990

Return of Organization Exempt From Income Tax

DLN: 93493123008479 OMB No 1545-0047

FOLI	•	•	•
•			
-			_

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

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

•		nue Service	I Information abou	it Form 990 and its instructions is at <u>wu</u>	<u>/w IRS qov/forr</u>	<u>n990</u>		Inspection	
A F	or the	e 2017 c	ı alendar year, or tax year begin	ning 07-01-2017 , and ending 06-	30-2018				
B Che	ck ıf ap	pplicable	C Name of organization Elmhurst College			D Employ	er identif	ication number	
		change	<u>-</u>			36-216	9145		
	ime cha itial ret	-	% NANCY CONROY Doing business as						
		n/terminated				E Telephor	na numbar		
		l return on pending	Number and street (or P O box if m 190 Prospect Avenue	ail is not delivered to street address) Room/s	suite				
ш Ар	рпсасіс	on pending	City or town, state or province, cour	ntry, and ZIP or foreign postal code		(630) 6	17-3012		
			Elmhurst, IL 601263296	· · · · · · · · · · · · · · · · · · ·		G Gross re	eceipts \$ 1	53,442,442	
			F Name and address of principal Dr Troy D VanAken	l officer	H(a) Is thi	s a group re	turn for	_	
			190 Prospect Avenue		subor	dinates?	tor	Yes Vo	
	v ovon	npt status	Elmhurst, IL 601263296		H(B) Are a		ies	☐ Yes ☐No	
		·		(Insert no) 4947(a)(1) or 527	1	-		instructions)	
J W	ebsit	e:► ww	w elmhurst edu		H(c) Group	exemption	number	•	
K Fori	m of or	ganızatıon	☑ Corporation ☐ Trust ☐ Asso	ociation Other	L Year of form	ation 1942	M State	of legal domicile IL	
Pa	rt I	Sum	marv						
	1 E	Briefly des	scribe the organization's mission o						
au au			T COLLEGE INSPIRES INTELLECTU CONTRIBUTIONS TO A DIVERSE, (IAL AND PERSONAL GROWTH IN OUR S' GLOBAL SOCIETY	TUDENTS, PREF	ARING THE	M FOR M	EANINGFUL AND	
ž	=	-TITICAL C	SONTHIBOTIONS TO A BIVERSE, C	SEOBRE SOCIETY					
Ē	-								
Activities & Governance	,	Check thi	s box • 🗖 if the organization dis	scontinued its operations or disposed of	more than 25%	of its net a	issets		
ত স				ng body (Part VI, line 1a)			з	36	
~ Se	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	35	
Ě	5	Total nun	nber of individuals employed in ca	lendar year 2017 (Part V, line 2a) 🛭 .		•	5	1,758	
YC to	6	Total nun	nber of volunteers (estimate if neo	•	6	827			
	1		elated business revenue from Part		•	7a	245,669		
	b	Net unrel	ated business taxable income fror	n Form 990-T, line 34		•	7b		
	_				Pri	or Year		Current Year	
₫	1		nons and grants (Part VIII, line 1h	•		4,460,	•		
Ravenue	1	-	service revenue (Part VIII, line 2g ent income (Part VIII, column (A),	•		109,088,		114,394,671	
æ	1		venue (Part VIII, column (A), lines		8,919, 1,680,		6,344,511 1,322,989		
	1			st equal Part VIII, column (A), line 12)		124,149,		125,694,812	
	_		nd similar amounts paid (Part IX, o			47,890,		49,189,977	
	1		paid to or for members (Part IX, c	, ,,		,,	0	0	
S	1	•		enefits (Part IX, column (A), lines 5–10)		40,961,	213	41,022,310	
Expenses	1			mn (A), line 11e)			0	0	
e G	Ь	Total fundr	aising expenses (Part IX, column (D), l	ine 25) ▶1,620,322					
ũ	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		24,756,	895	27,287,145	
	18	Total exp	enses Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)		113,609,	028	117,499,432	
	19	Revenue	less expenses Subtract line 18 fr	om line 12		10,540,	093	8,195,380	
S OK					Beginning	of Current Y	'ear	End of Year	
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)			176,351,	297	188,662,047	
A A	1		ılıtıes (Part X, line 26)			84,588,		81,720,095	
ξŠ	1		s or fund balances Subtract line 2			91,762,	_	106,941,952	
Pai	rt II	Signa	ature Block				<u> </u>		
				ined this return, including accompanyin Declaration of preparer (other than off					
	nowle		1, it is true, correct, and complete	bedardion of preparer (other than on	Teer / 15 basea e		4011 01 1	The preparer has	
		 	*		201	9-04-22			
Sign		Signati	ure of officer		Dat				
Here		KURT A	ASHLEY VP INFORMATION TECH						
			r print name and title						
			rint/Type preparer's name	Preparer's signature BRIDGET T ROCHE	Date		PTIN	7	
Paid	d	L ^B	RIDGET T ROCHE	self	-employed	P0066683	<i>'</i>		
	pare	*! 	Irm's name GRANT THORNTON LLF			n's EIN ►	056 555		
Use	On	ly [⊧]	ırm's address ► 171 N CLARK ST SUITE	: 200	Pho	one no (312)	გ 56-0200		
			CHICAGO, IL 60601						
			this return with the preparer show	•			⊻ \	′es □ No	
For F	aper	work Red	duction Act Notice, see the sep	arate instructions.	Cat No :	L1282Y		Form 990 (2017)	

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		
1	Briefly describe the o			,		
	HURST COLLEGE INSPI TRIBUTIONS TO A DIVI			ROWTH IN OUR STUDE	NTS, PREPARING THEM FOR ME	ANINGFUL AND ETHICAL
2	,	, ,		3 ,	hich were not listed on	□ Yes ☑ No
	the prior Form 990 of					⊔ Yes ⊻ No
3	Did the organization	se new services on Sc cease conducting, or r	make significant	changes in how it cond	ucts, any program	☐ Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	ıle O			
4	Section 501(c)(3) and		ions are required	to report the amount	largest program services, as me of grants and allocations to other	
4a	(Code See Additional Data) (Expenses \$	77,380,647	including grants of \$	49,189,977) (Revenue \$	107,738,289)
	See Additional Data					
4b	(Code) (Expenses \$	20,049,540	ıncludıng grants of \$) (Revenue \$	6,656,382)
	See Additional Data					
4c	(Code) (Expenses \$	6,652,835	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	iule O)			
	(Expenses \$	ind	cluding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses ▶	104,083,0	22		

or X as applicable

Checklist of Required Schedules

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

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?

Yes

Page 3

No

Nο

Nο

Nο

No

No

No

Nο

Νo

Nο

Νo

Νo

Nο

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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 grants or other assistance to or for any

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

b 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, VII, VIII, IX,

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 🛸

Yes

5 6 7

Yes

R

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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Part IV Checklist of Required Schedules (continued)			
		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Νo

Nο

Νo

Nο

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

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

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

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

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

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

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

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

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

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

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20b 21

Yes

Yes

22

23

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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31

32

33

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35a

35h

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Yes

Yes

Yes

Form 990 (2017)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 234			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	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)			
	The medical of thing requirements for mise in the first of the first o			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

OHIII	990 (20	517)					Page		
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 th 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes		
	(Check if Schedule O contains a response or note to any line in this Part VI					✓		
Se	ction /	A. Governing Body and Management							
1 2	Enter t	he number of voting members of the governing body at the end of the tax year		Í		Yes	No		
14	Entert	The number of voting members of the governing body at the end of the tax year	1a	36					
	body, d	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O							
b	Enter t	he number of voting members included in line 1a, above, who are independent	1b	35					
2		L y officer, director, trustee, or key employee have a family relationship or a busines director, trustee, or key employee?			2		No		
3		e organization delegate control over management duties customarily performed by ers, directors or trustees, or key employees to a management company or other p			3		No		
4									
5	Did the	e organization become aware during the year of a significant diversion of the organ	ızatıo	n's assets?	5		No No		
6		e organization have members or stockholders?			6		No		
		e organization have members, stockholders, or other persons who had the power to	o elec	t or appoint one or more					
		ers of the governing body?			7a		No		
b		y governance decisions of the organization reserved to (or subject to approval by) s other than the governing body?	mem	bers, stockholders, or	7b		No		
8	Did the	e organization contemporaneously document the meetings held or written actions ulowing	ındert	aken during the year by					
а	The go	verning body ⁷			8a	Yes			
b	Each c	ommittee with authority to act on behalf of the governing body? \cdot			8 b	Yes			
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who c zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No		
Se	ction I	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code	≘.)			
						Yes	No		
		e organization have local chapters, branches, or affiliates?			10a		No		
b		," did the organization have written policies and procedures governing the activities anches to ensure their operations are consistent with the organization's exempt pu			10b				
11a	Has the form?	e organization provided a complete copy of this Form 990 to all members of its gov	ernin.	g body before filing the	11a	Yes			
b	Describ	be in Schedule O the process, if any, used by the organization to review this Form $^{\circ}$	990						
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes			
b	Were o	officers, directors, or trustees, and key employees required to disclose annually interes?	erests • •	that could give rise to	12b	Yes			
C		e organization regularly and consistently monitor and enforce compliance with the pale O how this was done	oolicy •	? If "Yes," describe in	12c	Yes			
13	Did the	e organization have a written whistleblower policy?			13	Yes			
14	Did the	e organization have a written document retention and destruction policy?			14	Yes			
15		e process for determining compensation of the following persons include a review a s, comparability data, and contemporaneous substantiation of the deliberation and							
а	The or	ganization's CEO, Executive Director, or top management official			15a	Yes			
b		officers or key employees of the organization			15b	Yes			
	If "Yes	to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a		e organization invest in, contribute assets to, or participate in a joint venture or sin e entity during the year?	nılar a •	rrangement with a	16a		No		
b	ın joint	," did the organization follow a written policy or procedure requiring the organization eventure arrangements under applicable federal tax law, and take steps to safeguate with respect to such arrangements?							
					16b				
		C. Disclosure							
17	LIST THE	e States with which a copy of this Form 990 is required to be filed CA , VA							
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available Check all that app		990-T (501(c)(3)s only)					
		wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Scl		•					
19		be in Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year	umen	ts, conflict of interest					
20		he name, address, and telephone number of the person who possesses the organiz	zation	's books and records					
		CY CONROY 190 PROSPECT AVENUE Elmhurst, IL 601263296 (630) 617-3327							

orm 990 (2	orm 990 (2017) Page 7												
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,		
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>		
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees			
ear	e this table for all persons require										-		
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-			
	of the organization's current key		•										
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the			
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-						
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9		
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest			
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee			
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations		
See Additiona	al Data Table												

Part VII

CHICAGO, IL 60601 Synergy Coverage Sol LLC, 217 SOUTH TYRON ST CHARLOTTE, NC 28202

compensation from the organization ▶ 9

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours for related		one b	ox, u in off tor/tr	che nles icer uste	s pers and a ee)	son	comper from organizat	Trable Reportable compensation from related ation (W-D-MISC) (2/1099-MISC)			Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033	Miscy	2, 1033 1133		relat organiza	ed	
See /	Addıtıonal Data Table														
c T	otal	art VII, Sectio	nΑ.				>					I			
2	otal (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos			oove	e) who	rec		1,761 than \$1	00,000	0		379,319	
	or reportable compensation from the	organization P											Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2						oyee, o			pensated	employee on	3	Yes		
4	For any individual listed on line 1a, is organization and related organization	s greater than \$	150,00	0? <i>If</i>	"Yes,						n the		1,55		
5	Individual							 ated	organizatio	· ·	· · · · · · · · · · · · · · · · · · ·	4	Yes		
	services rendered to the organization		ete Sch	edule	J fo	r su	ch pei	rson	· · ·			5	;	No	
	Complete this table for your five high	est compensate										mpei	nsation		
	from the organization Report compet	(A) and business addre		year	enai	ing	with o	rwit	nin the org		(B) ription of services		(C Comper		
PO BC	o Noel-Levitz Llc,)X 718 1OINES, IA 50303								A	dmission C	•			427,248	
Semir 55 E N	Mars International, Monroe St MGO, IL 60603								E	ducnl trave	el .			174,050	
Forwa 1142	NOO, IL 60603 rd Space Lic, N North Branch St NGO, IL 60642								D	esign Cons	ulting			150,013	
Grant 171 N	Thornton LLP, Clark Suite 200 GO. IL 60601								A	ccounting				149,716	

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

(C)

(D)

(E)

129,682

WORK COMPENSATION

		(2017)									Page 9
Part '	VII										
		Check if Schedul	e O contains :	a respo	onse or note to a	ĺ (this Part VII (A) revenue	Rel e> fu	(B) ated or kempt nction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1 a	Federated campaig	ns	1a	ı)			•		
ints	ı	b Membership dues		1 b		_					
Giffs, Grants vilar Amounts	•	c Fundraising events		1c	19,44	1					
fs, r A	(d Related organizatio	ns	1 d		_					
E E	•	e Government grants (co	ontributions)	1e	745,17	_ 1					
tions, Gifts, Grants er Similar Amounts	1	All other contributions, and similar amounts no above	, gıfts, grants, ot ıncluded	1f	2,868,029	- -					
Contributions, and Other Sir	,	g Noncash contribution in lines 1a-1f \$	ons included	362	<u>,116</u>						
Contained	h	Total.Add lines 1a-1	lf		•	_ 3	3,632,641				
<u>ə</u>					Busine	ss Code					
Program Service Revenue	2a	STUDENT TUITION AND	FEES			812900	107,	738,289	107,738,28	9	
á	b	RESIDENCE HALLS				721000		275,218	6,246,64	<u> </u>	75
٩ ٩		ATHLETIC, ARTS & CULT				812900		267,466	267,46	+	
₹		GRANT AND LOAN ADMI		ES		812900 812900		76,647 37,051	76,64 37,05	+	
Ē		COMMUNITY EDUCATION				012900		37,031	37,03	1	
ogr	f	All other program se	rvice revenue		11	4,394,671	I				
\$	g	Total. Add lines 2a-2f	f		<u> </u>	1,351,071					
		Investment income (ii similar amounts) .	ncluding divid		interest, and othe	er	1,803,98	3		-111,709	1,915,692
		Income from investme			ond proceeds	•		0		,	· ·
		Royalties				▶		0			
			(ı) Rea		(II) Personal						
	6a	Gross rents									
	ь	Less rental expenses				\dashv					
	C	Rental income or (loss)		0		0					
	d	Net rental income o	r (loss)			.		0			
			(ı) Securit	ies	(II) Other						
	7a	Gross amount from sales of	32.2	54,349							
		assets other than inventory	32,2	.51,515							
	L	Less cost or				_					
		other basis and sales expenses	27,7	13,821							
	c	Gain or (loss)	4,5	40,528							
	d	Net gain or (loss) .			•		4,540,52	8		160,989	4,379,539
٠. ا	8a	Gross income from for for the control of the contro	undraising evo								
nue		contributions reporte	ed on line 1c)]						
₹ •		See Part IV, line 18		а	,						
œ,		Less direct expense		Ь	33,8	09	-10,66	2			-10,663
Other Revenue		: Net income or (loss) i Gross income from g			ents •		-10,00	1			-10,003
δ		See Part IV, line 19			J						
				а		0					
		Less direct expense: Net income or (loss)		b		0		0			
		Gross sales of invent		activit	ies •	\neg					
		returns and allowand			J						
	_			а		0					
		Less cost of goods s		b		0		0			
		Net income or (loss) Miscellaneous		invent	tory ► Business Code						
	11	aFOOD SERVICE	revenue		722		114,05	2		58,462	55,590
	b	OUTSIDE CONFEREN	NCE & FACTURE	TFS	561	000	186,13	8		95,258	90,880
		RENTALS	TOL WINCILLI								•
	c	OUTSIDE PRINTING			900	099	1,72	8			1,728
	-	50.5152 MATH					•				•
	d	All other revenue .					1,031,73	4		14,094	1,017,640
		Total. Add lines 11a			•						<u> </u>
	12	Total revenue. See	Instructions				1,333,65				
					• •		125,694,81	2	114,366,096	245,669	7,450,406 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			\square
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	49,178,401	49,178,401		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	11,576	11,576		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,828,412	234,679	1,365,546	228,187
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	31,504,398	28,179,943	2,630,417	694,038
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,134,594	1,105,038	13,456	16,100
9 Other employee benefits	4,295,993	3,673,069	489,514	133,410
10 Payroll taxes	2,258,913	2,137,259	117,495	4,159
11 Fees for services (non-employees)				
a Management	727,671		727,671	
b Legal	101,031		101,031	
c Accounting	148,004		148,004	
d Lobbying	22 961		22 961	

0 112,544

3,665,206

1,322,062

1,250,783

2,704,140

2,150,734

2,709,225

3,633,608

117,711

493,509

126,122

872,548

104,083,022

511,562

5,847

5,430,879

1,787,519

1,545,375

1,634,828

3,432,208

2,626,308

2,723,072

3,785,009

361,022

594,177

493,509

177,890

139,145

1,438,146

117,499,432

5,847

0

0

112,544

258,737

370

93,654

6,999

17,361

141,651

20,061

4,683

912

1,620,322

Form 990 (2017)

1,506,936

465,087

200,938

710,707

333,923

13,847

131,340

243,311

594,177

47,085

139,145

564,686

11,796,088

1,116,267

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

21 Payments to affiliates . . .

expenses on Schedule O)a DEBT SERVICE FEES

b LIBRARY BOOKS & PERIODICALS

c MEMBERSHIPS & SUBSCRIPTIONS

d COMMISSIONS & BANK CHARGES

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)

e All other expenses

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 .

15 Royalties .

17 Travel .

16 Occupancy .

20 Interest . .

23 Insurance .

14 Information technology

Assets

11

12

13

14

15

16

17

18

19

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28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

Page **11**

1.102.139

57,459,662

109.390.080

990.325

737,144

188.662.047

6,747,166

3,129,036

56,911,276

14.932.617

81,720,095

55,226,797

20,523,837

31,191,318

106,941,952

188.662.047

Form **990** (2017)

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73,330 1.328.197

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

Notes and loans receivable, net . .

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . . .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

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

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

1	Cash-non-interest-bearing	2,320,876	1	3,945,232
2	Savings and temporary cash investments	3,107,703	2	11,683,669
3	Pledges and grants receivable, net	5,072,905	3	796,670
4	Accounts receivable, net	1.162.281	4	1,155,599

141,493,986

84,034,324

Beginning of year

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12

13

15

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17

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21

23

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26

27

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29

30

31

32

33

34

0 14

0 18

0 22

0

1.249.604

1,603,037

61,332,330

94.383.722

5.139.397

6,159,464

3,321,402

56,630,906

18.476.723

84,588,495

42.907.609

30,101,878

18.753.315

91,762,802

176.351.297

176,351,297

899,440

80.002

3 1,162,281 Accounts receivable, net . . . Loans and other receivables from current and former officers, directors,

10a

10b

trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Part II of Schedule L

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

91,762,802 3.662.232 17.105

3,304,433

No

Nο

Νo

106,941,952

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

9

10

Total expenses (must equal tale 11) contains (7), mile 25)		
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	

Form 990 (2017)

Reconcilliation of Net Assets

Prior period adjustments .

Part XI

Part XII

Schedule O

•	Revenue less expenses Subtract line 2 from line 1	3	
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
,	Investment expenses	7	

Other changes in net assets or fund balances (explain in Schedule O)

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Additional Data

Software ID:

Software Version:

EIN: 36-2169145

Name: Elmhurst College

Form 990 (2017)

the fall received such scholarships and grants

Form 990, Part III, Line 4a: Instruction - Elmhurst College provides post-secondary education through approximately 30 academic departments and offers more than 66 majors in education, 18 master's degree programs and 15 pre-professional programs. In addition, the Elmhurst Learning and Success Academy offers a non-degree program for young adults with learning, intellectual, cognitive, physical, and/or sensory disabilities. Scholarships and grants - We assist our students with a comprehensive range of financial aid programs, including institutional merit-based scholarships, institutional and governmental need-based grants. Approximately 90% of the full time undergraduate students who entered college in

Student Services - Includes student affairs, admissions, registrar, financial aid counseling, social and cultural development, wellness center, and athletics. Student life at Elmhurst is active and creative allowing students to get involved in diverse areas including student government, 'The Leader' student newspaper, Black Student Union,

Habitat for Humanity, SAGE (Straights and Gays for Equality), HABLAMOS (A Latino Student Organization), Model UN, WRSE Radio Station, and many other groups as well as intercollegiate sports and intramural activities

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: Academic Support - Academic dean, library services, academic advising and academic computing are included in academic support. The A.C. Buehler library provides many technologically advanced services for instructional and informational research, or for personal enjoyment with wireless access throughout

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) from the organization organizations

	any hours	l	a dir	ecto		ustee,)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Edward J Momkus	2 0									
Chair	0 0	×						0	0	0
Hugh H McLean	2 0									
Vice Chair	0 0	×						U	0	0
Sergio E Acosta Trustee	1 0	×						0	0	0
The Honorable William J Bauer	1 0									
Trustee	0 0	×							0	0
Julius Waslay Baston III	2 0									

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Trustee
Julius Wesley Becton III
Trustee

David R Bertran

Susan Bowers

Alan J Brinkmeier

Kenne P Bristol

William A Castellano

Trustee (THRU 04/2018)

Trustee

Trustee

Trustee

Trustee

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dır	recto		ustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Sarah Cların	2 0	х						0	0	0
Trustee	0 0									
Julie Curran Trustee	2 0	x						0	0	0
Kent T Dahlgren	1 0	х						0	0	0
Trustee	0 0									
Sharon Reese Dalenberg	1 0									

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Kent T Dahlgren	1 0
Trustee	0 0
Sharon Reese Dalenberg	1 0
Trustee	0 0
Dr Cathy Doucette	2 0

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Joel G Herter

L Bernard Jakes

Rajeev Khanna

Thomas A Kloet

Alfred N Koplin

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per 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

and Independent Contractors

Bill Nelson

Judith A Paice

Paula Pforzheimer

Virginia Prochaska

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Frank Rufolo

Jean E Sander

	any nours	and	a dir	ecto	אר/ נרי	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Jason Lovelace Trustee (THRU 04/2018)	1 0	×						0	0	0	
Barbara J Lucks Trustee	2 0	×						0	0	0	
Ronald L Luken	2 0	х						0	0	0	

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2 0								
0 0	×						0	
2 0	×						0	
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	0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 X 0 0 0 2 0 X	0 0 0 2 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

Trustee

President

Dr Troy D VanAken

Michelle Lanter Smith

Karen Brown-Kıssel

Kurt Ashley

Trustee (BEG 09/25/2017)

VP for Finance & Admin/CFO

V P Information Technology

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	any hours	and	a dır	recto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Rudolf G Schade Jr	2 0	×						0	0	0
Trustee	0 0								-	
Eva W Tameling Trustee	2 0	×						0	0	0
Rev Robert O Uliman Trustee	2 0	×						0	0	0
Russell G Weigand Trustee	2 0	×						0	0	0
				_	_					

		I ^	1 1		I		
Trustee	0 0						
Russell G Weigand	2 0						
		l x				0	
Trustee	0 0						
James S Yerbic	2 0						
sumes o Terbio		Ιx				0	
Trustee	0 0	l ''					
The Honorable Kevin L York	2 0						
THE HOHOLOBIC REVIII E TOTA		l x				l n	

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437,151

205,442

153,087

122,065

38,904

19,568

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other person is both an officer from the week (list from related compensation and a director/trustee) any hours organization organizations from the

	for related	l	a uii	ectt	א / זו	ustee,	,	organization	organizations	Irom the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
April Edwards V P Acad Affrs /Dean of Fac	50 0			х				107,226	0	7,441
Phillip Riordan V P for Student Affairs	50 0			х				87,407	0	20,337
Valerie Day V P Development & Alumni	50 0			x				101,877	0	12,361
Timothy Ricordati	50 0				х			168,790	0	34,437

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139,357

124,326

116,895

113,969

120,303

125,931

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0

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14,153

17,029

20,553

27,785

24,234

20,452

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V P of Admission Diane Salvador **Executive Director Nursing**

Bruce Mather

Gary Wilson

Tim Hays

Music Professor

Margaret Howes

Larry Carroll

Exec Dir Facilities Mgmt

Professor Business Admin

Executive Director, CPE

Exec Director Development

and Independent Contractors

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493123008479
SC	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017
Depar	lment of	f the Treasury	▶ Infe	ormation abou	► Attach to Form It Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public
Interna	ıl Reven	nue Service he organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection ation number
Elmhu	rst Coll	ege						36-2169145	
	rt I				us (All organization				
_	rganız —		•		it is (For lines 1 thro	5 ,	,		
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2	✓	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		·	•	•	vice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6			•	-	governmental unit de				
7		_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ibed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ation organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	dexclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or component or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i				
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			on-functionally l organizations	integrated supporting	organization			
g				-	ipported organization(s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota				ice, see the Iı		Cat No 11285		 Schedule A (Form 9	

(Complete only if you ch	ecked the box o	n line 5, 7, 8, oi	r 9 of Part I or i	f the organization	on failed to quali	ıfy under Part							
III. If the organization fails to qualify under the tests listed below, please complete Part III.)													
ection A. Public Support													
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total							
Gifts, grants, contributions, and													

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4									
S	ection B. Total Support									
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total			
7	Amounts from line 4									
8	Gross income from interest,									
	activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
9										
10										
11										
12	Gross receipts from related activities, e	tc (see instructio	ns)			12				
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,			
	check this box and stop here									
S	Section C. Computation of Public Support Percentage									
14	Public support percentage for 2017 (line	e 6, column (f) dı	vided by line 11, o	olumn (f))		14				

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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	3b		

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				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.	
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			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	proprietion? If "Ves " describe in Part VI how the proprietion had such control and discretion describe heigh controlled or				
	supervised by or in connection with its supported organizations				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes				
	to the foliagh supported organization has used exclusively for section 170(e)(2)(b) purposes				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and				

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below	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				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

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,"

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

Pa	rt IV Supporting Organizations (continued)			-9
			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		
	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		
	ection 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 elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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 tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

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

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 36-2169145

Name: Elmhurst College

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493123008479

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

•	Section 527 organizations Complet			·			
		n Form 990, Part IV, Line 4, or Form 9					5
		t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ui					
f th	ie organization answered "Yes" oi	n Form 990, Part IV, Line 5 (Proxy Ta					
	oxy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz						
Na	ame of the organization			Employer	ident	tification nun	nber
EIn	mhurst College			36-216914	5		
Pa	rt I-A Complete if the orga	nization is exempt under section	on 501(c) or is			ation.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities i	n Part IV (see instructi	ons fo	or definition of	
2	Political campaign activity expend	litures (see instructions)		•	\$		
3	Volunteer hours for political camp	•				_	
Pa	rt I-B Complete if the orga	nization is exempt under section	on 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under s	ection 4955	•	\$		
2	•	ax incurred by organization managers u		•	•		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b							
Pa	rt I-C Complete if the orga	nization is exempt under section	on 501(c), exc	ept section 501(c)	(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt func	tion activities	\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	organizations for s	ection 527 exempt	\$	\$	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b	\$	\$	
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organization's fi political organization, s	unds	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds If none, ent -0-	's	(e) Amount of politicontributions received and promptly and directly delivered to separate political organization. If norenter -0-	
L							
2							
3							
1							
5							
5							
or	Panerwork Reduction Act Notice see	the instructions for Form 990 or 990-F7.	C-1	No Ennoye Schodul	~ C /E	orm 000 or 00	0_E7\ 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 activity

C

е

f

Volunteers?

Media advertisements?

Return Reference

PAID STAFF OR MANAGEMENT

DIRECT CONTACT

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

1

(b)

Amount

(a)

No

No

Nο

Nο

No

No

Yes

Yes

Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 22.961 q Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? No Total Add lines 1c through 1i 22,961 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes Nο Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

SCHEDULE C, PART II-B, LINE 1B MEMBERSHIP IN ACTION COMMITTEE

Explanation

SCHEDULE C, PART II-B, LINE 1G ELMHURST COLLEGE USES INDEPENDENT CONTRACTORS TO CONTACT LEGISLATORS, MEMBERS OF LEGISLATIVE STAFF, AS WELL AS VARIOUS DEPARTMENTS AND AGENCIES

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Supplemental Financial Statements

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

DLN: 93493123008479 OMB No 1545-0047

Open to Public

Internal Revenue Service

Department of the Treasury

(Form 990)

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

Inspection

Name of the organization Elmhurst College			Employer identification number
			36-2169145
	ing Donor Advised Funds or Othe		Accounts.
Complete if the organizati	on answered "Yes" on Form 990, Pa (a) Donor a	· · · · · · · · · · · · · · · · · · ·	(b)Funds and other accounts
Total number at end of year	(a) Donor as	Ivised fullus	(b) Funds and other accounts
Aggregate value of contributions to (c	(uring voor)		
Aggregate value of grants from (durin			
Aggregate value at end of year	g year)		
,			
organization's property, subject to th	s and donor advisors in writing that the a e organization's exclusive legal control?		☐ Yes ☐ I
charitable purposes and not for the b private benefit?	ees, donors, and donor advisors in writing enefit of the donor or donor advisor, or f	or any other purpose co	onferring impermissible Yes I
	s. Complete if the organization answ		990, Part IV, line 7.
Purpose(s) of conservation easement	s held by the organization (check all that: —	apply)	
Preservation of land for public t	ise (e g , recreation or education)	Preservation of an h	nistorically important land area
Protection of natural habitat		Preservation of a ce	ertified historic structure
Preservation of open space			
Complete lines 2a through 2d if the ceasement on the last day of the tax	organization held a qualified conservation	contribution in the form	n of a conservation Held at the End of the Yea
Total number of conservation easeme			2a
Total acreage restricted by conservat	ion easements		2b
Number of conservation easements o	n a certified historic structure included in	(a)	2c
Number of conservation easements in structure listed in the National Regist	ncluded in (c) acquired after 8/17/06, and er	I not on a historic	2d
Number of conservation easements r tax year ▶	nodified, transferred, released, extinguisl	ned, or terminated by th	ne organization during the
Number of states where property sub	– pject to conservation easement is located	>	
	policy regarding the periodic monitoring		f violations,
Staff and volunteer hours devoted to	monitoring, inspecting, handling of viola	tions, and enforcing cor	
Amount of expenses incurred in mon \$ \begin{align*} \text{*} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	itoring, inspecting, handling of violations,	and enforcing conserva	ation easements during the year
Does each conservation easement re and section 170(h)(4)(B)(ii)?	ported on line 2(d) above satisfy the requ	urements of section 17	0(h)(4)(B)(ı) ☐ Yes ☐ No
	zation reports conservation easements in ble, the text of the footnote to the organ servation easements		se statement, and
Complete if the organizati	ing Collections of Art, Historical on answered "Yes" on Form 990, Pa	rt IV, line 8.	
art, historical treasures, or other sim	ted under SFAS 116 (ASC 958), not to re ilar assets held for public exhibition, educ ootnote to its financial statements that d	ation, or research in fu	
	ted under SFAS 116 (ASC 958), to repor assets held for public exhibition, educatio tems		
(i) Revenue included on Form 990, Part	: VIII, line 1		▶ \$
ii)Assets included in Form 990, Part X			▶ \$
If the organization received or held v	orks of art, historical treasures, or other orted under SFAS 116 (ASC 958) relating		
Revenue included on Form 990, Part	, , ,	,	▶ \$
Revenue included on Form 990, Part Assets included in Form 990, Part X			▶ \$
•	ee the Instructions for Form 990.	Cat No 5	52283D Schedule D (Form 990)

Par		Organizations Ma	aintaining Col	lections of Art,	Histori	ical T	reası	ures, or Othei	Similar A	ssets (ca	ntınued)	
3		the organization's acq (check all that apply)	uisition, accessior	n, and other record	ls, check	any of	the fo	ollowing that are	a sıgnıfıcant ı	use of its o	collection	
а	\checkmark	Public exhibition			d	✓	Loan	or exchange pro	grams			
b		Scholarly research			e		Othe	er				
c	✓	Preservation for future	e generations									
4	Provi Part	de a description of the K	organization's coll	ections and explain	n how the	ey furt	her th	e organization's e	exempt purpo	se in		
5		ig the year, did the orga is to be sold to raise fur							mılar	☐ Yes	☑ No	
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			orm 990), Part	iV, I	ine 9, or report	ed an amou	unt on Fo	rm 990, Par	—— t
1a		e organization an agent ded on Form 990, Part)		an or other interme	ediary for	contri	butior	ns or other assets	not	☐ Yes	□ No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the	following	table			A	mount		
c	Begır	nning balance						1c				
d	Addıt	ions during the year						1d				
е	Distri	butions during the year	r					1e				
f	Endır	ng balance						1f				
2a	Did tl	he organization include	an amount on Fo	rm 990, Part X, line	e 21, for	escrov	v or cu	ustodial account l	ıabılıty?	☐ Yes		
h	75 IIV			6 1 1 51								
b		es," explain the arrange			•			•			. ⊔	
Pa	rt V	Endowment Fund	as. Complete if								- >	-1.
1 2	Region	ing of year balance .		(a)Current year 101,462,649		90,44:	-	(c)Two years back 96,373,05		,733,079	e) Four years ba 94,009,7	
	-	outions		2,264,429	+		1,035	590,33		288,061	405,3	
			as and losses	9,200,285		10,60		-2,390,89		,675,525	14,396,4	
		estment earnings, gair	•	1,161,252			7,032	1,300,73		,255,561	1,189,5	
		or scholarships		1,101,232	4	1,30	7,032	1,300,73	0 1,	,233,361	1,109,	
е		expenditures for facilitie ograms	es	2,689,513	3	-60	1,444	2,829,74	6 7,	,068,051	5,889,0	003
f	Admın	strative expenses .										
g	End of	year balance		109,076,598	8	101,46	2,649	90,442,02	1 96	,373,053	101,733,0)79
2	Provi	de the estimated percei	ntage of the curre	nt year end baland	ce (line 1	g, colu	mn (a	i)) held as				
а	Board	d designated or quasi-e	endowment ▶	56 260 %								
b	Perm	anent endowment 🕨	15 140 %									
С	Temp	orarily restricted endov	wment ▶ 28 6	00 %								
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%								
За	Are t	here endowment funds	not in the posses	sion of the organiz	ation tha	t are h	eld ar	nd administered f	or the			_
	-	nization by									Yes No	
	` '	nrelated organizations				•				3a(
_		elated organizations .			 	ا الماريات				3a(-	
ь 4		es" on 3a(II), are the rel ribe in Part XIII the inte	-	•			•			31	<u>' </u>	—
					OWITTETIC	iuiius						
Pa	rt VI	Land, Buildings, Complete if the org			orm 990) Part	TV I	ine 11a. See Fo	orm 990 Pa	ırt X line	10	
	Descr	ption of property	(a) Cost or oth (investme	er basis (b) Co.	st or other) Book value	
1-	Land					3 0	36,281				3,036	281
	Land		<u> </u>				65,389	+	57,289,963		48,175	
	Buildin	-				103,4	95,269		37,209,903		48,173	,420
		nold improvements					75.625		4E 600 505			
		nent					75,632		15,682,608		1,093	
	Other		L				16,684		11,061,753		5,154	
Tota	al. Add	lines 1a through 1e (Co	olumn (d) must ed	quai Form 990, Par	t X, colui	mn (B)	, line	10(c))	>		57,459	,662

Part VII Investments—Other Securities. Complete if	the organization answ	ered "Yes" on Form 90	Pagi O Part IV line 11h
See Form 990, Part X, line 12.		ered res on Form 93	o, rait iv, ille iib.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1) Financial derivatives			,
(2) Closely-held equity interests			
(3) Other(A) COMMINGLED FUNDS	83,353,447		F
(B) LIMITED PARTNERSHIPS	26,036,633		F
(C)			·
(D)			
E)			
F)			
G)			
H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	100 300 000		
Part VIII Investments—Program Related.	109,390,080		
Complete if the organization answered 'Yes' or			
(a) Description of investment	(b) Book value		od of valuation f-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answer		rt IV, line 11d See Form	
(a) Descripti	ion		(b) Book value
2)			
3)			
4)			
5)			
<u> </u>			
5)			
7)			
8)			
9)			
Part X Other Liabilities. Complete if the organization	answered 'Yes' on Fo	rm 990. Part IV. line 1	▶ 1e or 11f.
See Form 990, Part X, line 25.			
(a) Description of liability	(b) Bo	ook value	
Federal income taxes NTEREST RATE SWAP AGREEMENT		0 10,377,840	
SSET RETIREMENT OBLIGATION		1,192,550	
TUDENT BALANCES		1,151,042	
TUDENT LOAN ADVANCES FROM US GOVT		1,117,634	
IFE INCOME AGREEMENTS PAYABLE		242,544	
APITAL LEASE OBLIGATION ESTRUCTURING LIABILITY		130,902 35,487	
		•	
OTHER LIABILITIES		684,618	
		684,618	
9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	14,932,617	

Schedule D (Form 990) 2017

Part XI

1

h

c d

3

4

4

Part XIII

See Additional Data Table

1

2e

3.662.232

2.826.914

17,105

67.844

67,844

4c

49,651,714

Page 4

6,506,251

76,452,773

49.719.558

117,499,432

Schedule D (Form 990) 2017

b 4b 49,174,195 49,242,039 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 125,694,812 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 67,779,874 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a а 2b 2c 2d 2e 67,779,874 3 3

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2h

2c

2d

4a

4a

4b

Explanation

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

Total revenue, gains, and other support per audited financial statements . . .

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.

Return Reference

Supplemental Information

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

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

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

INTEREST RATE SWAP AGREEMENT

ASSET RETIREMENT OBLIGATION

STUDENT LOAN ADVANCES FROM US GOVT

LIFE INCOME AGREEMENTS PAYABLE

CAPITAL LEASE OBLIGATION

RESTRUCTURING LIABILITY

OTHER LIABILITIES

STUDENT BALANCES

Software ID: **Software Version:**

EIN: 36-2169145

Elmhurst College Name:

Form	990.	Schedule	D.	Part	X	Other	Liabilities	

•	
(a) Description of L	ability

1,151,042

242,544

10,377,840

1,192,550

1,117,634

130,902 35,487 684,618

(b) Book Value

Supplemental Information	
Return Reference	Explanation
FOOTNOTE	SCHEDULE D, PART III, LINE 1A Purchases of library books are capitalized based on the individual book cost compared to the capitalization policy. The library books not capitalized are recorded as expenses. Works of art are capitalized if the cost or fair market value is known at the time of receipt or purchase, per the capitalization policy.

s

Supplemental Information	
Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S COLLECTIONS	SCHEDULE D, PART III, LINE 4 THE AFRICAN COLLECTIONS, PROFESSIONAL COLLECTIONS AND HISTORI C PORTRAIT COLLECTIONS OF PAINTINGS, DRAWINGS, LITHOGRAPHS, PHOTOGRAPHS, AND SCULPTURES AR E MADE AVAILABLE TO STUDENTS, FACULTY AND STAFF AND OUTSIDE CONSTITUENTS FOR THEIR EDUCATI ONAL VALUE, FOR LECTURES AND PLEASURES OF VIEWING

Constant and a second Profession at last

applemental information							
Return Reference	Explanation						
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE PURPOSE OF THE ENDOWMENT IS TO SUPPORT THE COLLEGE AND ITS MISSION OVER THE LONG TERM ACCORDINGLY, THE PRIMARY INVESTMENT OBJECTIVES OF THE ENDOWMEN T ARE TO A PRESERVE AND INCREASE LONG-TERM REAL PURCHASING POWER OF THE FUNDS PRINCIPAL B PROVIDE ONGOING FINANCIAL SUPPORT IN THE FORM OF SCHOLARSHIPS, AWARDS, FACULTY CHAIRS, LECTURESHIPS, BOOK FUNDS AND OTHER SPECIFIED PURPOSES IN ACCORDANCE WITH THE BOARD OF TRUS TEE'S INVESTMENT POLICIES AND DONOR RESTRICTED AGREEMENTS C PROVIDE A STABLE SOURCE OF FI NANCIAL SUPPORT FOR THE COLLEGES ANNUAL OPERATING BUDGET POLICY AS SET BY THE BOARD OF TRU						

Supplemental Information

STEES D ACHIEVE A LONG RETURN ON THE PORTFOLIO OF THE GREATER OF 7% OR 5% PLUS THE AVERAG

E CHANGE IN THE CONSUMER PRICE INDEX OVER THE PRIOR FIVE YEARS

Supplemental Information	
Return Reference	Explanation
LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)	SCHEDULE D, PART X, LINE 2 THE COLLEGE HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), EXCEPT FOR IN COME TAXES PERTAINING TO UNRELATED BUSINESS INCOME THE FINANCIAL ACCOUNTING STANDARDS BOA RD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY MANAGEMENT HAS DETERMINED THE RE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENT S THE COLLEGE HAS NOT ACCRUED ANY PROVISION FOR INCOME TAXES AS THE COLLEGE HAS HAD NO SI GNIFICANT UNRELATED BUSINESS INCOME THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE S TATEMENTS OF ACTIVITIES OR STATEMENTS OF POSITION

Supplemental Information		
Return Reference	Explanation	
SUPPLEMENTAL DESCRIPTION - OTHER	SCHEDULE D, PART XI, LINE 2D CHANGE IN VALUE OF INTEREST-RATE SWAP ,453 CHANGE IN BENEFICIAL INTEREST IN TRUSTS (\$19,539) TOTAL \$2,826,914	\$2,846

Supplemental Information	
Return Reference	Explanation
SUPPLEMENTAL DESCRIPTION - OTHER	SCHEDULE D, PART XI, LINE 4B SCHOLARSHIPS AND GRANTS \$49,178, 401 ANNUITY COST RECLASSES \$29,603 FUNDRAISING EXPENSES/ LOSS \$(33,809) TOTAL \$49,174,195

Supplemental Information		
Return Reference	Explanation	
SUPPLEMENTAL DESCRIPTION - OTHER	SCHEDULE D, PART XII, LINE 4B SCHOLARSHIPS AND GRANTS ,401 RESTRUCTURING PAYMENTS \$465,9 \$29,603 FUNDRAISING EXPENSE/LOS	\$49,178 943 ANNUITY COST RECLASS
	\$(33,809) PAYMENTS TO NON-US CAMPUSES L \$49,651,714	\$11,576 TOTA

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493123008479 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the organization **Employer identification number** Elmhurst College 36-2169145 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) (2017)

Schedule E (Form 990 or 990EZ) (2017)	Page 2						
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)							
Return Reference	Explanation						
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY	SCHEDULE E, PART I, LINE 3 ELMHURST COLLEGE POLICY IS THAT OF NON-DISCRIMINATION OF THE PUBLIC SERVED BY THE INSTITUTION AND WITH RESPECT TO THE COLLEGE PERSONNEL ADVERTISEMENTS, PUBLICATIONS, BROCHURES, APPLICATIONS FOR ADMISSION, ETC, CONTAIN A STATEMENT TO THE EFFECT THAT THE COLLEGE COMPLIES WITH THE FEDERAL NON-DISCRIMINATION REGULATIONS, AND THEREBY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, RELIGION, COLOR, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION, OR HANDICAP DISABILITY						
GOVERNMENT ASSISTANCE	SCHEDULE E, PART I, LINE 6A THE COLLEGE RECEIVES GOVERNMENTAL FINANCIAL AID, GRANTS AND ASSISTANCE FROM THE US DEPARTMENT OF EDUCATION, STATE OF ILLINOIS, AND THE LOCAL GOVERNMENT						
	Schedule E (Form 990 or 990-EZ) (2017)						

(Form 990)	State	ment of A	Activities (Outside the Uni	ited St	ates	OMB No 1545-0047	
,	► Compl	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.					2017	
Department of the Treasury Internal Revenue Service	► Informa	Titlach to Form 990. ation about Schedule F (Form 990) and its instructions is at www.irs.go				form990.	Open to Public Inspection	
Name of the organization						Employer ider	ntification number	
Elmhurst College						36-2169145		
	nformation Part IV, line		Outside the U	Jnited States. Comple	te If the	organization a	inswered "Yes" to	
-	he grantees'	eligibility for th		substantiate the amount stance, and the selection	_		✓ Yes □ No	
2 For grantmakers outside the United		Part V the orga	anızatıon's proce	dures for monitoring the	use of its	grants and ot	her assistance	
3 Activites per Region	(The following	g Part I, line 3	table can be dupli	cated if additional space is	needed)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spec	ty listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region	
(1) Europe (Including Ico Greenland)	eland and			Grantmaking			11,576	
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuati	on sheets to						11,576	

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.									
Part III can be	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1)									
(2)									
(3)									

Sche	dule F (Form 990) 2017		Page 4
Pai	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, do not file with Form 990)	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)	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, do not file with Form 990)	☐ Yes	☑ No
	Schedul	e F (Form 9	990) 2017

chedule F (Form 990) 2017 Page 5							
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (ac amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (a method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this any additional information (see instructions).							
Return Reference	Explanation						
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S	SCHEDULE F, PART I, LINE 2 THE STUDY ABROAD DEPARTMENT MANAGES PROGRAM AND CONTRACTUAL TERMS OF PERFORMANCE, INCLUDING SELECTING CREDENTIALED UNIVERSITIES, AND OBTAINS STUDENT COMPLETION DOCUMENTATION THERE ARE A FEW NUMBER OF INSTANCES IN WHICH OUR COLLEGE SENDS STUDENTS OVERSEAS FOR A SEMESTER AND INCURS AN EXPENSE FROM THE RECEIVING UNIVERSITY THE MAJORITY OF STUDY ABROAD INSTANCES ARE WITHIN CONTRACTUAL EXCHANGE ARRANGEMENTS WITHIN A NETWORK OF INTERNATIONAL UNIVERSITIES AND DICTATED BY CONTRACTUAL TERMS IN WHICH NO MODIEY IS EXCHANGED.						

TERMS IN WHICH NO MONEY IS EXCHANGED. THE AMOUNT OF STUDENTS WHO ARE ENROLLED AT NETWORK UNIVERSITIES AND STUDY AT OUR CAMPUS FOR 1 OR 2 SEMESTERS IS EQUIVALENT TO THE AMOUNT OF OUR STUDENTS STUDYING ABROAD

Return Reference	Explanation
METHOD USED TO ACCOUNT FOR EXPENDITURE & CASH GRANTS	SCHEDULE F, PART I, LINE 3, COLUMN (F) AND PART II, LINE 1 THE COLLEGE ACCOUNTS FOR EXPENDITURES AND CASH GRANTS USING THE ACCRUAL METHOD

DLN: 93493123008479 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. Name of the organization **Employer identification number** Elmhurst College 36-2169145 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 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) 2017

Page 2 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. (a)Event #1 (b) Event #2 (c)Other events (d) Total events Football Bluejay Backer 0 (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 17,408 25,179 42,587 2 Less Contributions. 10,402 9,039 19,441 3 Gross income (line 1 minus 7,006 16,140 line 2) 23,146 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 7,480 21,716 29,196 8 Entertainment Other direct expenses 600 4,013 4,613 10 Direct expense summary Add lines 4 through 9 in column (d) 33,809 11 Net income summary Subtract line 10 from line 3, column (d) . -10,663 Part III 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) 2017				F	Page 3			
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No				
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No				
13	Indicate the percentage of gaming acti	vity conducted in							
а	The organization's facility		13	a		%			
b	An outside facility		13	ь		%			
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s					
	Name ►								
	Address •								
15a	revenue? ☐ Yes ☐ No								
Ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$								
С	If "Yes," enter name and address of the	e third party							
	Name •								
	Address ►								
16	Gaming manager information								
	Name ►								
	Gaming manager compensation ▶ \$								
	Description of services provided ►								
	☐ Director/officer	☐ Employee ☐ Independent contractor							
17	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио				
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	63					
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).			
	Return Reference	Explanation							

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC prir	nt - DO I	NOT PROCESS	As Filed Data -					DLI	N: 934931230	008479
Schedule I (Form 990) Department of the		Co		OMB No 1545-0047 2017 Open to Public Inspection						
Treasury Internal Revenue Service		► Infor	mation about Schedu	le I (Form 990) and its	instructions is at <u>ww</u>	/w.irs.gov/torm990.	Te			
Name of the organization Elmhurst College								nployer identific 5-2169145	ation number	
Part I General	Informa	ation on Grants	and Assistance							
the selection crite	eria used t	o award the grants	or assistance?	the grants or assistance,		for the grants or assistant	ce, and		✓ Yes	□ No
				ind Domestic Governme ditional space is needed	ents. Complete if the o	rganization answered "Yes	" on Form 99	90, Part IV, line	21, for any recip	vient
(a) Name and addre organization or government	ess of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of n assistance	(h) Purpose o or assistance	f grant
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
			-	s listed in the line 1 table				. .		
For Paperwork Reduction	Act Notice	e. see the Instructio	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990) 2017

Schedule I (Form 990) 2017						
	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed					
(a) Type of grant or assista	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1) SEOG Fed supplemental Grant 1124			425,089			
(2) Endowed Scholarships		461	1,159,894			
(3) Donor Funded Scholarship	<u> </u>	187	332,382			<u> </u>
(4) Institutionally Funded		3167	47,261,035			
(4)			1			
(5)						
(6)						
(7)			1			
Part IV Supplemental 1	Informatic	ח. Provide the in'	formation required in F	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanatio	on .				
SCHEDULE I, PART I, LINE 2 THE COLLEGE OFFERS A WIDE VARIETY OF MERIT AND NEED-BASED SCHOLARSHIPS AND AWARDS TO MATRICULATING STUDENTS MERIT AWARDS ARE GIVEN IN RECOGNITION OF VARIOUS ACHIEVEMENTS AS SPECIFIED IN DONORS' CORRESPONDENCE AND DOCUMENTS, OR BY COLLEGE POLICY NEED-BASED AWARDS ARE PROVIDED BASED ON THE INCOME LEVEL, AVAILABILITY OF AWARDS OFFERED ELSEWHERE AND SIMILAR STANDARDS THE COLLEGE'S FINANCIAL AID OFFICE USES VARIOUS METHODS FOR THE FAIR DISBURSEMENT OF GRANT FUNDS WITHIN THE REQUIREMENTS SET BY EACH GRANT SOURCE TO MONITOR COMPLIANCE THE COLLEGE PRIMARILY MAKES SCHOLARSHIP GRANTS THAT HELP OFFSET TUTION AND OTHER EDUCATIONAL COSTS OF THE STUDENTS, WITH MOST DIRECTLY CREDITED AGAINST THE APPLICABLE STUDENT ACCOUNT, WHICH ASSURES PROPER USE THE AMOUNT OF THE GRANT IS ADJUSTED BY THE FINANCIAL AID OFFICE, AS NECESSARY, BASED ON ANY SUBSEQUENT CHANGES AFFECTING THE STUDENT'S ORIGINAL ELIGIBILITY					PONDENCE AND DOCUMENTS, OR BY COLLEGE RED ELSEWHERE AND SIMILAR STANDARDS THE WITHIN THE REQUIREMENTS SET BY EACH GRANT IT TUITION AND OTHER EDUCATIONAL COSTS OF THE PROPER USE THE AMOUNT OF THE GRANT IS	

Schedule I (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -	DLN: 9349	9312	3008	479
Sch	edule J	Compensation Inform	nation	3 No	1545-0	047
(For	ո 990)	For certain Officers, Directors, Trustees, Key E	mployees, and Highest			
		Compensated Employees ▶ Complete if the organization answered "Yes" on	Form 990 Part IV line 23	20	17	7
		► Attach to Form 990.				
•	tment of the Treasurval Revenue Service	► Information about Schedule J (Form 990) ar www.irs.gov/form990.			o Put ectio	
Nar	ne of the organiza	ation	Employer identification			
Elmi	hurst College		36-2169145			
Pa	rt I Questi	ons Regarding Compensation	•			
			-		Yes	No
1a		piate box(es) if the organization provided any of the following to ection A, line 1a Complete Part III to provide any relevant inforn				
		or charter travel	nce or residence for personal use			
	_	_ ·	usiness use of personal residence			
			club dues or initiation fees			
	☐ Discretion	ary spending account 🗹 Personal service	es (e g , maid, chauffeur, chef)			
b		ces in line 1a are checked, did the organization follow a written p Il of the expenses described above? If "No," complete Part III to		1b	Yes	
2		ition require substantiation prior to reimbursing or allowing expei es, officers, including the CEO/Executive Director, regarding the		2	Yes	
	directors, truste	es, officers, including the CEO/Executive Director, regarding the	tems checked in line 1a?			
3		of any, of the following the filing organization used to establish th				
		EO/Executive Director Check all that apply Do not check any bo d organization to establish compensation of the CEO/Executive D				
	✓ Compensa					
		ation committee				
			board or compensation committee			
4		did any person listed on Form 990, Part VII, Section A, line 1a,	·			
•	related organiza		with respect to the filling organization of a			
а	Receive a sever	ance payment or change-of-control payment?		4a		No
b	Participate in, o	receive payment from, a supplemental nonqualified retirement	plan?	4b		No
c	Participate in, o	receive payment from, an equity-based compensation arrangen	nent?	4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts	for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	lines 5-9.			
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization				
	compensation co	ontingent on the revenues of				
а	The organization			5a		No
b	Any related orga	anization? 5a or 5b, describe in Part III	-	5b		No_
6	•	ed on Form 990, Part VII, Section A, line 1a, did the organization	nav or accrue any			
Ū		ontingent on the net earnings of	pay or accide any			
а	The organization	٦٦		6a		No
b	Any related orga		_	6b		No_
_	•	6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization escribed in lines 5 and 6? If "Yes," describe in Part III	provide any nonfixed	7		No
8	subject to the in	nts reported on Form 990, Part VII, paid or accured pursuant to a itial contract exception described in Regulations section 53 4958				
	ın Part III			8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the rebuttable presumption pro	cedure described in Regulations section	9		
For F		ection Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule 1 (990)	2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990. Part VII

Note. The sum of column	ю по .s (В))(ı)-(ııı) for each listed inc	t are not listed on Form 99 dividual must equal the to	oo, Part VII Stal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)		t ındıvıdual
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base 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
1 Dr Troy D VanAken President	(i)	357,162	50,525	29,464	18,638	103,973	559,762	
	(ii)				0	0	0	
2 Karen Brown-Kissel VP for Finance & Admin/CFO	(i)	191,999	13,025	418	9,400	30,138	244,980	
	(ii)				0	0	0	
3 Timothy Ricordati V P of Admission	(i)	161,646	5,525	1,619	8,314	26,717	203,821	
	(ii)				0	0	0	
4 Kurt Ashley V P Information Technology	(i)	140,931	525	11,631	7,154	12,798	173,039	
-·	(ii)				0	0	0	
5 Diane Salvador Executive Director Nursing	(i)	138,043	525	789	6,750	7,809	153,916	
_	(ii)				0	0	0	
6 Margaret Howes Exec Director Development	(i)	125,531	0	400	6,542	14,394	146,867	
	(ii)				0	0	0	
	\ <u>'</u>							
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	<u></u>						Schodula	J (Form 990) 2017

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation HOUSING ALLOWANCE OR RESIDENCE SCHEDULE J, PART I, LINE 1A THE PRESIDENT IS BEING PROVIDED A HOUSE AS A CONVENIENCE TO THE COLLEGE AT 360 COTTAGE HILL AVENUE IN ELMHURST FOR PERSONAL USE THIS ALLOWS THE INDIVIDUAL TO CONDUCT BUSINESS AFFAIRS AND BE AVAILABLE TO RESPOND TO EMERGENT SITUATIONS THAT MAY ARISE AS A

> CONDITION OF EMPLOYMENT, THE PRESIDENT OF ELMHURST COLLEGE IS REQUIRED TO RESIDE AT THE RESIDENCE THAT ALSO SERVES AS A VENUE TO CARRY OUT REGULAR COLLEGE BUSINESS INCLUDING ENTERTAINMENT OF TRUSTEES, EMPLOYEES, STUDENTS, DONORS, AND GUESTS OF THE COLLEGE IRS FORM 990

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Supplemental Information

Part III

INSTRUCTIONS REQUIRE THAT THE FAIR MARKET VALUE OF HOUSING PROVIDED TO EMPLOYEES BE REPORTED ON FORM 990, PART VII, SECTION A, COLUMN (D) AND SCHEDULE J, PART II, COLUMN (D) AS A NONTAXABLE BENEFIT FOR TAX YEAR 2018 THE VALUE OF THE RESIDENCE IS CONSERVATIVELY ESTIMATED TO BE \$67,343 THE COLLEGE HAS DETERMINED THAT THE VALUE OF THE HOUSING IS NOT CONSIDERED TAXABLE INCOME TO THE PRESIDENT DR TROY D VANAKEN AS PROVIDED FOR IN INTERNAL REVENUE CODE SECTION 119 DURING TAX YEAR 2018, THE PRESIDENT MADE THE RESIDENCE THEIR HOME FOR THE ENTIRE FISCAL YEAR SCHEDULE J. PART II. COLUMN (D) INCLUDES \$67.343 OF VALUE ASSOCIATED WITH THE USE OF THE RESIDENCE PROVIDED BY THE COLLEGE TRAVEL FOR COMPANIONS SCHEDULE J. PART I, LINE 1A TRAVEL EXPENSE REIMBURSEMENT FOR COMPANIONS IS ONLY ALLOWED FOR THE PRESIDENT AS PER HIS CONTRACT ACCORDING

TO HIS CONTRACT, WHEN DR TROY D VANAKEN'S SPOUSE IS REOUIRED TO ATTEND AN EVENT IN WHICH DR VANAKEN IS REPRESENTING THE COLLEGE ON OFFICIAL COLLEGE BUSINESS. THE BUSINESS RELATED TRAVEL EXPENSES FOR DR VANAKEN'S SPOUSE WILL ALSO BE REIMBURSED BY THE COLLEGE THE SPOUSE'S TRAVEL IS NOT CONSIDERED TAXABLE ONLY WHEN THE PURPOSE IS TO CONDUCT BUSINESS ON BEHALF OF THE COLLEGE THIS CONTRACT IS

REVIEWED BY THE HUMAN RESOURCES COMMITTEE AND APPROVED BY THE FULL BOARD OF TRUSTEES.

PERSONAL SERVICES (E.G., MAIL, SCHEDULE J, PART I, LINE 1A AN OUTSIDE SERVICE IS USED AS NEEDED TO MAINTAIN OR TO PROVIDE ANY OTHER CLEANING SERVICES NECESSARY FOR THE CHAUFFEUR, CHEF) IBUSINESS FUNCTION OF THE PRESIDENT'S HOUSE

efi	le GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	349312	300	8479	
	hedule K orm 990)		 e organization ansv	wered "Yes" to Form	on Tax-Exempt Bonds n 990, Part IV, line 24a. Provide descriptions,							2017				
Depa	rtment of the Treasury			, and any additional ► Attach to Form 99	D.						Open to Public					
	nal Revenue Service	▶Informatio	n about Schedule K	((Form 990) and its	instruction	s is at <u>u</u>	vww.i	.irs.gov/forn	<u>1990</u> .	Employ	er iden		nspection number			
	nurst College									36-216		ciricació	i iidiiibei			
Pa	art I Bond Issues									100						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Description	on of purpose	(g) De	(g) Defeased		On alf of uer	(i) Pool financing		
										Yes	No	Yes		es	No	
A	ILLINOIS FINANCE AUTHORTIY	86-1091967	000000000	12-13-2016	20,2	.00,000	Refur	inding of 1998	and 1999 bonds		X		X		X	
В	ILLINOIS FINANCE AUTHORITY	86-1091967	000000000	12-27-2017	37,1	60,000	Refur	inding of 2003	and 2007 bonds		Х		Х		X	
Pa	rt II Proceeds															
						Α		В		С			D			
1	Amount of bonds retired		'			0		0								
2	Amount of bonds legally defease	ed					0		0							
3	Total proceeds of issue				20,200,000 37,160,000				37,160,000							
4	Gross proceeds in reserve funds						0		0							
5	Capitalized interest from procee	ds					0		0							
6	Proceeds in refunding escrows .						0		0							
7	Issuance costs from proceeds .				200,000 260,000											
8	Credit enhancement from proce	eds			0 0											
9	Working capital expenditures fro	om proceeds					0		0							
10	Capital expenditures from proce						0		0							
11	Other spent proceeds					20,000	0,000		36,900,000							
12	Other unspent proceeds						0		0							
13	Year of substantial completion .				20	002		20:	10							
					Yes	No	•	Yes	No	Yes	No		Yes	N	lo	
14	Were the bonds issued as part of	of a current refunding	gıssue ⁷		Х			X								
15	Were the bonds issued as part of	of an advance refund	ing issue?			Х			Х							
16	Has the final allocation of procee	eds been made? .			X			Х								
17	Does the organization maintain proceeds?			х			x									
Pai	rt IIII Private Business Us			-	ı			<u>. </u>	I			I				
						A		В		С			D			
					Yes	No	•	Yes	No	Yes	No		Yes	N	lo	
1	Was the organization a partner financed by tax-exempt bonds?								Х							
2	Are there any lease arrangemen property?	nts that may result in	private business use	of bond-financed					Х							
For	Paperwork Reduction Act Notice				Ca	t No 50	0193F	-			S	chedul	K (Form	990	2017	

За

9

Part IV

Arbitrage

Page 2

D

Yes

C

No

Yes

Nο

0 %

Α

Yes

Χ

Χ

Χ

Χ

JPMORGAN CHASE

No

Χ

Χ

1625 %

Х

Χ

Yes

Х

Χ

Χ

BANK OF AMERICA

Yes

Х

Χ

Х

Х

No

Χ

Χ

Х

2375 %

Х

Χ

No

Χ

Χ

0 %

3 200 %

3 200 %

Х

Χ

Yes

C

No

Yes

Schedule K (Form 990) 2017

No

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

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

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

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

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

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

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

organization, or a state or local government

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

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

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

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

Has the organization or the governmental issuer entered into a qualified

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

REFUNDING REDEMPTION OF THE REFUNDED BONDS

Were gross proceeds invested in a guaranteed investment contract

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

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Yes

Х

Yes

Х

Nο

Χ

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

Explanation

Schedule K, Part I, Column (F), Line B THE BONDS WERE ISSUED TO (I) CURRENTLY REFUND AND REDEEM ALL OF THE OUTSTANDING SERIES 2003 AND 2007 ELMHURST COLLEGE BONDS (II) CURRENTLY REFUND AND REDEEM

ALL OF THE OUTSTANDING 2003 AND 2007 ELMHURST COLLEGE BONDS, AND (III) FINANCE OR REIMBURSE THE

COLLEGE FOR CERTAIN COSTS INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BOND AND CURRENT

No

Χ

Х

Yes

Х

Yes

No

No

Yes

No

Page 3

No

No

D

Yes

Yes

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

BOND PURPOSE

Return Reference

DESCRIPTION OF TAX EXEMPT

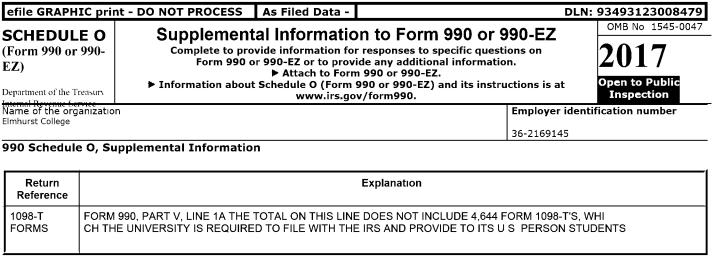
Return Reference	Explanation
REBATE COMPUTATION DATE	SCHEDULE K, PART IV, COLUMN (A), LINE 2C REBATE COMPUTATION PERFORMED 5/26/2017

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RE

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -			DLN	: 934931	23008	3479
	EDULE M			loncash Contri	hutions			OMB No	1545-0	047
(For	m 990)	►Complete if the ► Attach to Form	organizati	ons answered "Yes" on Fo		9 or 30	0.	20	17	<u></u>
	tment of the Treasury	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	.gov/	form990	Opcii	to Pub ection	
Nam	e of the organizat	ıon				Emplo	yer iden	tification		
Elmhu	ırst College					36-216	501/15			
Pa	rt I Types	of Property				30-210	33143			
	.,,,,,,		(a)	(b)	(c)			(d)		
				Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r		d of detern ontribution		ts
1	Art—Works of art	t								
2	Art—Historical tre									
3	Art—Fractional in					-				
4	Books and public									
5	Clothing and hou goods									
6	Cars and other v									
7	Boats and planes									
8	Intellectual prope	•								
9	Securities—Public		Х	15	360,081	mark	et value			
10 11	Securities—Close Securities—Partr	•								
	or trust interest									
	Securities—Misce									
13	Qualified conserve contribution—Hi structures	storic								
14	Qualified conserve contribution—Of									
15	Real estate—Res	idential .								
16	Real estate—Con									
17	Real estate—Oth									
18	Collectibles .									
19 20	Food inventory Drugs and medic					-				
21	Taxidermy	ai supplies .								
	Historical artifact	 ts								
23	Scientific specim	ens								
24	Archeological art	ifacts								
	Other ► (look Pro Laptop)		X	1	1,000	Invoid	ces			
	Other ► (oncert Tickets)		Х	1	1,035	Invoi	ces			
27	Other ► ()								
28	Other ▶ ()								
29				tion during the tax year for 3, Part IV, Donee Acknowled		29				
	D	and etc.					20 11 11		Yes	No
30a	must hold for at		om the date	contribution any property recontribution, a				mpt		 N-
b	If "Yes," describ	e the arrangement	ın Part II					30a		No
31	Does the organi	zation have a gift ac	cceptance p	olicy that requires the reviev	v of any nonstandard contri	butions	5?	31	Yes	
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonca	sh •		32a		No_
b	If "Yes," describ	e ın Part II								
33	If the organizati describe in Part	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked,			
Eor D		on Act Notice, see the	a Instruction	s for Form 990	Cat No. 512271		Scho	dule M (For	m 000)	(2017)

Page 2 Schedule M (Form 990) (2017) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation IELMHURST COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. SCHEDULE M, PART I, COLUMN B Schedule M (Form 990) (2017)



Return Reference	Explanation
AUTHORITY DELEGATED TO EXECUTIVE COMMITTEE	FORM 990, PART VI, LINE 1A ACCORDING TO THE COLLEGE'S BYLAWS, THE EXECUTIVE COMMITTEE SHAL L CONSIST OF THE CHAIR AND VICE CHAIR OF THE BOARD OF TRUSTEES, THE PRESIDENT OF THE COLLE GE, THE CHAIRS OF THE BUSINESS, DEVELOPMENT AND FACULTY AND CURRICULUM COMMITTEES, THE TRU STEE WHO IS THE IMMEDIATE PAST CHAIR OF THE BOARD OF TRUSTEES, AND TWO TRUSTEES WHO SERVE AS AT LARGE MEMBERS OF THE COMMITTEE THE AT LARGE MEMBERS WILL BE RECOMMENDED BY THE TRUSTEESHIP COMMITTEE TO THE BOARD FOR APPROVAL, AND WILL SERVE A TERM OF TWO YEARS ON A ROTAT ING BASIS THE CHAIR OF THE BOARD OF TRUSTEES MAY DESIGNATE ANY TRUSTEE WHO IS NOT MEMBER OF THE EXECUTIVE COMMITTEE TO SERVE AS A MEMBER OF THE EXECUTIVE COMMITTEE AT ANY SPECIFIE D MEETING OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR THE PERIODIC REVIEW AND ASSESSMENT OF THE PRESIDENT THE EXECUTIVE COMMITTEE SHALL SERVE AS A SALARY REVIEW AND PERSONNEL COMMITTEE AND AS A FINAL REVIEWING COMMITTEE FOR GRIEVANCES, AND SHALL CONSIDER CONFIDENTIAL MATTERS BROUGHT BY INDIVIDUAL TRUSTEES THE EXECUTIVE COMM ITTEE SHALL ACT FOR THE BOARD BETWEEN REGULAR SESSIONS OF THE BOARD IN SUCH MATTERS AS IN THE JUDGMENT OF THE CHAIR OF THE EXECUTIVE COMMITTEE SHALL REQUIRE IMMEDIATE ACTION, WITH SUCH ACTIONS SUBJECT TO RATIFICATION AND REVIEW OF THE BOARD, AND SHALL TRANSACT OTHER BUS INESS AS MAY BE COMMITTED TO IT BY THE BOARD THE EXECUTIVE COMMITTEE SHALL SERVE AS A PLA NNING COMMITTEE, MONITOR THE PLANNING AS PRESENTED ANNUALLY BY THE PRESIDENT, PROVIDE STRA TEGIC OVERVIEW AND OVERSIGHT OF COMMITTEE ACTIVITIES RELATING TO SUCH PLANS, AND RECOMMEND TO THE BOARD OF TRUSTEES THE INSTITUTIONAL PLANS THAT ARE IN THE BEST INTEREST OF THE COLLEGE THE COMMITTEE WITH VOICE BUT NOT VOTE

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B THE FINAL REVIEW FORM 990 AND ITS VARIOUS SCHEDULES WERE PREPA RED BY A NATIONAL CPA FIRM, AND THEN WERE REVIEWED BY THE KEY OFFICERS OF THE ORGANIZATION PRIOR TO MAKING IT AVAILABLE TO THE BOARD OF TRUSTEES AFTER THE KEY OFFICERS REVIEWED THE FORM, IT WAS DISTRIBUTED TO THE AUDIT COMMITTEE OF THE TRUSTEES AT THEIR SPRING MEETING IDENTIFIED NECESSARY CHANGES WERE INCORPORATED FOLLOWING THE BOARD REVIEW PROCESS AND A FINAL COPY OF THE FILING WAS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, LINE 12C CONFLICT OF INTEREST FORMS ARE SENT TO TRUSTEES, OFFICERS, KEY EMPLOYEES (AS APPLICABLE) AND OTHERS FOR COMPLETION THE COMPLETED FORMS ARE RETURNED TO AND REVIEWED BY THE BOARD AUDIT COMMITTEE CHAIR THE AUDIT COMMITTEE CHAIR TOGETHER WITH THE AUDIT COMMITTEE IS RESPONSIBLE FOR ADMINISTRATION OF THIS POLICY MATTERS OF CONCERN ARE BROUGHT TO THE CHAIR OF THE BOARD OF TRUSTEES OR THE PRESIDENT APPROVAL OF COMPENSATION TRANSACTIONS AND OTHER TRANSACTIONS COVERED BY THE POLICY ARE DONE THROUGH A REVIEW COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE ANY CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT OR TRANSACTION AT HAND PERSONS DETERMINED TO HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN TRANSACTIONS WHICH MAY RELATE TO THE CONFLICT THEY RELY UPON INDEPENDENT COMPARABILITY DATA OR VALUATIONS PRIOR TO MAKING A DETERMINATION MATTERS RELATED TO COMPENSATION RELY ON EXTERNAL EXPERTISE IN HIGHER EDUCATION

Return

Reference

PROCESS FOR	FORM 990, PART VI, LINE 15A THE CURRENT PRESIDENT WAS HIRED EFFECTIVE JULY 1, 2016 AS THE
DETERMINING	RESULT OF THE PRESIDENTIAL SEARCH COMMITTEE THAT WAS CHAIRED BY A COLLEGE TRUSTEE AND ADVI
PRESIDENT'S	SED BY A THIRD PARTY CONSULTING FIRM THE BOARD APPROVED THE PRESIDENT'S CONTRACT WHICH SP
COMPENSATION	ANS THE FOUR YEARS ENDING JUNE 30, 2020, AND THE CONTRACT DEFINES THE TERMS OF COMPENSATIO
	N, WHICH WAS BASED ON A REVIEW OF COMPARABLE COMPENSATION OF SIMILARLY QUALIFIED PERSONS,
	SIMILAR POSITIONS, AND SIMILAR ORGANIZATIONS THE PRESIDENTS SALARY IS TO BE REVIEWED ANNU
	ALLY AND THE SALARY MAY BE ADJUSTED UPWARD, BY THE SOLE DISCRETION OF THE BOARD, BASED ON
	THE BOARD'S ASSESSMENT OF THE PRESIDENTS' PERFORMANCE. COMPENSATION IS CONTEMPORANEOUSLY D. $lacksquare$

OCUMENTED WITHIN THE PRESIDENTIAL SEARCH COMMITTEE RECORDS

Explanation

Return Reference	Explanation
PROCESS FOR DETERMINING OFFICER'S COMPENSATION	FORM 990, PART VI, LINE 15B TOP MANAGEMENT'S (VICE PRESIDENTS AND DEANS) SALARIES ARE REVIEWED ANNUALLY BY A PROCESS SIMILAR TO ALL OTHER EMPLOYEES THE PRESIDENT PERFORMS A FORMAL EVALUATION USING THE CUPA-HR ANNUAL SALARY SURVEYTHE ANNUAL PERFORMANCE EVALUATION AND THE FINANCIAL CONSTRAINTS OF THE COLLEGETHE PRESIDENT THEN DETERMINES THE SALARY REVISIONS WHICH ARE REVIEWED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES ALL OTHE REY EMPLOYEE SALARIES ARE REVIEWED ANNUALLY BY A SIMILAR PROCESS AS THE TOP MANAGEMENT FORMAL PERFORMANCE EVALUATIONS ARE PERFORMED BY THE SUPERVISOR OF EACH KEY EMPLOYEE WITH RECOMMENDATIONS FOR SALARY REVISIONS PROVIDED TO THE TOP MANAGEMENT EMPLOYEE OVER THAT AREA OF RESPONSIBILITY THE EVALUATIONS AND RECOMMENDATIONS TOGETHER WITH THE COMPARISON TO THE CUPA-HR ANNUAL SALARY SURVEY AND THE PRESET BUDGET FOR SALARY INCREASES ARE REVIEWED BY EACH TOP MANAGEMENT ADMINISTRATOR WITH RECOMMENDATIONS PRESENTED TO THE PRESIDENT FINAL A PPROVAL IS GIVEN BY THE PRESIDENT MINUTES OF THE HUMAN RESOURCES COMMITTEE DOCUMENT THE D ETERMINATIONS MADE DURING EXECUTIVE SESSION

Return Explanation
Reference

990 Schedule O, Supplemental Information

PUBLIC

HOW DOCUMENTS AND FINANCIAL STATEMENTS OF THE COLLEGE ARE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED TO VARIOUS STATE AGENCIES, US DEPARTMENT OF EDUCATION, VARIOUS BANKS AND OTHERS PAVAILABLE OF TRUSTEES, OFFICERS, KEY EMPLOYEES AND OTHER IDENTIFIED EMPLOYEES

Return

Reference			
Other Changes in	Form 990, Part IX, Line 9 53 Restructuring	Change in Value of Interest-Rate SWAP \$454.373 Other Adjustment	\$2,846,4
Net Assets or	ŭ	\$3,607 Total	
Fund Balances	\$3,304,433		

Explanation

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	123008	3479	
SCHEDULE R (Form 990) Department of the Treasury		zation an	ganizations and Unrelated Partnerships ation answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. hedule R (Form 990) and its instructions is at www.irs.gov/form990 .								OMB No 1545-0047 2017 Open to Public Inspection				
Internal Revenue Service Name of the organization Elmhurst College										loyer identif 169145	ication		ection		
Part I Identification	of Disregarded Er	itities Complete if th	ne organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3							
Name, address, and	(a) EIN (if applicable) of disre	garded entity		(b) Primary a			c) nicile (state n country)	(d) Total inc	come	(e) End-of-year as	ssets	(1 Direct co ent	ntrolling		
Part II Identification of related tax-exen			Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I	/, line 34 be	cause	it had one or	more		
related tax-exempt organizations during the ta (a) Name, address, and EIN of related organization		n	Prima	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) coi enti Yes	512(b) ntrolled	
For Paperwork Reduction Ac	t Nation are the Year	hunstians for Farm 22				at No 5013	DEV				6 -1-	edule R (Form	000) 20	17	

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

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

1		+ + + + + + + + + + + + + + + + + + + +					-		
Part IV Identification of Related Organ because it had one or more related	izations Taxable as a C I organizations treated as	orporation or Trus a corporation or tru	st Complete if the or ist during the tax ye	ganızatıon an ar.	swered "Yes'	on Form 990	, Part IV, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	Direct controlling Type of entity		(g) Share of end-of- year assets	(h) Percentage ownership	Section (13) co	(i) n 512(b) ontrolled tity? No
(1)JOEL HERTER CHARITABLE REMAINDER UNITRUS	C R UNITRUST	IL	ELMHURST COL	Trust					No
36-4572843									
(2)WEIGAND 2 LIFE CHAR REMAINDER UNITRUST	C R UNITRUST	IL	ELMHURST COL	Trust					No
36-7614572									
(3)WEIGAND 2 LIFE CHAR REMAINDER UNITRUST 2	C R UNITRUST	IL	ELMHURST COL	Trust					No
82-6192286									
							<u> </u>		₩
							<u> </u>		<u></u>
						Sc	hedule R (Forn	n 990) 2	017

Schedule R (Form 990) 2017					Page :
Part V Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Pa	irt IV, line 34, 35b,	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				1	es N
1 During the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	
b Gift, grant, or capital contribution to related organization(s)				1b	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	
f d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1 g	
f h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)			•	1 i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related organization (s) .				11	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
o Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1 p	
q Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				1r	
${f s}$ Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	ne, including covered	relationships and trar	saction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount inv	olved

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

was not a related organization. See instructions regarding exclusion for certain investment particles inpos																					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?				(f) Share of total Income	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No									
										Schedul	e R (Forn	1 99	0) 2017								

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017