHES HIS PERFORMANCE GOALS IN CONSULTATION WITH THE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES 2 ANNUALLY THE PRESIDENT REVIEWS HIS PROGRESS ON THOSE GOALS WITH THE COMPENSATION COMMITTEE WHO DOCUMENTS A PERFORMANCE REVIEW WITH THE PRESIDENT 3 PERIODI CALLY, THE COMPENSATION COMMITTEE PERFORMS A COMPARATIVE REVIEW OF THE PRESIDENT'S COMPENS ATION AGAINST THE ORGANIZATION'S PEER INSTITUTIONS 4 PERIODICALLY AND IN CERTAIN CASES (I E THE ARRIVAL OF A NEW PRESIDENT), AN OUTSIDE COMPENSATION CONSULTANT MAY ADVISE THE COMPENSATION COMMITTEE ON PRESIDENTIAL COMPENSATION 5 BASED ON THE ABOVE, THE COMPENSATION
	COMMITTEE ESTABLISHES THE PRESIDENT'S COMPENSATION FOR THE FOLLOWING YEAR 6 THE COMPENS ATION COMMITTEE DOCUMENTS THE REASONS FOR ESTABLISHING THE NEW COMPENSATION AMOUNT 7 THE COMPENSATION COMMITTEE THEN RENEWS THE PRESIDENT'S CONTRACT FOR AN ADDITIONAL TERM AT THE NEW COMPENSATION LEVEL OTHER OFFICERS MOREHOUSE COLLEGE HAS A POLICY FOR REVIEW AND APPR OVAL FOR OFFICER AND KEY EMPLOYEE COMPENSATION

Return Explanation

Reference	
Form 990 Part VI Line	JOINT VENTURES THE ORGANIZATION INVESTS IN PARTNERSHIPS THAT MAY BE CONSTRUED TO BE JOINT VENTURES THE ORGANIZATION HAS ENACTED ADEQUATE SAFEGUARDS FOR ITS PARTNERSHIP INVESTMENTS

TO ENSURE THAT THESE ACTIVITIES DO NOT JEOPARDIZE THE ORGANIZATION'S EXEMPT STATUS

Return Explanation
Reference

Form 990
Part VI Line
19
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION'S GOVERNING DOCUMENTS (ARTICL ES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS) ARE AVAILABLE TO THE PUBLIC ON THE GEOR
GIA SECRETARY OF STATE WEBSITE ALL RELEVANT GOVERNING DOCUMENTS, POLICIES AND FINANCIAL S
TATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Explanation
Reference

Form 990 AUDITED FINANCIAL STATEMENT THE ORGANIZATION RECEIVES AN ANNUAL FINANCIAL STATEMENTS AUDIT
Part XII Line , IN ACCORDANCE WITH GAAP, REVIEWED BY AN INDEPENDENT AUDITOR ADDITIONALLY, AN AUDIT AS S
ET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 HAS BEEN CONDUCTED AS A RESULT OF
A FEDERAL AWARD

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493096007228 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** MOREHOUSE COLLEGE 58-0566205 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Comple	te if the orga	ınızatıon a	nswered	"Yes" on Fo	orm 990	, Part IV	, line 34 be	cause it	had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal dom	(c) egal domicile (state or foreign country)		le section Public ch		(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity		512(b) entrolled
(1)HOWARD THURMAN EDUCATIONAL TRUST 830 WESTVIEW DR STE 109-7	SUPPORT		G	A	501(C)(3)		9		NA		Yes	No No
ATLANTA, GA 30324 94-6109302												
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Cat	No 5013	5Y		1		Sched	lule R (Form	990) 20	16

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng income(related, total inc		(g) Share of end-of-year assets	Disprop alloca	itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner		(k) Percent owners	
							1	Yes	No		Yes	No		
Identification of Related Orga because it had one or more relate	nizations Taxable as a (ed organizations treated a	Corporations a corporat	n or Tru	st Complet	e if the org	anızatıon an r.	swered "Ye	s" on	Form	990, Part I'	V, line	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	d (state	(c) Legal domicile (state or foreign country)		(d) ct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota Income	al Sha	(g) ire of en year assets	d-of- Pero	(h) centage nership		Section 5 (13) cont entity	
			ounci y)										Yes	
													\rightarrow	
	i	1		1						1				

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?		\neg	
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)	1e		No
f Dividends from related organization(s)	1f		No
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		No
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		No
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	$\overline{}$	No

		+
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	No
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	No
p Reimbursement paid to related organization(s) for expenses	 1p	No
q Reimbursement paid by related organization(s) for expenses	 1q	No
r Other transfer of cash or property to related organization(s)	 1r	No
	\vdash	

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) (d) Method of determining amount involved (c) Amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section		section		Are all partners section		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	prtionate ations? amount 20 of Sch K- (Form		(h) Disproprtionate allocations?		(j) General c managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No	! ,		Yes	No		Yes	No							
										Schedul	e R (Form	1 990	0) 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