DLN: 93493092009050 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 C Name of organization D Employer identification number B Check if applicable Curry College ☐ Address change 04-2199867 ☐ Name change % DAVID ROSATI VP FINANCE & C ☐ Initial return Doing business as ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 1071 BLUE HILL AVENUE ☐ Application pending (617) 333-2302 City or town, state or province, country, and ZIP or foreign postal code MILTON, MA $\,$ 02186 $\,$ G Gross receipts \$ 125,622,617 F Name and address of principal officer H(a) Is this a group return for Kenneth K Ouiglev Jr □Yes ☑No subordinates? 1071 BLUE HILL AVENUE H(b) Are all subordinates MILTON, MA 02186 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CURRY EDU L Year of formation 1879 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO EDUCATE AND GRADUATE STUDENTS PREPARED TO ENGAGE IN SUCCESSFUL CAREERS AND ACTIVE CITIZENSHIP WITH A GLOBAL Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 17 Number of independent voting members of the governing body (Part VI, line 1b) 1,741 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 95 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 2,132,670 731.470 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 109,789,604 107,289,919 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 5,364,057 2,440,212 2,695,140 2,208,647 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 119,981,471 112,670,248 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 38,142,149 39,355,319 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 50,294,973 49,410,247 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,130,238 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 29,896,161 30,506,874 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 118,333,283 119,272,440 19 Revenue less expenses Subtract line 18 from line 12 . 1,648,188 -6,602,192 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 243,370,166 230,792,405 91,814,830 21 Total liabilities (Part X, line 26) . 94,662,726 22 Net assets or fund balances Subtract line 21 from line 20 . 148,707,440 138,977,575 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-04-01 Signature of officer Sign Here DAVID ROSATI cfo Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | If P01390592 Paid self-employed Firm's name ► GRANT THORNTON LLP Firm's EIN ▶ **Preparer** Use Only Firm's address ► 75 State Street Phone no (617) 723-7900 BOSTON, MA 02109 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2	018)					Page 2			
Pa	rt III	Statement	of Program Service	e Accomplis	hments					
		Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III .		🗹			
1	Briefly	describe the o	rganızatıon's mıssıon							
					RNERS AND EDUCATOR: D CRITICAL THINKING	S, COMMITTED TO CONTINUING SKILLS	OUR LEGACY OF			
	Did the	e organization i	undertake any significa	ant program serv	rices during the year wh	nich were not listed on				
	the pr	ior Form 990 or	r 990-EZ?				☐ Yes 🗹 No			
	If "Yes	," describe the	se new services on Scl	nedule O						
3	Did th	e organization (cease conducting, or m	nake significant i	changes in how it condu	icts, any program				
	service	es?	🗌 Yes 🗹 No							
	If "Yes	s," describe the	se changes on Schedu	le O						
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported									
4a	(Code) (Expenses \$	70,731,610	including grants of \$	39,162,778) (Revenue \$	85,460,203)			
	See Ad	ditional Data								
4b	(Code) (Expenses \$	20,518,531	including grants of \$	0) (Revenue \$	0)			
	See Ad	ditional Data								
4c	(Code) (Expenses \$	12,090,710	ıncludıng grants of \$	0) (Revenue \$	21,829,716)			
	See Ad	ditional Data								
	(Code) (Expenses \$	6,846,790	including grants of \$	192,541) (Revenue \$	0)			
	ACADE	MIC SUPPORT								
4d	Other	Other program services (Describe in Schedule O)								
	(Expe	nses \$	6,846,790 inc	uding grants of	\$ 192,5	41) (Revenue \$	0)			
4e	Total	program serv	rice expenses ▶	110,187,6	41					

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 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? No R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 🔧 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

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Nο

Nο

18

19

20a

20b

21

Yes

Yes

Yes

	990 (2018)			Page 4
Pa	tiv Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
.5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3.164		Yes	No

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Nο

No

No

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page **6**

art VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to l	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	✓
ection	n A. Governing Body and Management	
	Yes	N

	Check if Schedule O contains a response or note to any line in this Part VI			✓					
Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 18								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	a The governing body?								
Ь	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	l					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13									
14	Did the organization have a written document retention and destruction policy?	14	Yes Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
-	The organization's CEO. Executive Director, or ten management official	155	Vec						

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			

b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records DAVID ROSATI VP FINANCE C 1071 BLUE HILL AVE MILTON, MA 02186 (617) 333-2302 20

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(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	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Part VII

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

Page 8

Section A. Officers, Direct	ors, musices	,, ICC y I	<u>-1111P1</u>		<u></u>		<u>,g.</u>	Test com	pensuc	d Employees	(00//	ennaca	
(A) Name and Title	hours per than one box, unless person community week (list any hours director/trustee) organi							Repor comper from organizat	(D) (E) cortable Reportable compensation the from relationstation (W-		on amount of or ed compensation (W- from the		ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensatemptovee	Former	2/1099	-MISC)	2/1099-MISC	(1)	organizat relat organiz	ed
		คลุยน	il Trustee		,66	npensated							
See Additional Data Table													
			_			-	 	-					
						-	+						
			_				 						
							+						
1b Sub-Total		<u></u>	<u> </u>	Щ		<u> </u>	<u></u>	<u> </u>			\perp		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	•					▶	_	2,04	17,293		0		271,728
2 Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who) rec	eived more	than \$1	00,000			
									L - 4			Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J	,		,	,		, ,		-		employee on	3		No
4 For any individual listed on line 1a, is organization and related organization: individual										n the			
5 Did any person listed on line 1a receive services rendered to the organization									on or ındı	vidual for	4		
Section B. Independent Contract	•					CII pei		· · ·	· ·		5		No
Complete this table for your five higher from the organization Report comper	est compensate										mper	nsation	
Name a	(A) and business addre						<u> </u>		Desc	(B) ription of services		+	nsation
WINDOVER CONSTRUCTION, 66 CHERRY HILL DRIVE BEVERLY, MA 01915									ONSTRUCT	FION		13	3,015,671
sodexo inc and affiliates, 9801 washington boulevard GAITHERSBURG, MD 20878								fo	ood service			4	1,909,725
McGarr Service Corporation, 233 NEEDHAM STREET NEWTON, MA 02464								ја	anitorial se	rvice		1	.,879,173
Royall and Company, 1920 EAST PARHAM ROAD RICHMOND, VA 23228								Eı	nrollment I	Mgmt			791,555
5 Horizons digitial LLC, 1017 Turnpike Street Suite 33 CANTON, MA 02021								М	larketing P	rınt			440,714
2 Total number of independent contractor	s (including but	not lim	uted t	to the	ose	listed	abo	ve) who re	ceived m	ore than \$100.00	00 of		

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

compensation from the organization ▶ 20

	Check if Schedule	e O contains a resp	onse or note to any l	ine in this Part VIII	 (B)		 c)	🗆
				Total revenue	Related or exempt function revenue	Unre bus	elated iness	Revenue excluded from ax under sections 512 - 514
<u>,, ,,</u>	1a Federated campaign	ns 1a			. C. Silac	I		
ant unt	b Membership dues .	1b						
5 E	c Fundraising events	1c	12,000					
iffs, ar A	d Related organization	ns 1d						
೨ <u>:</u>	e Government grants (co	, <u></u> -	3,965					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above		715,505					
	g Noncash contributio in lines 1a - 1f \$		<u>10,513</u>					
	h Total. Add lines 1a-	1f		731,470				
a.			Business					
) III e	2a TUITION AND FEES			900099		85,460,203		
₽. •	b RESIDENCE HALLS			721000		12,817,778		
MCE	c MEAL PLANS			722320	868,203 143,735	8,868,203 143,735		
Ser	d BOOKSTORE			451211	145,755	143,733		
ranı	е ———							
Program Service Revenue	f All other program ser		107,2	89,919		I		
	gTotal. Add lines 2a-2		<u> </u>	<u> </u>				
	3 Investment income (in similar amounts)	nciuaing dividenas,	Interest, and other	2,052,88	9			2,052,889
	4 Income from investme			27,63				27,634
	5 Royalties	(ı) Real	(II) Personal		0			
	6a Gross rents	(i) Keai	(II) Personal					
	b Less rental expenses							
	c Rental income or	(0					
	(loss) d Net rental income or	r (loss)			0			
	- Nee remainment of	(i) Securities	(II) Other		+		-	
	7a Gross amount from sales of assets other than inventory	13,290,045						
	b Less cost or other basis and	12,930,356						
	sales expenses C Gain or (loss)	359,689)					
	d Net gain or (loss) .			359,68	9			359,689
a)	8a Gross income from fu (not including \$	indraising events 12,000 of						
¥	contributions reporte	d on line 1c)	24.420					
Seve	See Part IV, line 18 b Less direct expenses							
er F	c Net income or (loss)			J 9,41	7			9,417
Other Revenue	9a Gross income from ga See Part IV, line 19							
	b Less direct expenses	a sb						
	c Net income or (loss)			l	o			
	10a Gross sales of invento returns and allowance							
	b Less cost of goods s							
	c Net income or (loss)				0			
	Miscellaneous 11aDAYCARE	Revenue	Business Code 624410	818,26	7			818,267
	DATCARE		02112	010,20				010,207
	b SPORTS CAMP REVE	NUE	900099	549,16	9			549,169
	c FACILITIES REVENUE	E	900099	569,49	4			569,494
	d All other revenue .			262,30	0			262,300
	e Total. Add lines 11a-		>					
	12 Total revenue. See	Instructions		2,199,23				
				112,670,24	8 107,28	39,919		4,648,859 Form 990 (2018)

Form 990 (2018)				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	nizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 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	192,541	192,541	-	
2 Grants and other assistance to domestic individuals See Part IV, line 22	39,120,953	39,120,953		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	41,825	41,825		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,071,407	257,464	813,943	
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	37,644,642	34,625,738	2,646,251	372,653
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,383,245	2,125,635	234,314	23,296
9 Other employee benefits	5,574,863	4,972,266	548,104	54,493
10 Payroll taxes	2,736,090	2,440,341	269,004	26,745
11 Fees for services (non-employees)				
a Management	0			
b Legal	157,671		157,671	
c Accounting	110,704		110,704	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	365,368		365,368	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,702,943	1,184,287	220,483	298,173
12 Advertising and promotion	1,058,272	1,008,865	27,237	22,170

3,034,772

1,077,217

5,541,358

1,799,104

2,154,704

533,235

4,323,615

498,065

337,275

450,614

119,272,440

711,127

0

0 6,645,862

4,968

2,808,507

1,011,767

4,917,151

1,593,009

1,999,607

6,221,099

4,323,615

498,065

158,535

69,502

110,187,641

8,814

603,087

4,968

195,182

63,404

557,745

94,997

139,651

98,422

333,345

524,421

0

0

178,501

375,814

7,954,561

31,083

2,046

66,462

13,043

66,444

56,675

91,418

0

0

239

5,298

1,130,238

Form 990 (2018)

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

a DINING

14 Information technology

20 Interest

expenses on Schedule O)

c TEMP EMPLOYMENT AGENCIES

b BAD DEBT EXPENSE

d ALL OTHER EXPENSES

e All other expenses

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

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)

federal, state, or local public officials .

22 Depreciation, depletion, and amortization .

19 Conferences, conventions, and meetings

21 Payments to affiliates

Page **11**

0

0

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0

0

162.881

91.814.830

134.548.089

2,768,954

1.660.532

138,977,575

230,792,405

Form **990** (2018)

3.670.347 79,239,695

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30

31 32

33

34

0 22

0

0

154.996

94,662,726

144.132.334

3,058,486

1,516,620

148,707,440

243,370,166

3.397.872

82,323,406

Form 990 (2018)

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

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

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

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

Retained earnings, endowment, accumulated income, or other funds

18 19

20

21

23

24

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28

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

		(A) Beginning of year		(B) End of year
\top	Cash–non-interest-bearing	1,831	1	1,730
:	Savings and temporary cash investments	31,532,309	2	17,948,485
:	Pledges and grants receivable, net	1,562,130	3	1,168,775
4	Accounts receivable, net	2,428,893	4	2,034,331
!	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
,		0	6	0
ັ້ນ :	Notes and loans receivable, net	172,762	7	145,097
	Inventories for sale or use	0	8	0
[]	Prepaid expenses and deferred charges	590,499	9	615,695

9	Prepaid expenses and deferred charges			590,499	9	615,695
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	202,547,836			
ь	Less accumulated depreciation	10 b	92,267,282	100,737,868	10c	110,280,554
11	Investments—publicly traded securities .	99,689,666	11	98,597,738		
12	Investments—other securities See Part IV, line	0	12	0		
13	Investments—program-related See Part IV, line	11 .	•	0	13	0
14	Intangible assets			0	14	0
15	Other assets See Part IV, line 11	6,654,208	15	0		
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	243,370,166	16	230,792,405
17	Accounts payable and accrued expenses			8,786,452	17	8,741,907

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

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

3a

3b

Yes

Yes Form 990 (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 04-2199867 Name: Curry College

Form 990 (2018)

Form 990, Part III, Line 4a: INSTRUCTION - FOUNDED IN 1879. CURRY COLLEGE IS A 140 YEAR OLD PRIVATE. INDEPENDENT INSTITUTUTION GRANTING UNDERGRADUATE AND GRADUATE DEGREES TO A COMBINED ENROLLMENT OF APPROXIMATELY 3,300 FULL AND PART TIME STUDENTS THE COLLEGE OFFERS 26 UNDERGRADUATE DEGREES AND FIVE MASTERS

DEGREES THE COLLEGE DRAWS ITS STUDENTS FROM 33 STATES AND 24 COUNTRIES. THE COMBINED FACULTY AND STAFF AT CURRY TOTAL APPROXIMATELY 824

Form 990, Part III, Line 4b: STUDENT SERVICES - CURRY COLLEGE OFFERS A WIDE VARIETY OF EXTRA AND CO-CURRICULAR ACTIVITIES THESE INCLUDE 14 DIVISION III NCAA ATHLETIC TEAMS, INTRAMURAL SPORTS AND APPROXIMATELY 35 STUDENT CLUBS AND GROUPS

Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES - CURRY COLLEGE PROVIDES HOUSING AND MEAL SERVICES TO STUDENTS MORE THAN 1,399 STUDENTS RESIDE ON CAMPUS IN 18 DIFFERENT RESIDENCE HALLS

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

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

	family flours	and a director/trustee/					,	(NY 3/1000	(W 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
W PATRICK HUGHES CHAIRPERSON	1 0	×		x				0	0	0	
KATHRYN M SARDELLA CHAIRPERSON	1 0	×		х				0	0	0	
DR JAMES M SULLIVAN TREASURER	1 0	×		х				0	0	0	
DR JOHN J SANTILLI CLERK	1 0	×		x				0	0	0	
ROBERT E BALLETTO TRUSTEE	1 0	×						0	0	0	

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DR JOHN J SANTILLI
CLERK
ROBERT E BALLETTO
TRUSTEE
HON ANTHONY M CAMPO ESO

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

DR RUTH ELLEN FITCH

DAVID K HEMENWAY

VINCENT J LOMBARDO

JOHN T MAHONEY III ESQ

......

and Independent Contractors

(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	any nours								organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DR JOYCE A MURPHY TRUSTEE	1 0	х						0	0	0	
ROBERT M PLATT TRUSTEE	10	×						0	0	0	
JOSEPH P PLUNKETT III TRUSTEE	1 0	х						0	0	0	
Christine A Pulgini Esq TRUSTEE	1 0	×						0	0	0	
MITCHELL I QUAIN	1 0										

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461,657

323,170

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38,947

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TRUSTEE

THOMAS J QUINLAN III

.......

KENNETH WAGNER

ANDREW B WRUBLIN

KENNETH K QUIGLEY JR

VP OF FINANCE & CFO

TRUSTEE

TRUSTEE

TRUSTEE

PRESIDENT

David M Rosati

and Independent Contractors

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

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

25,619

32,025

	week (list any hours					office ustee		from the organization	from related organizations	compensation 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	
DAVID SZCZERBACKI VP OF ACADEMIC AFFAIRS/PROVOST	40 0				х			255,765	0	24,260	
Christopher M Lawson VP INST'L ADvncmt (thru 12/18)	40 0					х		232,270	0	33,225	
Steven P Gunning PROFESSOR	40 0					х		205,288	0	30,670	

					X	232,270	
VP INST'L ADvncmt (thru 12/18)	0 0						
Steven P Gunning	40 0						
					X	205,288	
PROFESSOR	0 0					,	
Anthony J Fabrizio Jr	40 0						
					Х	197,235	

0 0

0 0

Steven P Gunning	40 0			V	205,288	0	
PROFESSOR				X	205,288	U	
Anthony J Fabrizio Jr	40 0			×	197,235	0	
DDOEECCOD				_ ^	157,233	ŭ	

PROFESSOR	0.0			X	205,288	U	
	0.0						
Anthony J Fabrizio Jr	40 0						
,				x	197,235	0	
PROFESSOR	0.0				,		

PROFESSOR	0.0			^			
Anthony J Fabrizio Jr	40 0			.,			
PROFESSOR	0 0			X	197,235	0	

Anthony J Fabrizio Jr	40 0			v	197,235	0	
PROFESSOR			^	197,233			
Susan W Pennini	40 0						

		l		l x l	l	197,235	ı ol	l
PROFESSOR	0 0					ŕ		
Susan W Pennini	40 0							
				X		191,047	0	
VP OF INSTITUTIONAL PLANNING		l			l		1	i

^{40 0} sılas n pearman 180,861 26,101 Χ professor

efil	e GR	APHIC prii	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493092009050
SCHEDULE A (Form 990 or 990EZ) Paragraph of the Tree up Public Charity Status and Public S Complete if the organization is a section 501(c)(3) organiz. 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.							organization or trust. 10-EZ.	r a section	2018
		f the Treasury		► Go to	www.irs.gov/Form	990 for the late	st information		Open to Public Inspection
am		he organiza	tion					Employer identific	ation number
Dа	rt I	Peacon	for Public C	harity State	us (All organization	s must comple	to this part \ 9	04-2199867	
					ent is (For lines 1 thro			see mstructions.	
1		A church, c	onvention of c	hurches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	✓	A school de	scribed in sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		ızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		,			governmental unit de				
7			ation that norn '0(b)(1)(A)(v		a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust descri	bed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				lege or university or a
D		from activit	cies related to cincome and u	its exempt fur nrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	cly supported o	organizātions (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting org	anızatıon oper to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme		orting organiz	ervised or controlled i ation vested in the sar and C.				
С					supporting organizatio				ated with, its
d		Type III n	on-functiona integrated Ti	Ily integrate ne organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	zation operated fy a distribution	ın connection wi requirement and	th its supported orgai	
е		Check this	box if the orga	nızatıon recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported	·	megrated supporting	organizacion			
g	Provi	de the follow	ıng ınformatio	n about the su	pported organization(
	(i) ¹	Name of supp organization		(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		
ota	1								
		work Reduc	tion Act Notic	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 201

instructions

	Page	_
1	L70	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T			
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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						
4	Total. Add lines 1 through 3						
4	The portion of total contributions by						
5	· · ·						
	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						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2017	(0)2013	(6)2010	(u)2017	(e)2010	(1)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							
	loss from the sale of capital assets						
	(Explain in Part VI) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for			ard fourth or fifth	n tay year as a sec	tion 501(c)(3) org	anization
		=				· · · · · · <u>-</u>	_
_	check this box and stop here				<u> </u>	<u>P</u> L	
	Section C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch					15	
16a	33 1/3% support test—2018. If the	organızatıon dıd ı	not check the box	on line 13, and lin	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test—2017. If the	organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	./3% or more, chec	k this
	box and stop here. The organization	qualifies as a nub	alicly supported or	ganization			ightharpoons
47-	10%-facts-and-circumstances test-				ne 13 16a or 16h	and line 14	
1/2	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	J			J. garnización	-, as a publ	,	►□
	organization	2047 ****	, , ,		43.46.46.	47	
ь	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	i meets the Tact	s-and-circumstand	es test the orga	inization qualifies	as a publicly	_
	supported organization						▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	cand see	

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50/5		412.554.7		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	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			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	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						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Carro Dov ariu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 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 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 4b supervised by or in connection with its supported organizations

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 4c 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 5a

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

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

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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)

7 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 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

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

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

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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

P	art IV	Supporting Organizations (continued)				
				Yes	No	
11	. Has tl	he organization accepted a gift or contribution from any of the following persons?				
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a			
b	A fam	nily member of a person described in (a) above?	11b			
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
		B. Type I Supporting Organizations				
				Yes	No	
1	elect VI ho organ truste	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part tow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the nization had more than one supported organization, describe how the powers to appoint and/or remove directors or ses were allocated among the supported organizations and what conditions or restrictions, if any, applied to such ris during the tax year.				
_	Б. 4 44		1			
2	opera <i>carrie</i>	ne organization operate for the benefit of any supported organization other than the supported organization(s) that ited, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit in the purposes of the supported organization(s) that operated, supervised or controlled the supporting inization	2			
_	costion	C. Type II Supporting Organizations				
	ection	c. Type 11 Supporting Organizations		Yes	No	
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		163	140	
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	Section	D. All Type III Supporting Organizations				
				Yes	No	
1	tax ye Form	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ments in effect on the date of notification, to the extent not previously provided?				
			1			
2	(s) or	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization tained 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					
9	Section	E. Type III Functionally-Integrated Supporting Organizations				
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)			
	a 🖂	The organization satisfied the Activities Test Complete line 2 below	•			
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below				
	c 🗆	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)		
2	Activi	ties Test Answer (a) and (b) below.		Yes	No	
	suppo orgai respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a			
	organ <i>organ</i>	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of the inzation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the inzation's position that its supported organization(s) would have engaged in these activities but for the organization's rement	21			
3		t of Supported Organizations Answer (a) and (b) below.	2b			
3	a Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a			
	b Did th	upported organizations? Provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs and activities of each of its				
	suppo	orted organizations? If "Yes," describe in Part VI. the role played by the organization in this regard				

Sche	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		

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

			(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 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 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

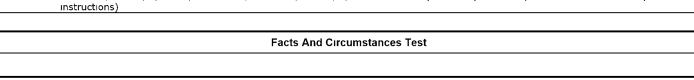
Additional Data

Software ID: Software Version: EIN: 04-2199867 Name: Curry College

Schedule A (Form 990 or 990-EZ) 2018

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)



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SCHEDULE D | Supplemental Fina

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493092009050 OMB No 1545-0047

2018

Open to Public Inspection

	me of the organization ry College				Emple	oyer identification number
					04-21	
Ρa	organizations Maintaining Donor Advi				r Acco	unts.
	Complete if the organization answered "Ye	·		sed funds	,	b)Funds and other accounts
1	Total number at end of year	(4) 501101	uuv	304 141143		by and other decounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso	rs in writing that th	9 255	ets held in donor ac	lvised fu	nds are the
	organization's property, subject to the organization's ex	clusive legal contro	7			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt III Conservation Easements. Complete if the	ne organization ai	iswe	red "Yes" on Forr	n 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all t	nat a	pply)		
	\square Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historic	ally important land area
	Protection of natural habitat			Preservation of a	certified	historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on co	entribution in the foi	rm of a <u>c</u>	conservation Held at the End of the Year
а	Total number of conservation easements				2a	note at the gird of the real
Ь	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified histori	c structure included	ın (a	1)	2с	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 7/25/06,	and r	ot on a historic	2d	
3	Number of conservation easements modified, transferred tax year ▶	d, released, extingi	ııshe	d, or terminated by	the orga	nization during the
4	Number of states where property subject to conservation	n easement is locat	ed ▶			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitori		spection, handling	of violati	
6	Staff and volunteer hours devoted to monitoring, inspec		olatio	ns, and enforcing co	onservat	☐ Yes ☐ No Ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violatio	ns, a	nd enforcing conser	vation e	asements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the r	equir	ements of section 1	70(h)(4)	(B)(I)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				ement, and
Par	TIII Organizations Maintaining Collections Complete if the organization answered "Yes				er Sim	ilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1					▶\$
(1	i)Assets included in Form 990, Part X					▶ \$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				ncıal gaı	' <u> </u>
а	Revenue included on Form 990, Part VIII, line 1	,	-			▶ \$
ь	Assets included in Form 990, Part X					▶\$
	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat No.	52283D	Schedule D (Form 990) 201

Par	t III	Organizations Ma	aintaining Coll	ections of a	Art, Histor	ical T	reası	ures, or (Other	Similar Ass	sets (cont	inued)	
3		the organization's acquicked (check all that apply)	uisition, accession	, and other re	cords, check	any of	the fo	ollowing tha	nt are a	significant us	se of its col	lection	
а		Public exhibition			d		Loan	or exchan	ge prog	ırams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	generations										
4	Provid Part X	de a description of the d	organızatıon's coll	ections and ex	kplain how th	ey furt	ner th	e organızat	ion's ex	kempt purpos	e in		
5		g the year, did the orga s to be sold to raise fun								ılar	☐ Yes	□ N	O
Pai	rt IV	Escrow and Custon Complete of the organization (Complete).			on Form 990	O, Part	IV, lı	ine 9, or r	eporte	d an amour	nt on Forr	n 990,	Part
1a		e organization an agent led on Form 990, Part)		an or other int	ermediary fo	r contri	butior	s or other	assets I	not	☐ Yes	□ N	0
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the following	table				An	nount		_
c		ning balance		,	•				1c				_
d	Addıtı	ions during the year							1d				_
e	Distrib	butions during the year	-						1e				_
f		g balance							1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990 Part X	(line 21 for	escrow	, or ci	ustodial acc	ount lia	hility?	□ vos	□ N	_
		s," explain the arrange									_		J
	rt V	Endowment Fund											
		LIIGOWIIICIIC I GIIC	asi complete ii	(a)Current y		Prior yea		(c)Two year		(d)Three year		Four year	s back
1a	Beginni	ing of year balance .		100,16		103,17	-		876,423		24,961		123,929
b	Contrib	outions		34	9,905	64:	1,359		584,263	2,1	76,608	-	705,469
c	Net inv	estment earnings, gain	ns, and losses	-1,43	8,322	8,916	,876	12,	189,465	-7	99,812	6,3	54,441
d	Grants	or scholarships	•	12	0,486	156	5,466		118,325		86,248		98,723
е		expenditures for facilitie	es			12,41	1,167	5,	357,080	2	39,086	2,:	108,983
f	Admini	strative expenses .		36	8,421								
g	End of	year balance		98,58	8,024	100,16	5,348	103,	174,746	95,8	76,423	95,0	76,133
2	Provid	de the estimated percei	ntage of the curre	nt year end b	alance (line 1	.g, colu	mn (a)) held as					
а	Board	d designated or quasi-ei	ndowment 🟲	95 510 %									
b	Perma	anent endowment 🟲	2 810 %										
С	Temp	orarily restricted endov	wment ► 1 68	30 %									
	The p	ercentages on lines 2a,	, 2b, and 2c shoul	d equal 100%	•								
3 a		nere endowment funds	not in the possess	sion of the org	janization tha	at are h	eld an	ıd admınıst	ered fo	r the		V	N
	-	nization by prelated organizations					_				3a(i)	Yes	No No
	` '	elated organizations .					٠.٠				3a(ii)		No
b		s" on 3a(II), are the rel		s listed as req	uired on Sch	edule R	?.				3b		
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's	endowment	funds							
Pa	rt VI	Land, Buildings,										_	
	D	Complete if the org	ganization answ (a) Cost or oth		on Form 990 b) Cost or othe	•				m 990, Par		0. Book value	
	Descri	ption of property	(a) Cost or oth (investmen		cost or othe	ı DaSIS (ouier)	(C) Accum	iulated d	iepreciation	(a) E	OUK VAIUE	
1a	Land					2,6	72,481					2	,672,481
b	Building	gs [135,7	16,092			55,692,077		80	,054,015
c	Leaseh	old improvements				3	51,357			361,125			232
d	Equipm	nent				32,9	14,202			29,804,904		3	,109,298

30,853,704

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

24,444,528

110,280,554

6,409,176

Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	organization a	inswered	'Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b Boo valu	ok		nod of valuation of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990. Part I\	√. line 11d	:. See Form 990	. Part X. line 13.
(a) Description of investment	(b) Book va		(c) Meth	nod of valuation of-year market value
(1)			COST OF CHAIN	or year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization answered 'Ye (a) Description	s' on Form 990), Part IV, l	ne 11d See Form	990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	· · · · · wered 'Yes' or	 n Form 99	 0, Part IV, line	. ▶ 11e or 11f.
1. (a) Description of liability	(1	b) Book val		
(1) Federal income taxes GOVERNMENT ADVANCES - STUDENT			0 162,881	
(2)			,	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		162,881	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the		ie organizai	ion's financial sta	_
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	check nere if	the text of	the roothote has	peen provided in Part XIII 💌

Part XI

2

а

b

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

1,586,327

73,142,102

39,528,146

112,670,248

84,458,294

4,714,000

79,744,294

39,528,146

119.272.440

Schedule D (Form 990) 2018

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

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 .

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

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

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

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

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

Add lines **4a** and **4b**

Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a

2b

2c

2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

-3,127,673

4.714.000

365,368

39,162,778

4,714,000

365,368

39,162,778

2e

3

4c

5

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 04-2199867 **Name:** Curry College

Supplemental Information

Return Reference	Explanation
, , , , , , , , , , , , , , , , , , , ,	THE COLLEGE INTENDS TO USE ALL OF ITS ENDOWMENT FUNDS IN SUPPORT OF ITS EXEMPT PURPOSE EX TERNALLY RESTRICTED FUNDS WILL BE USED IN A MANNER CONSISTENT WITH DONOR RESTRICTIONS, INC LUDING SCHOLARSHIPS, FACILITIES AND VARIOUS STUDENT SERVICES THE SPECIFIC USE OF UNRESTRI CTED FUNDS WILL BE AS APPROVED BY THE COLLEGE'S GOVERNING BOARD ON NEEDS IDENTIFIED AT THE TIME

2 m p i d i i d i i i d i i i d i i i d i i i d i i d i d i d i d i d i d i d i d i d i d i d i d i d i d i d i	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE COLLEGE IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE ACCORDINGLY, IT IS GENERALLY NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE

Supplemental Information

THE COLLEGE IS REQUIRED TO ASSESS UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT THERE WE RE NO SUCH POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
' '	FOR PURPOSES OF 990 REPORTING, INCOME APPROPRIATED UNDER SPENDING POLICY OF \$4,714,000 IS NOT INCLUDED ON THE STATEMENT OF REVENUES NOR THE STATEMENT OF FUNCTIONAL EXPENSES

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B AND PART XII, LINE 4B	TOTAL REVENUE PER THE AUDITED FINANCIAL STATEMENTS IS PRESENTED NET OF INSTITUTIONAL SCHOL ARSHIPS FOR PURPOSES OF 990 REPORTING, TOTAL REVENUES AND EXPENSES ARE REPORTED GROSS TH EREFORE, A DIFFERENCE IS REFLECTED IN THE RECONCILIATION DUE TO INSTITUTIONAL SCHOLARSHIPS OF \$39,162,778

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493092009050 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 ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** Curry College 04-2199867 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 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No 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) (2018)

	COLLEGE NO STUDENT IS DENIED ADMISSION ON THE GROUNDS OF
	RACE, RELIGION, COLOR, SEX, AGE, ETHNIC OR NATIONAL ORIGIN OR
	ANCESTRY, PHYSICAL OR MENTAL DISABILITY, PREGNANCY, SEXUAL
	ORIENTATION, GENDER IDENTITY OR EXPRESSION, GENETIC
	INFORMATION, VETERAN OR MILITARY STATUS, MEMBERSHIP IN THE
	UNIFORMED SERVICES, OR ANY OTHER PROTECTED STATUS AND
	PROVIDED THAT HE OR SHE HAS THE NECESSARY PREPARATION AND
	ACADEMIC BACKGROUND THIS INFORMATION IS PUBLISHED IN VARIOUS
	LITERATURE PROMOTING THE COLLEGE AND THE ANNUAL CURRY
	COLLEGE COURSE CATALOG THE COLLEGE'S NONDISCRIMINATION
	POLICY CAN BE FOUND ON ITS WEBSITE AT WWW CURRY EDU
SCHEDULE E, PART I, LINE 6A	CERTAIN STUDENTS OF THE COLLEGE RECEIVE FINANCIAL AID FROM THE
	STATE AND FEDERAL GOVERNMENTS IN THE FORM OF GRANTS AND
	LOANS UNDER THE FEDERAL PELL GRANT, WILLIAM D FORD FEDERAL

STATE AND FEDERAL GOVERNMENTS IN THE FORM OF GRANTS AND LOANS UNDER THE FEDERAL PELL GRANT, WILLIAM D FORD FEDERAL DIRECT LOAN PROGRAM, FEDERAL WORK-STUDY, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, FEDERAL PERKINS LOAN PROGRAM, AND TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION (TEACH) GRANT

Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493092009050 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Curry College 04-2199867 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 68,925 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n 68,925

Schedule F (Form 990) 2018							Page 3
Part III Grants and O				ed States. Complete i	f the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	onal space is i	needed.				
(a) Type of grant or assistance		(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)
Curry Scholarships	Europe (Including Iceland and Greenland)	3	41,825	part V			

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't 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)		
	Corporations (See Instructions for Form 5471)	\square 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, don't file with Form 990)	☐ Yes	✓ No

Schedule F (For	m 990) 2018 Page 5
Pr ar m ar	upplemental Information ovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide by additional information (see instructions). E F, Supplemental Information
Return Reference	Explanation
SCHEDULE F. PART I.	THE COLLEGE MAINTAINS A COMPUTERIZED SYSTEM WITH INTEGRATED CONTROLS TO ENSURE THAT

THE COLLEGE MAINTAINS A COMPUTERIZED SYSTEM WITH INTEGRATED CONTROLS TO ENSURE THAT SCHOLARSHIPS AWARDS ARE MADE IN ACCORDANCE WITH ESTABLISHED CRITERIA AS APPROVED BY SENIOR MANAGEMENT AND FEDERAL AND STATE AUTHORITIES, AS APPROPRIATE A SERIES OF REPORTS HAVE BEEN DEVELOPED AND ARE USED BY MANAGEMENT TO IDENTIFY AND ADDRESS ANY EXCEPTIONS ANNUALLY, THE COLLEGE'S FINANCIAL AID COMPLIANCE WITH FEDERAL GUIDELINES IS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM THE COLLEGE ISSUES SCHOLARSHIPS TO STUDENTS WHO ARE REQUIRED TO MATRICULATE AT THE COLLEGE THE STUDENT DOES NOT HAVE ANY DISCRETION ON HOW FUNDS ARE USED, ALL FUNDS ARE USED TO DEFRAY THE COSTS OF PARTICIPATING IN THE PROGRAM, THEREFORE, THE COLLEGE IS NOT REQUIRED TO FURTHER MONITOR THE USE OF THE FUNDS

990 Schedule F, Supplemental Information

Return Reference Explanation

rtetarii rtererence	-Apianaton
III, COLUMN (E)	SCHOLARSHIP FUNDS ARE APPLIED DIRECTLY AGAINST STUDENTS' ACCOUNT BALANCES AND PAID DIRECTLY TO PARTICIPATING STUDY ABROAD PROGRAMS NO CASH IS PROVIDED DIRECTLY TO THE STUDENTS

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: Software Version:

EIN: 04-2199867

Name: Curry College

Scholarships

41,825

Form 990 Schedule	F Part I - Activities	Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	Study Abroad	27,100

0 Grantmaking

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

► Attach to Form 990 or Form 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

2018

DLN: 93493092009050 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

ame of the organization				Employer ide	entification number
urry College				04-2199867	
Form 990-EZ filers are not required to	-		orm 990,	Part IV, line 1	17.
Indicate whether the organization raised funds th	rough any of the f	following activities Check	all that a	oply	
a Mail solicitations	•	Solicitation of nor	n-governm	ent grants	
b Internet and email solicitations	1	f Solicitation of gov	ernment g	ırants	
c Phone solicitations	9	g 🔲 Special fundraisin	g events		
d 🔲 In-person solicitations					
 Did the organization have a written or oral agrees or key employees listed in Form 990, Part VII) or If "Yes," list the ten highest paid individuals or en 	entity in connecti ntities (fundraisers	on with professional fund	raising ser	vices?	es 🗆 No ser is
to be compensated at least \$5,000 by the organiz	zation				
i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in tol (i)	(vi) Amount paid to (or retained by) organization
	Yes No				
otal	>				
List all states in which the organization is registered licensing	d or licensed to so	licit contributions or has	been notifi	ed it is exempt	from registration or

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493092009050 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Curry College 04-2199867 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

(6)

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

Part IV Return Reference Explanation Schedule I. Part I. Line 2 PROCESS FOR MONITORING GRANTS TO INDIVIDUALS THE COLLEGE MAINTAINS A COMPUTERIZED SYSTEM WITH INTEGRATED CONTROLS TO ENSURE THAT

SCHOLARSHIPS AWARDS ARE MADE IN ACCORDANCE WITH ESTABLISHED CRITERIA AS APPROVED BY SENIOR MANAGEMENT AND FEDERAL AND STATE AUTHORITIES. AS APPROPRIATE A SERIES OF REPORTS HAVE BEEN DEVELOPED AND ARE USED BY MANAGEMENT TO IDENTIFY AND ADDRESS ANY EXCEPTIONS ANNUALLY, THE COLLEGES FINANCIAL AID COMPLIANCE WITH FEDERAL GUIDELINES IS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM THE COLLEGE ISSUES

USED, ALL FUNDS ARE USED TO DEFRAY THE COSTS OF PARTICIPATING IN THIS PROGRAM, THEREFORE, THE COLLEGE IS NOT REQUIRED TO FURTHER MONITOR THE USE OF THE FUNDS PROCESS FOR MONITORING GRANTS TO ORGANIZATIONS GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN

IMAGE AND THE PURSUIT OF ITS EXEMPT PURPOSE

THE UNITED STATES ARE REVIEWED AND APPROVED BY THE COLLEGE'S PRESIDENT AND CHIEF FINANCIAL OFFICER IN EACH CASE, THE COLLEGE IS AWARE OF THE

SCHOLARSHIPS TO STUDENTS WHO ARE REQUIRED TO MATRICULATE AT THE COLLEGE. THE STUDENT DOES NOT HAVE ANY DISCRETION ON HOW FUNDS ARE

CHARITABLE USE OF THE FUNDS. WHICH IS TYPICALLY FOR THE GENERAL PURSUIT OF THE RECEIVING ORGANIZATION'S EXEMPT PURPOSES AND NOT EARMARKED FOR A SPECIFIC USE THE COLLEGE BELIEVES IN EACH INSTANCE THAT THESE FORMS OF ASSISTANCE ARE IN THE COLLEGE'S BEST INTEREST IN PROMOTING ITS

Schedule I (Form 990) 2018

Additional Data

Town of Milton

PO Box 266

525 Canton Ave Milton, MA 02186 Cape Cod Baseball League

Harwichport, MA 02646

Software ID: **Software Version:**

04-6001228

04-2687718

EIN: 04-2199867 Name: Curry College

100,000

30,000

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

GOV'T

501(C)(3)

) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valu
organization		ıf applıcable	grant	cash	(book, FMV, appr
				1	1 11 1

minents.						
nod of valuation		(1				
-M// appraigal	l non cach accietance					

(g) Description of non-cash assistance	(h) Purpose of grant or assistance

Sponsorship

Milton Pilot

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 04-3614024 501(C)(3) 15.000 Milton Library Foundation Sponsorship PO Box 314

Sponsorship

22,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

04-3329283

Milton, MA 02186

Rodman Ride for Kids

10 Lincoln Road Foxboro, MA 02035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance sorship

Milton Foundation for	04-3307338	501(C)(3)	10,000		Sponso
Education					
PO Box 223					
Milton, MA 02186					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7.500 Milton High School Boosters 46-5437759 501(C)(3) Sponsorship

25 Gile Road

Milton, MA 02186

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

New England Council Inc 501(C)(6) 7.500 04-1661090

Sponsorship 98 N Washington St Boston, MA 02114

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 934	9309	2009	050
Sch	edule J	Con	npensati	ion Information	MO	IB No	1545-(0047
(For	n 990)	For certain Officers,	, Directors, T	rustees, Key Employees, and Highe	est			
		➤ Complete if the organ	Compensa ization answ	ated Employees vered "Yes" on Form 990, Part IV, li	ine 23.	20	18	ζ .
_			▶ Attach	to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>гогтээо</u> тог	instructions and the latest informa	ition.		ectio	
	me of the organiza	ation		E	mployer identificat	ion nu	ımber	
Curi	ry College			0	4-2199867			
Pa	rt I Questi	ons Regarding Compensatio	n					
_					_		Yes	No
1a				the following to or for a person listed of the following these y relevant information regarding these				
		or charter travel	✓	Housing allowance or residence for pe				
		companions		Payments for business use of persona				
		nification and gross-up payments	✓	Health or social club dues or initiation				
	L Discretion	ary spending account	•	Personal services (e g , maid, chauffe	ur, cher)			
b		kes in line 1a are checked, did the dill line 1 above		ollow a written policy regarding paymer iplete Part III to explain	nt or reimbursement	1 b		No
2				or allowing expenses incurred by all r, regarding the items checked in line 1	22	2	Yes	
	directors, truste	es, officers, including the CEO/Exe	cutive Directo	r, regarding the items checked in line I	.ar			
3		f any, of the following the filing org EO/Executive Director Check all th		ed to establish the compensation of the				
	_	•		CEO/Executive Director, but explain in	Part III			
	✓ Compensa	ation committee		Westen employment contract				
		ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<u></u>	Approval by the board or compensation	on committee			
4), Part VII, Se	ction A, line 1a, with respect to the filir	ng organization or a			
	related organiza							
a		ance payment or change-of-control				4a		No
b	•	receive payment from, a supplem	•	'		4b 4c		No
С	•	receive payment from, an equity- if lines 4a-c, list the persons and pi		isation arrangement? blicable amounts for each item in Part I.	II	40		No
	,	·	• •					
), 501(c)(4), and 501(c)(29) or	_	-				
5		ed on Form 990, Part VII, Section A ontingent on the revenues of		the organization pay or accrue any				
а	The organization					5a		No
b	Any related orga					5b		No
•	-	5a or 5b, describe in Part III	الماسية المسالة	.				
6		on form 990, Part VII, Section A Ontingent on the net earnings of	a, line Ia, did	the organization pay or accrue any				
a	The organization					6a		No
Ь	Any related orga	nization? 6a or 6b, describe in Part III				6b		No
7	•	•	Line 15 ded	the organization provide any nonfixed				
	payments not d	escribed in lines 5 and 6? If "Yes,"	describe in Pa	rt III		7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," desc	cribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow t	he rebuttable	presumption procedure described in Re	egulations section	9		No
For I	Danerwork Pedu	ction Act Notice, see the Instru	ctions for Ec	orm 990 Cat No. 500	053T Schedule 1		990)	2018

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

ınstructions, on row (ii) Note. The sum of columr	Do no	ot list any individuals that ((i)-(iii) for each listed ind	are not listed on Form 99 dividual must equal the to	90, Part VII otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title	(i) Base (ii) Bonus & Incentive (iii) Other compensation compensation reportable compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990		
1 David M Rosati VP OF FINANCE & CFO	(i)	309,614	0	13,556	22,015	16,932	362,117	0
	(ii)	0	0	0	0	0	0	0
2 DAVID SZCZERBACKI VP OF ACADEMIC	(i)	253,479 	0	2,286	15,392	8,868	280,025	0
AFFAIRS/PROVOST	(ii)	0	0	0	0	0	0	0
3 Christopher M Lawson VP INST'L ADvncmt (thru	(i)	221,233	0	11,037	15,896	17,329	265,495	0
12/18)	(ii)	0	0	0	0	0	0	0
4 Steven P Gunning PROFESSOR	(i)	186,044	0	19,244	12,262	18,408	235,958	0
	(ii)	0	0	0	0	0	0	0
5 Anthony J Fabrizio Jr PROFESSOR	(i)	196,461	0	774	7,207	18,412	222,854	0
	(ii)	0	0	0	0	0	0	0
6 Susan W Pennini VP OF INSTITUTIONAL	(i)	189,859	0	1,188	13,544	18,481	223,072	0
	(ii)	0	0	0	0	0	0	0
7 KENNETH K QUIGLEY JR PRESIDENT	(i)	447,924	0	13,733	19,012	41,869	522,538	0
	(ii)	0	0	0	0	0	0	0
8 sılas n pearman professor	(i)	180,447	0	414	17,005	9,096	206,962	0
	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2018

Part III Supplemental Inform	art III Supplemental Information				
rovide 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/PERSONAL SERVICES The President is required to live on campus as a condition of employment for the convenience of the College The value of the residence is included on Schedule J, Part II, Column (D) as a nontaxable benefit A portion of the housekeeping and insurance associated the personal use of the residence is treated as taxable and is included on Schedule J, Part II, Column (b)(iii) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE COLLEGE				

THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION FOR THESE LISTED INDIVIDUALS AND IS REPORTED ON PART II COLUMN (B)(III) SOCIAL CLUB DUES
THE COLLEGE PROVIDES ITS VP FOR INSTITUTIONAL ADVANCEMENT WITH MEMBERSHIP TO A SOCIAL CLUB WHICH IS USED SOLELY FOR BUSINESS PURPOSES

Page 3

use of the residence is treated as taxable and is included on Schedule J, Part II, Column (b)(iii) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE COLLEGE PROVIDES TAX INDEMNIFICATION AND GROSS-UP PAYMENTS RELATED TO THE PERSONAL USE OF COLLEGE PROVIDED VEHICLES FOR THE VP OF INSTITUTIONAL ADVANCEMENT, DEAN OF STUDENTS, VP OF FINANCE & CFO, AND THE DEAN OF ADMISSIONS THIS BENEFIT IS ALSO PROVIDED TO ADMISSIONS COUNSELORS

FOR FUNDRAISING ACTIVITY THIS BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION FOR THIS INDIVIDUAL

Schedule J (Form 990) 2018

Return Reference	Explanation
, ,	THE COLLEGE REIMBURSES ALL EMPLOYEES, INCLUDING ITS OFFICERS, KEY EMPLOYEES, AND SENIOR LEVEL STAFF FOR EXPENSES INCURRED WHILE CONDUCTING BUSINESS OF THE COLLEGE REIMBURSEMENTS FOR OFFICERS, KEY EMPLOYEES, AND SENIOR LEVEL STAFF ARE REVIEWED BY THE CFO AND/OR PRESIDENT, AS APPROPRIATE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493092009050 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number Curry College 04-2199867 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (q) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price (f) Description of purpose behalf of financing ıssuer Yes No Yes No Yes No 42,000,000 SEE DESCRIPTION IN PART VI MASSACHUSETTS DEVELOPMENT 04-3431814 000000000 12-20-2013 Х Х Х FINANCE AGENCY MASSACHUSETTS DEVELOPMENT 04-3431814 000000000 01-30-2015 15.350,000 SEE DESCRIPTION IN PART VI Χ Χ FINANCE AGENCY MASSACHUSETTS DEVELOPMENT 04-3431814 000000000 03-21-2016 27,700,418 SEE DESCRIPTION IN PART VI Х Χ Χ FINANCE AGENCY MASSACHUSETTS DEVELOPMENT 04-3431814 000000000 06-14-2016 9,799,582 SEE DESCRIPTION IN PART VI Х Χ Х FINANCE AGENCY Part ${f II}$ **Proceeds** С 9,495,000 2,885,317 1,857,572 701,900 42,150,123 15,350,000 27,700,418 10,025,612 4 5 6 7 429,290 140,960 165,473 67,253 8 9 10 18,091,109 9,985,359 11 23,629,724 15,209,040 27,534,945 12 13 2016 2008 2008 2019 Yes Yes No Yes No Yes No No

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Yes

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No

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Yes

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Cat	: No 50193E	•		Scher	lule K (Forn	1990) 2018	
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Yes

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No

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No

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No

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Yes

D

Were the bonds issued as part of a current refunding issue?

Were the bonds issued as part of an advance refunding issue?

Private Business Use

Has the final allocation of proceeds been made?

Does the organization maintain adequate books and records to support the final allocation of

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

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No

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0 %

D

Yes

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Yes

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Χ

Schedule K (Form 990) 2018

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No

X

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0 %

Yes

Χ

No

Χ

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C

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

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

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

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

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

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

Has the organization or the governmental issuer entered into a qualified

nongovernmental person other than a 501(c)(3) organization since the bonds were

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

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

Rebate not due yet?

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Yes

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No

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Yes

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4 420 %

4 420 %

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Yes

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В

Yes

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Χ

No

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X

No

Χ

1 150 %

1 150 %

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Χ

Yes

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SCHEDULE K, PART I, LINE A, COLUMN BONDS WERE ISSUED TO REFUND THE COLLEGE'S OUTSTANDING 1999, 2000 AND 2003 SERIES DEBT. IN ADDITION, A PORTION OF BOND PROCEEDS WERE JUSED TO CONSTRUCT A RESIDENCE HALL, RENOVATE AN EXISTING PROPERTY, AND OTHER CAPITAL IMPROVEMENTS

Yes

Χ

Nο

Explanation

Χ

Yes

No

Yes

Page 3

Nο

Х

Yes

No

Эа	(GIC)?				
b	Name of provider	0	0	0	

Χ

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

Schedule K (Form 990) 2018

Term of GIC.

period?

Part V

Part VI

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

the GIC satisfied?

requirements of section 148? . . .

Return Reference

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

Return Reference	Explanation
CHEDULE K, PART I, LINE B, DLUMN F	BONDS WERE ISSUED TO REFUND THE COLLEGE'S OUTSTANDING 2005 SERIES DEBT

SCH

Return Reference	Explanation
SCHEDULE K, PART I, LINE C, COLUMN F	BONDS WERE ISSUED TO REFUND THE COLLEGE'S OUTSTANDING 2006 SERIES DEBT ADDITIONALLY, BONDS PROCEEDS WERE USED TO DEMOLISH AN EXISTING STUDENT CENTER AND CONSTRUCT A NEW STUDENT CENTER, CONSTRUCTION OF A NEW ACADEMIC BUILDING, AND EXPANSION AND RENOVATION OF AN EXISTING ADMINISTRATIVE OFFICE BUILDING

Return Reference	Explanation
	BONDS WERE ISSUED FOR THE PURPOSES OF CONSTRUCTING A NEW ACADEMIC BUILDING AND RENOVATION OF AN EXISTING ACADEMIC BUILDING

Return Reference	Explanation
CHEDULE K, PART II, LINE 3,	Total proceeds are higher for Bond A and D than the amount listed in Part I due to interest earned on proceeds

SC

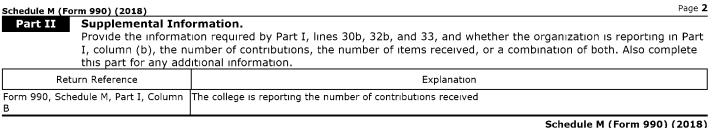
Return Reference	Explanation
SCHEDULE K, PART III, LINE 4, COLUMNS A, B, C	THE COLLEGE HAS ESTABLISHED PROCEDURES TO MONITOR PRIVATE BUSINESS USE ARRANGEMENTS PERTAINING TO ALL FACILITIES IT HAS FINANCED OR REFINANCED WITH TAX-EXEMPT BONDS, AND THE COLLEGE MONITORS ALL SUCH USES ON AN ANNUAL OR MORE FREQUENT BASIS THE MONITORING IS INTENDED TO ENSURE THAT OVER THE TERM TO MATURITY OF EACH SUCH BOND ISSUE, THE COLLEGE WILL NOT EXCEED THE AGGREGATE PRIVATE BUSINESS USE LIMITATION APPLICABLE TO ANY ISSUE

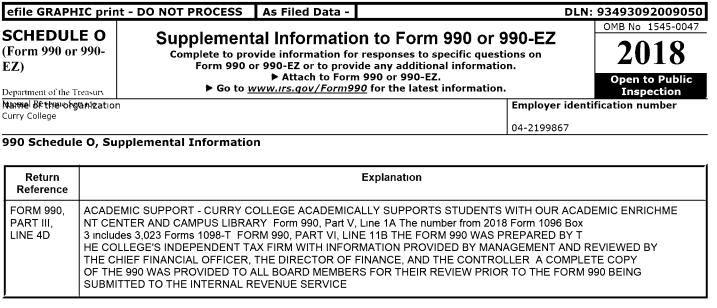
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Return Reference	Explanation
	THE COLLEGE PERFORMED A REBATE COMPUTATION ON THE 2013 SERIES TAX-EXEMPT BOND THE MOST RECENT COMPUTATIONS WERE PERFORMED AS OF 12/20/16

2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493092009050 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Curry College 04-2199867 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 140,513 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (______) Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J





990 Schedule O, Supplemental Information

Paturn

Reference	Explanation
FORM 990, PART VI, LINE 12C	THE COLLEGE HAS TWO CONFLICT OF INTEREST POLICIES, ONE THAT COVERS ALL BOARD MEMBERS AND A SECOND THAT COVERS ALL EMPLOYEES BOTH POLICIES ARE UNDER THE OVERSIGHT OF THE BOARD OF T RUSTEES THE COLLEGE DISTRIBUTES AN ANNUAL QUESTIONNAIRE TO BE COMPLETED BY OFFICERS AND T HE BOARD OF TRUSTEES THE CFO AND/OR PRESIDENT REVIEW POTENTIAL CONFLICTS OF INTEREST BY E MPLOYEES AND ALL NON-INTERESTED TRUSTEES REVIEW POTENTIAL CONFLICTS OF INTEREST BY TRUSTEE S THE PERSON WITH THE POTENTIAL CONFLICT WOULD PROVIDE INFORMATION TO THE BOARD OR CFO/PR ESIDENT AS APPLICABLE IN THE CASE OF TRUSTEES WITH A POTENTIAL CONFLICT OF INTEREST, THEY WOULD LEAVE THE BOARD MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT WHICH RESULTED IN THE CONFLICT

Evolunation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	Curry College maintains a compensation policy which covers all employees. When determining initial salaries, the following are considered level of essential functions and responsi bilities, required education, skills and relevant experience, both internal and external equity and budgeted amount. In reviewing salaries of existing employees, additional conside rations include a substantial and permanent change in job duties, the change involves increase levels of responsibilities in terms of decision-making and problem solving, job complexity and/or additional knowledge and skills required. Changes to a position can occur as the result of organizational changes, both internal and external equity and availability of budgeted funds. The Office of Human Resources regularly reviews the external market to ensure the College is compensating positions competitively. Market data comes from a variet y of generally accepted benchmarking sources. In addition, research is conducted on hiring ranges for appropriate matches at local and other higher education institutions. Differen t aspects of data are collected depending on the position being reviewed in order to ensure an appropriate compensation comparison. The compensation of the President is reviewed and approved by the Board of Trustees and there is contemporaneous documentation of the deliberation and decision.

Return Explanation

Reference	
· '	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST

LINE 19

990 Schedule O, Supplemental Information