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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Trustees of the College of the Holy Cross
% Charlene Bellows
Doing business as
COLLEGE OF THE HOLY CROSS

Number and street (or P O box if mail is not delivered to street address) | Room/suite
One College Street

City or town, state or province, country, and ZIP or foreign postal code
Worcester, MA 016102395

D Employer identification number
04-2103558

E Telephone number
(508) 793-2514

G Gross receipts $ 573,818,313

F Name and address of principal officer
DOROTHY A HAUVER
One College Street
Worcester, MA 016102395

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW holycross edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1843

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COLLEGE OF THE HOLY CROSS IS A PRIVATE, JESUIT, LIBERAL ARTS COLLEGE DEDICATED TO THE PURSUIT OF EXCELLENCE IN TEACHING, LEARNING, AND SERVICE OF FAITH AND PROMOTION OF JUSTICE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	42
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	3,442
6	Total number of volunteers (estimate if necessary)	**6**	3,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-966,666
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	48,095,480	34,981,534
9	Program service revenue (Part VIII, line 2g)	202,544,112	214,371,906
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,715,901	16,480,248
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,345	161,813
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	283,514,838	265,995,501
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,467,251	66,189,902
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	109,220,465	113,409,649
16a	Professional fundraising fees (Part IX, column (A), line 11e)	341,446	388,663
b	Total fundraising expenses (Part IX, column (D), line 25) ▶9,402,806		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	73,874,342	79,085,158
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	244,903,504	259,073,372
19	Revenue less expenses Subtract line 18 from line 12	38,611,334	6,922,129

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,233,091,689	1,257,371,030
21	Total liabilities (Part X, line 26)	206,571,948	220,377,960
22	Net assets or fund balances Subtract line 21 from line 20	1,026,519,741	1,036,993,070

Part II 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

Sign Here

****** 2020-07-02
Signature of officer Date

DOROTHY A HAUVER DIR OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-05-10		P01244578

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 60 SOUTH STREET
BOSTON, MA 02111 — Phone no (617) 988-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO EDUCATE STUDENTS WHO, AS LEADERS IN BUSINESS, PROFESSIONAL, AND CIVIC LIFE, WILL LIVE BY THE HIGHEST INTELLECTUAL AND ETHICAL STANDARDS BY CREATING AN ENVIRONMENT IN WHICH INTEGRATED LEARNING IS A SHARED RESPONSIBILITY LEADING ALL MEMBERS TO MAKE THE BEST OF THEIR OWN TALENTS, TO WORK TOGETHER, TO SERVE OTHERS, AND TO SEEK JUSTICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule 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 $ 223,302,813 including grants of $ 66,166,900) (Revenue $ 213,770,434)
See Additional Data

4b (Code) (Expenses $ 601,472 including grants of $ 23,002) (Revenue $ 601,472)
See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 223,904,285

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	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	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV 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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**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**	Yes	
28	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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	4,783		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 3,442			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶GK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	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		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 . . . . . ☑

Section 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	**1a**	43		
	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**	42		
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?	**2**			No
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? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	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? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			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	
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	
b	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?			
a	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**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA , MA , NH

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Charlene Bellows One College Street Worcester, MA 016102395 (508) 793-3497

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								4,048,194	0	847,134

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 201

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cannon Design, 99 Summer Street 600 Boston, MA 02110	Architects	1,439,291
Cambridge Associates, 125 High Street Boston, MA 02110	Investment services	585,000
Skanska USA Building Inc, 389 Interpace Pkwy 5th Floor Parsippany, NJ 07054	Construction mgmt	458,595
KPMG LLP, 2 Financial Center 60 South Street Boston, MA 02111	Audit & tax services	333,704
Sasaki Associates Inc, 64 Pleasant Street Watertown, MA 02472	Architects	249,631

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 ▶ 17

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 340,976				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 34,640,558				
	g Noncash contributions included in lines 1a - 1f $ 2,283,623				
	h Total. Add lines 1a-1f . . . . . ▶	34,981,534			
Program Service Revenue		Business Code			
	2a Tuition and fees	611600	164,378,665	164,378,665	
	b Room and board	611710	37,957,189	37,957,189	
	c Sales of auxilliary services	722320	5,739,182	4,098,006	1,641,176
	d Athletics	611710	2,466,387	2,466,387	
	e Grant and student aid revenue	611710	2,106,821	2,106,821	
	f All other program service revenue		1,723,662	1,723,662	
	g Total. Add lines 2a–2f . . . . ▶	214,371,906			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	4,432,215		-3,303,600	7,735,815
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal			
	6a Gross rents 204,338				
	b Less rental expenses				
	c Rental income or (loss) 204,338 / 0				
	d Net rental income or (loss) . . . . . ▶	204,338			204,338
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory 319,629,768				
	b Less cost or other basis and sales expenses 307,581,735				
	c Gain or (loss) 12,048,033				
	d Net gain or (loss) . . . . . ▶	12,048,033		695,758	11,352,275
	8a Gross income from fundraising events (not including $ 340,976 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 198,552				
	b Less direct expenses . . . **b** 241,077				
	c Net income or (loss) from fundraising events . . ▶	-42,525			-42,525
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 0				
	b Less cost of goods sold . . **b** 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue / Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	0			
	12 Total revenue. See Instructions . . . . . ▶	265,995,501	212,730,730	-966,666	19,249,903

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	80,002	80,002		
2 Grants and other assistance to domestic individuals See Part IV, line 22	63,406,632	63,406,632		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	2,703,268	2,703,268		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,032,299	623,591	1,981,870	426,838
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	81,802,756	70,458,200	7,311,732	4,032,824
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,143,273	5,253,084	582,076	308,113
9 Other employee benefits	16,556,845	13,863,958	1,730,830	962,057
10 Payroll taxes	5,874,476	4,878,958	684,851	310,667
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,599,607	4,705	1,583,726	11,176
c Accounting	269,225		269,225	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	388,663			388,663
f Investment management fees	1,880,139		1,880,139	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,214,498	2,342,126	1,481,412	390,960
12 Advertising and promotion	201,096	128,934	64,284	7,878
13 Office expenses	7,770,712	5,849,304	950,238	971,170
14 Information technology	2,972,818	1,534,072	1,351,612	87,134
15 Royalties . .	0			
16 Occupancy	11,787,687	10,712,192	951,305	124,190
17 Travel	4,336,819	3,775,967	233,976	326,876
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	758,897	655,723	60,306	42,868
20 Interest	5,165,232	4,871,879	293,353	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	17,441,086	16,082,441	1,358,645	
23 Insurance . . .	2,182,659	82,670	1,868,341	231,648
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Study abroad expenses	5,013,497	5,013,497		
b Food for dining operations	6,147,940	5,019,264	378,089	750,587
c Library collection	1,967,239	1,967,239		
d Other costs	5,376,007	4,596,579	750,271	29,157
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	259,073,372	223,904,285	25,766,281	9,402,806
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	17,349	1	15,397
	2	Savings and temporary cash investments	19,374,035	2	41,475,921
	3	Pledges and grants receivable, net	79,044,760	3	74,542,230
	4	Accounts receivable, net	353,938	4	349,499
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	6,909,100	7	6,628,830
	8	Inventories for sale or use	493,553	8	461,840
	9	Prepaid expenses and deferred charges	838,426	9	1,101,536
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 603,914,673			
	b	Less accumulated depreciation — 10b: 295,957,572	304,690,295	10c	307,957,101
	11	Investments—publicly traded securities	107,706,785	11	81,392,786
	12	Investments—other securities See Part IV, line 11	708,762,798	12	738,048,033
	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	4,900,650	15	5,397,857
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,233,091,689	16	1,257,371,030
Liabilities	17	Accounts payable and accrued expenses	31,277,488	17	30,498,933
	18	Grants payable	0	18	0
	19	Deferred revenue	4,088,406	19	3,462,626
	20	Tax-exempt bond liabilities	145,351,574	20	137,325,308
	21	Escrow or custodial account liability Complete Part IV of Schedule D	572,507	21	493,469
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	9,500,000	23	22,500,000
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	15,781,973	25	26,097,624
	26	**Total liabilities.** Add lines 17 through 25	206,571,948	26	220,377,960
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	520,246,252	27	506,038,754
	28	Temporarily restricted net assets	296,491,702	28	315,724,259
	29	Permanently restricted net assets	209,781,787	29	215,230,057
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,026,519,741	33	1,036,993,070
	34	Total liabilities and net assets/fund balances	1,233,091,689	34	1,257,371,030

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	265,995,501
2	Total expenses (must equal Part IX, column (A), line 25)	2	259,073,372
3	Revenue less expenses Subtract line 2 from line 1	3	6,922,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,026,519,741
5	Net unrealized gains (losses) on investments	5	14,289,228
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,738,028
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,036,993,070

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2103558

Name: Trustees of the College of the Holy Cross

Form 990 (2018)

Form 990, Part III, Line 4a:

THE PRIMARY PROGRAM IS UNDERGRADUATE INSTRUCTION IN THE LIBERAL ARTS THAT LEADS TO A BACHELOR OF ARTS DEGREE THE CURRICULUM INCLUDES PROGRAMS IN THE ARTS, SCIENCES, SOCIAL SCIENCES AND HUMANITIES SEE DETAIL ON SCHEDULE O

Form 990, Part III, Line 4b:

BASIC RESEARCH IN CHEMISTRY, PHYSICS, PSYCHOLOGY AND BIOLOGY THE RESEARCH IS FUNDED BY PRIVATE GRANTS AND THE US GOVERNMENT

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Douglas M Baker Jr Trustee	3 0 0 0	X						0	0	0
Michael G Barrett Trustee	3 0 0 0	X						0	0	0
REV PHILIP L BOROUGHS SJ PRESIDENT	45 0 0 0	X		X				0	0	0
Helen W Boucher MD Trustee	3 0 0 0	X						0	0	0
STEPHANIE COLEMAN LINNARTZ TRUSTEE (AS OF 9/2018)	3 0 0 0	X						0	0	0
Brian P Duggan Trustee	3 0 0 0	X						0	0	0
Susan F Feitelberg Trustee	3 0 0 0	X						0	0	0
Anne M Fink Trustee	3 0 0 0	X						0	0	0
REV JAMES G GARTLAND SJ TRUSTEE/VICE CHAIR	3 0 0 0	X		X				0	0	0
Rev C Kevin Gillespie SJ Trustee (as of 9/2018)	3 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rev Michael Carl Gilson SJ Trustee	3 0 0 0	X						0	0	0
Stuart E Graham Trustee	3 0 0 0	X						0	0	0
Stanley E Grayson Trustee	3 0 0 0	X						0	0	0
Michael Greene Trustee	3 0 0 0	X						0	0	0
Robert A Harrington Trustee	3 0 0 0	X						0	0	0
Thomas P Joyce Jr Trustee	3 0 0 0	X						0	0	0
Rev Gregory A Kalscheur SJ Trustee (as of 9/2018)	3 0 0 0	X						0	0	0
Brian P Kelley Trustee	3 0 0 0	X						0	0	0
James W Keyes Trustee	3 0 0 0	X						0	0	0
Stephen A Lovelette Trustee	3 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Linda M LeMura Trustee	3 0 0 0	X						0	0	0
Rev Mark S Massa SJ Trustee	3 0 0 0	X						0	0	0
Shaun P Mathews Trustee	3 0 0 0	X						0	0	0
Ann McElaney-Johnson PhD Trustee	3 0 0 0	X						0	0	0
Edwin J McLaughlin Trustee	3 0 0 0	X						0	0	0
Christopher M Millard Trustee (as of 9/2018)	3 0 0 0	X						0	0	0
James F Mooney III Trustee	3 0 0 0	X						0	0	0
Visaury Moreta Trustee (as of 9/2018)	3 0 0 0	X						0	0	0
Robert F Moriarty Trustee	3 0 0 0	X						0	0	0
John P Mullman Trustee	3 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rev Peter Nguyen SJ Trustee	3 0 0 0	X						0	0	0
Andrew J O'Brien Trustee	3 0 0 0	X						0	0	0
RICHARD H PATTERSON TRUSTEE/CHAIR	3 0 0 0	X		X				0	0	0
William J Phelan Trustee	3 0 0 0	X						0	0	0
SUSAN POWER CURTIN TRUSTEE	3 0 0 0	X						0	0	0
Cornelius B Prior Jr Trustee	3 0 0 0	X						0	0	0
Carolyn M Risoli Trustee	3 0 0 0	X						0	0	0
Sr Barbara J Rogers RSCJ Trustee	3 0 0 0	X						0	0	0
Francine Rosado-Cruz Trustee	3 0 0 0	X						0	0	0
Stephen P Skinner Trustee (as of 9/2018)	3 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John J Suydam Trustee	3 0 0 0	X						0	0	0
Sean Teebagy Trustee	3 0 0 0	X						0	0	0
Hon Harry K Thomas Jr Trustee (as of 9/2018)	3 0 0 0	X						0	0	0
Rev Kevin T FitzGerald SJ Trustee (until 9/2018)	3 0 0 0	X						0	0	0
John J Mahoney Jr trustee/chair (until 9/2018)	3 0 0 0	X		X				0	0	0
Robert S Morrison Trustee (until 9/2018)	3 0 0 0	X						0	0	0
Maria Eugenia Ferre Rangel Trustee (until 9/2018)	3 0 0 0	X						0	0	0
Sarah C Valente Trustee (until 9/2018)	3 0 0 0	X						0	0	0
Ellen George Brackley Exec Asst & Asst Secretary	45 0 0 0			X				65,808	0	26,443
Jane E Corr Chief of Staff & Secretary	45 0 0 0			X				181,567	0	20,947

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth Dionne Dir&Asst Treas (until 3/2019)	45 0 0 0			X				193,641	0	53,409
Dorothy A Hauver Vice President and Treasurer	45 0 0 0			X				358,863	0	103,713
Timothy Jarry Chief Investment Officer	45 0 0 0			X				340,127	0	61,400
Lori A Blackwell EXEC ASST TO THE PRESIDENT	45 0 0 0			X				73,357	0	33,690
Tracy Barlok Vice President for Advancement	45 0 0 0				X			372,090	0	49,393
Margaret Freije Provost & Dean of the College	45 0 0 0				X			286,913	0	111,360
Daniel Kim Vice President Communications	45 0 0 0				X			217,486	0	53,037
Michele Murray Vice President Student Affairs	45 0 0 0				X			215,750	0	50,051
Elizabeth Small General Counsel	45 0 0 0				X			230,187	0	53,411
William Carmody Head Basketball Coach	45 0 0 0					X		386,291	0	66,750

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Cull Professor	45 0 0 0					X		254,320	0	14,733
Suzanne Kirschner Professor	45 0 0 0					X		250,920	0	37,241
Nathan Pine Director of Athletics	45 0 0 0					X		304,188	0	48,765
Frank Vellaccio Senior Vice President Emeritus	45 0 0 0					X		316,686	0	62,791

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete 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 III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (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 ")	90,605,654	38,853,240	32,343,574	48,095,480	34,981,534	244,879,482
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	90,605,654	38,853,240	32,343,574	48,095,480	34,981,534	244,879,482
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						61,186,232
6 **Public support.** Subtract line 5 from line 4						183,693,250

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	90,605,654	38,853,240	32,343,574	48,095,480	34,981,534	244,879,482
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,241,717	3,844,451	4,450,455	5,742,961	7,940,153	29,219,737
9 Net income from unrelated business activities, whether or not the business is regularly carried on	36,976					36,976
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 **Total support.** Add lines 7 through 10						274,136,195

12 Gross receipts from related activities, etc (see instructions) **12** 955,288,781

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	67 008 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	58 744 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (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						
3 Gross receipts from activities that are 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						
5 The value of services or facilities 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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	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		
c	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 instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
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 3j 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.			

Additional Data

Software ID:

Software Version:

EIN: 04-2103558

Name: Trustees of the College of the Holy Cross

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493189007270

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Trustees of the College of the Holy Cross	04-2103558

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	0	0
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)	0	0
f Lobbying nontaxable amount Enter the amount from the following table in both columns	0	0
g Grassroots nontaxable amount (enter 25% of line 1f)	0	0
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount			0	0	0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures			0	0	0
d Grassroots nontaxable amount			0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures			0	0	0

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-A	THE COLLEGE PAYS DUES TO SOME EDUCATIONAL ASSOCIATIONS A PORTION OF THESE DUES MAY OR MAY NOT BE ATTRIBUTABLE TO LOBBYING ON BEHALF OF THE ASSOCIATION MEMBERS THE COLLEGE IS UNABLE TO DETERMINE WHAT PORTION OF THE DUES, IF ANY, IS RELATED TO LOBBYING FOR THESE ORGANIZATIONS THE COLLEGE PAID ANNUAL DUES OF $28,651 TO THE ASSOCIATION OF JESUIT COLLEGES AND UNIVERSITIES, $21,849 TO THE ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES AND $5,473 TO THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☑ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year	
a	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 1,305,460

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	783,207,500	748,948,135	680,992,673	721,309,725	726,052,159
b Contributions . . .	6,844,390	9,704,051	12,249,936	10,357,509	7,853,248
c Net investment earnings, gains, and losses	29,517,685	56,941,859	83,301,496	-20,182,207	16,284,080
d Grants or scholarships . . .	9,115,704	8,613,563	8,133,514	7,556,453	6,834,421
e Other expenditures for facilities and programs . . .	21,310,201	20,612,674	16,418,774	18,979,029	18,597,329
f Administrative expenses	3,291,790	3,160,308	3,043,682	3,956,872	3,448,012
g End of year balance	785,851,880	783,207,500	748,948,135	680,992,673	721,309,725

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 46 100 %
- b Permanent endowment ▶ 26 600 %
- c Temporarily restricted endowment ▶ 27 300 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,862,105		5,862,105
b Buildings		478,590,148	208,739,192	269,850,956
c Leasehold improvements				
d Equipment		71,024,319	57,836,796	13,187,523
e Other		48,438,101	29,381,584	19,056,517
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				307,957,101

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GLOBAL EQUITY	385,913,571	F
(B) HEDGE FUND ABSOLUTE RETURN	166,674,896	F
(C) PRIVATE EQUITY	126,635,430	F
(D) REAL ASSETS	55,417,825	F
(E) OTHER INVESTMENTS	3,406,311	F
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	738,048,033	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INTEREST RATE SWAP	8,181,296
US GOVT REFUNDABLE ADVANCES	4,970,439
ANNUITY OBLIGATIONS	3,870,747
ACCRUED PENSION OBLIGATION	9,075,142
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	26,097,624

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	202,202,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	14,289,228		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-74,600,453		
e	Add lines **2a** through **2d**			2e	-60,311,225
3	Subtract line **2e** from line **1**			3	262,513,333
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,723,245		
b	Other (Describe in Part XIII)	4b	-241,077		
c	Add lines **4a** and **4b**			4c	3,482,168
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	265,995,501

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

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

1	Total expenses and losses per audited financial statements			1	191,728,779
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	2,519,057		
e	Add lines **2a** through **2d**			2e	2,519,057
3	Subtract line **2e** from line **1**			3	189,209,722
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,723,245		
b	Other (Describe in Part XIII)	4b	66,140,405		
c	Add lines **4a** and **4b**			4c	69,863,650
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	259,073,372

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2103558
Name: Trustees of the College of the Holy Cross

Supplemental Information

Return Reference	Explanation
PART II LINE 9	THE COLLEGE HAS NOT RECEIVED ANY GIFT OF PROPERTY SUBJECT TO A CONSERVATION EASEMENT AND T HEREFORE DOES NOT REPORT A CONSERVATION EASEMENT IN ITS REVENUE AND EXPENSE STATEMENT OR B ALANCE SHEET TWO OF THE COLLEGE'S BUILDINGS THAT ARE USED FOR ACADEMIC AND ADMINISTRATIVE PURPOSES WERE BUILT IN THE LATE 1800'S AND ARE INCLUDED ON THE HISTORIC REGISTER

Supplemental Information

Return Reference	Explanation
PART III LINE 4	THROUGH BOTH CONTEMPORARY AND HISTORICAL EXHIBITIONS, THE IRIS AND B GERALD CANTOR ART GA LLERY (THE GALLERY) AT HOLY CROSS EDUCATES THE COLLEGE AND WORCESTER COMMUNITIES ABOUT THE FUNDAMENTAL INTELLECTUAL, CULTURAL, SPIRITUAL AND AESTHETIC ISSUES ENCOUNTERED THROUGH VI SUAL ART OPEN FREE TO THE PUBLIC, THE GALLERY SEEKS TO PROMOTE AND SUPPORT THE INTELLECTU AL AND CULTURAL LIFE OF THE COLLEGE THROUGH THE PRESENTATION AND DISCUSSION OF A DIVERSITY OF VISUAL ARTS THE GALLERY HAS SPECIAL RESPONSIBILITY FOR INTEGRATING THE LIBERAL ART VA LUES OF THE COLLEGE AND THE CLASSROOM BY LINKING EXHIBITIONS TO THE BROADER CURRICULUM AND COMMUNITY

Supplemental Information

Return Reference	Explanation
PART IV LINE 2B	AGENCY FUNDS ARE HELD BY THE COLLEGE AS CUSTODIAN OR FISCAL AGENT FUNDS MAY BE HELD FOR R ECOGNIZED FACULTY, STAFF, STUDENT OR ALUMNI ORGANIZATIONS THAT ARE COLLECTED FROM ACTIVITY FEES, DUES OR FUNDRAISING THE FUNDS ARE DEPOSITED WITH THE COLLEGE FOR SAFEKEEPING TO BE USED OR WITHDRAWN BY THE DEPOSITOR UPON PROPER AUTHORIZATION AND DOCUMENTATION EXPENDITU RES FROM THE FUND ARE USED PRIMARILY TO FUND STUDENT ACTIVITIES, TRIPS AND PROJECTS OF INT EREST TO THE STUDENTS OR TO SUPPORT COLLEGE PROGRAMS EACH AGENCY FUND IS PROVIDED A UNIQU E COST CENTER ESTABLISHED IN THE COLLEGE FINANCIAL RECORDS THESE COST CENTERS PROVIDE A S AFE, SECURE AND CONVENIENT METHOD OF ACCOUNTING FOR AND ADMINISTERING THESE FUNDS ALL CUS TODIAL FUNDS FOLLOW THE EXPENDITURE PROCEDURES OUTLINED BY THE COLLEGE

Supplemental Information

Return Reference	Explanation
PART V LINE 2	THE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT -FOR-PROFIT ENTITIES AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR REST RICTIONS FOR PURPOSES OF PART V, LINE 2, THE COLLEGE HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TEMPORARILY RESTRICTED ENDOWMENT PART V, LINE 4 T HE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 850 INDIVIDUAL FUNDS ESTABLISHED FOR A VA RIETY OF PURPOSES INCLUDING DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE B OARD OF TRUSTEES TO FUNCTION AS ENDOWMENT THE COLLEGE'S ENDOWMENT FUND SUPPORTS THE FOLLO WING AREAS FINANCIAL AID FOR STUDENTS, TEACHING, ACADEMIC SUPPORT, STUDENT SERVICES AND A THLETIC PROGRAMS

Supplemental Information

Return Reference	Explanation
PART X LINE 2	THE COLLEGE IS A TAX EXEMPT ORGANIZATION AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL R EVENUE CODE AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(A) OF THE CODE AND APPLICABLE STATE LAWS THE COLLEGE BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990 PART VIII LINE 12 CHANGE IN INTEREST RATE SWAP AGREEMENT $(1,850,762) POST RETIREMENT BENEFIT CHANGES $(8,887,266) INTRA-DEPARTMENTAL REVENUES $2,858,591 FINANCIAL AID RECLASS $(66,109,900) BAD DEBT EXPENSE $(752,661) AMORTIZATION OF ANNUITY OBLIGATION $172,050 NET MISCELLANEOUS $(30,505) ---------- TOTAL LINE 2D $(74,600,453)

Supplemental Information

Return Reference	Explanation
PART XI LINE 4B	OTHER AMOUNTS INCLUDED ON FORM 990 PART VIII LINE 12 BUT NOT ON LINE 1 FUNDRAISING EXPENSE $ (241,077)

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990 PART IX LINE 25 INTRA-DEPARTMENTAL R EVENUES $2,858,591 FUNDRAISING EXPENSE $241,077 BAD DEBT EXPENSE $(752,661) AMORTIZATION O F ANNUITY OBLIGATIONS $172,050 ---------- TOTAL LINE 2D $2,519,057

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B	OTHER AMOUNTS INCLUDED ON FORM 990 PART IX LINE 25 BUT NOT ON LINE 1 FINANCIAL AID RECLAS S $66,109,900 NET MISCELLANEOUS $30,505 ---------- TOTAL LINE 4B $66,140,405

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990EZ* for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	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	
3	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	
4	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? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
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? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b		No
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	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
PART I LINE 3	A SUMMARY OF THE NON-DISCRIMINATION POLICY IS INCLUDED IN PRINT AND ELECTRONIC MEDIA DESCRIBING COLLEGE ADMISSION REQUIREMENTS PART II LINE 6A THE COLLEGE PARTICIPATES IN THE TITLE IV PROGRAM FOR CAMPUS WORK STUDY, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS AND THE PERKINS LOAN FUND, DIRECT LENDING AND PELL GRANT PROGRAMS THE COLLEGE IS ALSO PARTICIPATING IN GRANTS WITH THE NATIONAL SCIENCE FOUNDATION TO PROVIDE STEM GRANTS TO STUDENTS STUDYING MATH OR SCIENCES AS A MAJOR

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 and investments in region
See Add'l Data					
3a Sub-total		34			176,491,885
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		34			176,491,885

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part 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)*	☑ 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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I LINE 2	THE COLLEGE MANAGES ALL RELATIONSHIPS WITH INTERNATIONAL HOST INSTITUTIONS DIRECTLY AND CONDUCTS PERIODIC EVALUATIONS OF THE PROGRAMS STUDENTS ARE BILLED TUITION BY THE COLLEGE THE COLLEGE MANAGES ALL ASPECTS OF THE PROGRAM AND ITS COSTS PROVIDING FOR ADVISORS, LINGUISTIC SUPPORT AND TUTORIAL ASSISTANCE PROGRAM COSTS, OTHER THAN SCHOLARSHIPS, ARE TRACKED BY PROGRAM LOCATION SCHOLARSHIPS ARE PROVIDED TO STUDENTS ATTENDING PROGRAMS ABROAD USING THE SAME METHODOLOGY APPLIED TO STUDENTS WHO ATTEND CLASSES IN THE UNITED STATES AS DESCRIBED ON FORM 990, SCHEDULE I, PART IV

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III LINE 1	THIS AID IS PROVIDED TO RESIDENT AND NON-RESIDENT STUDENTS ATTENDING A STUDY ABROAD PROGRAM

Additional Data

Software ID:

Software Version:

EIN: 04-2103558

Name: Trustees of the College of the Holy Cross

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)		29	Program Services	attend college abroad	3,416,602
East Asia and the Pacific			Program Services	attend college abroad	637,556

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
South America		3	Program Services	attend college abroad	421,340
Central America and the Caribbean			Program Services	attend college abroad	302,935

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
Russia and the Newly Independent States		2	Program Services	attend college abroad	53,133
South Asia			Program Services	attend college abroad	33,697

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
Central America and the Caribbean			Investments		168,923,354
Europe (Including Iceland and Greenland)			Program Services	SCHOLARSHIP	1,632,279

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
East Asia and the Pacific			Program Services	SCHOLARSHIP	422,250
South America			Program Services	SCHOLARSHIP	390,848

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
South Asia			Program Services	SCHOLARSHIP	40,250
Russia and the Newly Independent States			Program Services	SCHOLARSHIP	70,450

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
Central America and the Caribbean			Program Services	SCHOLARSHIP	46,250
Sub-Saharan Africa			Program Services	SCHOLARSHIP	100,941

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarship	Europe (Including Iceland and Greenland)	95			1,632,279	ACCT CREDIT	FMV
Scholarship	East Asia and the Pacific	16			422,250	ACCT CREDIT	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarship	South America	16			390,848	ACCT CREDIT	FMV
Scholarship	South Asia	5			40,250	ACCT CREDIT	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarship	Russia and the Newly Independent States	5			70,450	ACCT CREDIT	FMV
Scholarship	Central America and the Caribbean	3			46,250	ACCT CREDIT	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarship	Sub-Saharan Africa	4			100,941	ACCT CREDIT	FMV

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Marts Lundy Inc 160 Chubb Avenue Suite 303 Lyndhurst, NJ 07071	Professional services		No		137,135	-137,135
Carter Halliday Associates 107 South Street 5D Boston, MA 02111	Professional services		No		34,132	-34,132
Michael Grinley PO Box 611 Goshen, MA 01032	Professional services		No		17,958	-17,958
Ronald Joyce 39 Oakwood Drive Yarmouth, ME 04096	Consultant		No		17,473	-17,473
Give Campus Inc 903 G Street Washington, DC 20003	Professional services	Yes		3,615,409	181,965	3,433,444
Total			▶	3,615,409	388,663	3,226,746

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CA, MA, NH

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 NY Council (event type)	(b) Event #2 Football (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	333,308	87,967	118,253	539,528
	2 Less Contributions	242,808	58,312	39,856	340,976
	3 Gross income (line 1 minus line 2)	90,500	29,655	78,397	198,552
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	142,543	35,895	62,639	241,077
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				241,077
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-42,525

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
PART I LINE 2	FUNDRAISING PAYEES ARE PAID FOR CONSULTING SERVICES NOT DIRECTLY RELATED TO FUNDRAISING REVENUES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarship	1806		63,406,632	FMV	Account Credited
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I LINE 1	GRANTS PAID BY THE COLLEGE INCLUDE SUBAWARDS OF FEDERAL RESEARCH FUNDS AND SUPPORT OF CERTAIN CHARITABLE ORGANIZATIONS WITHIN THE WORCESTER AREA THESE GRANTS ARE CLOSELY TIED TO PROMOTING THE COLLEGE'S CHARITABLE AND EDUCATIONAL MISSION AND CONTRIBUTE TO THE ENRICHMENT OF THE GREATER WORCESTER AREA
PART I LINE 2	THE COLLEGE SUPPORTS A NEED BASED FINANCIAL AID POLICY THAT IS REPRESENTATIVE OF ITS ACADEMIC AND SPIRITUAL GOALS AS AN UNDERGRADUATE, JESUIT, LIBERAL ARTS COLLEGE THE COLLEGE WILL MEET THE FULL DEMONSTRATED NEED OF EACH STUDENT, AS CALCULATED ACCORDING TO NATIONALLY RECOGNIZED FINANCIAL AID CRITERIA ALL STUDENTS ARE ENCOURAGED TO APPLY REGARDLESS OF THEIR SOCIO-ECONOMIC BACKGROUND OVER 50% OF ALL STUDENTS ADMITTED RECEIVE SOME FORM OF FINANCIAL ASSISTANCE STUDENTS ARE REQUIRED TO MAINTAIN SATISFACTORY ACADEMIC PROGRESS TO RECEIVE AID

Additional Data

Software ID:
Software Version:
EIN: 04-2103558
Name: Trustees of the College of the Holy Cross

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rensselaer Polytechnic University 110 Eight Street Troy, NY 12180	14-1340095	501(c)3	16,681				Research
Town of West Boylston 127 Hartwell Street Suite 100 West Boylston, MA 01583	04-6001348	115	12,000				Library support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Worcester Regional Tourism and Visitors Corp 311 Main Street Suite 200 Worcester, MA 01608	04-1988780	115	10,000				Ice rink sponsorship
City of Worcester 455 Main Street Worcester, MA 01608	04-6001418	115	10,000				Summer programs

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Blackstone River Valley 1 Depot Square Woonsocket, RI 02895	27-3086245	501(c)3	25,000				Community visitor center

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I LINE 4B	THE COLLEGE HAS ESTABLISHED A VOLUNTARY EARLY RETIREMENT PROGRAM FOR TENURED FACULTY MEMBERS WHO HAVE COMPLETED FIFTEEN YEARS OF SERVICE AND ATTAINED THE AGE OF SIXTY-TWO ELIGIBLE FACULTY MEMBERS ARE ENTITLED TO A PERCENTAGE PAYOUT THAT DECREASES WITH AGE IN ADDITION, ELIGIBLE FACULTY MEMBERS ARE ABLE TO REMAIN ENROLLED IN THE COLLEGE'S AVAILABLE MEDICAL HEALTH PLANS JOHN CULL AND SUZANNE KIRSCHNER RETIRED IN AUGUST 2018 AND RECEIVED $165,285 AND $191,695, RESPECTIVELY IN OTHER REPORTABLE COMPENSATION AS PART OF THE COLLEGE'S EARLY RETIREMENT PROGRAM THERE ARE NO OTHER AMOUNTS TO BE PAID

Additional Data

Software ID:

Software Version:

EIN: 04-2103558

Name: Trustees of the College of the Holy Cross

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jane E Corr Chief of Staff & Secretary	(I)	161,449	0	20,118	18,987	1,960	202,514	0
	(II)	0	0	0	0	0	0	0
Elizabeth Dionne Dir&Asst Treas (until 3/2019)	(I)	192,820	0	821	21,792	31,617	247,050	0
	(II)	0	0	0	0	0	0	0
Dorothy A Hauver Vice President and Treasurer	(I)	313,767	0	45,096	30,432	73,281	462,576	0
	(II)	0	0	0	0	0	0	0
Timothy Jarry Chief Investment Officer	(I)	338,780	0	1,347	30,432	30,968	401,527	0
	(II)	0	0	0	0	0	0	0
Tracy Barlok Vice President for Advancement	(I)	318,003	0	54,087	30,432	18,961	421,483	0
	(II)	0	0	0	0	0	0	0
Margaret Freije Provost & Dean of the College	(I)	283,070	0	3,843	30,432	80,928	398,273	0
	(II)	0	0	0	0	0	0	0
Daniel Kim Vice President Communications	(I)	206,537	0	10,949	23,052	29,985	270,523	0
	(II)	0	0	0	0	0	0	0
Michele Murray Vice President Student Affairs	(I)	214,992	0	758	23,907	26,144	265,801	0
	(II)	0	0	0	0	0	0	0
Elizabeth Small General Counsel	(I)	228,719	0	1,468	25,632	27,779	283,598	0
	(II)	0	0	0	0	0	0	0
William Carmody Head Basketball Coach	(I)	378,693	0	7,598	30,432	36,318	453,041	0
	(II)	0	0	0	0	0	0	0
John Cull Professor	(I)	87,284	0	167,036	8,815	5,918	269,053	0
	(II)	0	0	0	0	0	0	0
Suzanne Kirschner Professor	(I)	58,421	0	192,499	5,842	31,399	288,161	0
	(II)	0	0	0	0	0	0	0
Nathan Pine Director of Athletics	(I)	277,984	25,000	1,204	30,432	18,333	352,953	0
	(II)	0	0	0	0	0	0	0
Frank Vellaccio Senior Vice President Emeritus	(I)	292,039	0	24,647	30,432	32,359	379,477	0
	(II)	0	0	0	0	0	0	0

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Massachusetts Development Finance Agency 2008A	04-3431814	57583RUZ6	05-08-2008	45,340,000	Refunding 2007A Issue		X		X		X
B	Massachusetts Development Finance Agency 2016A	04-3431814	57584XLE9	04-06-2016	42,545,003	Refund 2008B Issue & Construction		X		X		X
C	Massachusetts Development Finance Agency 2017A	04-3431814	57584XR60	06-06-2017	14,441,700	Refunding 2007B Issue		X		X		X
D	Massachusetts Development Finance Agency 2018A	04-3431814	57584YFT1	06-07-2018	24,144,512	Refunding 2008B Issue		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,695,000	0	1,910,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	45,340,000	42,545,003	14,441,700	24,144,512
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	181,594	476,785	208,409	311,467
8	Credit enhancement from proceeds	158,406	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	30,004,560	0	0
11	Other spent proceeds	45,000,000	12,063,658	14,233,291	23,883,045
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion		2018		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 910 %						
6	Total of lines 4 and 5		0 910 %						
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X			X		X
b	Exception to rebate?	X			X	X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	Bank of America LLC		0		0		0	
c	Term of hedge	2830 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
PART II LINE 11	THE OTHER SPENT PROCEEDS FROM THE MDFA 2008A WAS USED TO REFUND THE 2007A BOND ISSUE THE OTHER SPENT PROCEEDS FROM THE MDFA 2016A WAS USED TO REFUND THE 2008B BOND ISSUE THE OTHER SPENT PROCEEDS FROM THE MDFA 2017A WAS USED TO REFUND THE 2007B BOND ISSUE THE OTHER SPENT PROCEEDS FROM THE MDFA 2018A WAS USED TO REFUND THE 2008B BOND ISSUE

Return Reference	Explanation
PART III 3A AND B	THE COLLEGE HAS SERVICE CONTRACTS WITH AN ELEVATOR REPAIR COMPANY AS WELL AS CLEANING SERVICES FOR SOME PROPERTY THE ELEVATOR REPAIR CONTRACT AND THE CLEANING SERVICES CONTRACT BOTH MEET THE INCIDENTAL SERVICES EXCEPTION

Return Reference	Explanation
PART IV LINE 2C	FOR BOND ISSUES MDFA 2008A, MDFA 2017A AND MDFA 2018A, NO REBATE IS DUE AS THE REMAINING FUNDS ARE A "BONA FIDE DEBT SERVICE FUND" MEETING THE REQUIREMENTS TO BE EXEMPT FROM THE REBATE REQUIREMENTS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Student	Margaret Freije, Officer	3,600	Research fellowship	research fellowship

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kevin Blanchard	Ellen G Brackley, Officer	79,017	compensation to family member		No
(2) Jeffrey Barlok	Tracy Barlok, Key EE	59,036	compensation to family member		No
(3) AE Industrial Partners LP	Michael Greene, Officer	727,090	Investment Balance & Inv Fees		No
(4) REBECCA BLACKWELL	LORI BLACKWELL, OFFICER	45,905	compensation to family member		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV LINE 1	TRUSTEE MICHAEL GREENE IS MANAGING GENERAL PARTNER FOR AE INDUSTRIAL PARTNERS, LP THE COLLEGE HAS COMMITTED $10 MILLION TO AE INDUSTRIAL PARTNERS, LP WITH REMAINING CAPITAL TO BE CALLED OF $9 2 MILLION AT JUNE 30, 2019 THE COLLEGE'S INVESTMENT BALANCE WAS $655,090 AT JUNE 30, 2019, AND MANAGEMENT AND INCENTIVE FEES PAID BY THE COLLEGE FOR THE YEAR THEN ENDED WERE APPROXIMATELY $72,000 KEVIN BLANCHARD, AN EMPLOYEE OF THE COLLEGE IS RELATED TO AN OFFICER AND RECEIVED COMPENSATION AND BENEFITS FOR HIS SERVICES TOTALING $79,017 DURING FISCAL YEAR 2019 REBECCA BLACKWELL, AN EMPLOYEE OF THE COLLEGE IS RELATED TO AN OFFICER AND RECEIVED COMPENSATION AND BENEFITS FOR HER SERVICES TOTALING $45,905 DURING FISCAL YEAR 2019 JEFFREY BARLOK, AN EMPLOYEE OF THE COLLEGE IS RELATED TO A KEY EMPLOYEE AND RECEIVED COMPENSATION AND BENEFITS FOR HIS SERVICES TOTALING $59,036 DURING FISCAL YEAR 2019

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	116	2,283,623	AVG PRICE QUOTE
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				
15	Real estate—Residential				
16	Real estate—Commercial				
17	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 ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	4

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	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 contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I LINE 9	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE TO THE COLLEGE
PART I LINE 32A	THE COLLEGE USES A REGISTERED BROKER TO SELL SECURITIES THAT ARE GIFTED TO THE COLLEGE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE PRIMARY PROGRAM IS UNDERGRADUATE INSTRUCTION IN THE LIBERAL ARTS THAT LEADS TO A BACHELOR OF ARTS DEGREE THE CURRICULUM INCLUDES PROGRAMS IN THE ARTS, SCIENCES, SOCIAL SCIENCES AND HUMANITIES THE PROGRAM EMPHASIZES ACADEMIC BREADTH AND DEPTH SUPPORTED BY ESSENTIAL FOUNDATIONAL SKILLS, SUCH AS CRITICAL THINKING, CLEAR COMMUNICATION, AND CAREFUL ANALYSIS AND SYNTHESIS OF INFORMATION, THAT ARE RELEVANT IN EVERY LINE OF WORK AND STUDY OF THE 7,054 STUDENTS WHO APPLIED FOR THE FIRST-YEAR CLASS THAT ENROLLED IN FALL 2018 (FISCAL 2019), THIRTY-EIGHT PERCENT (OR 2,681) WERE ADMITTED AND 868 OPTED TO ENROLL THE ENTERING CLASS WAS EQUALLY BALANCED BETWEEN MEN AND WOMEN AND REPRESENTED STUDENTS FROM 35 STATES, TERRITORIES, THE DISTRICT OF COLUMBIA AS WELL AS 9 FOREIGN COUNTRIES FULL-TIME ENROLLMENT TOTALED 3,102 IN FALL 2018, WITH 698 STUDENTS GRADUATING DURING THE FISCAL YEAR, NEARLY ALL IN MAY 2019 APPROXIMATELY 22 PERCENT OF THE COLLEGE'S FULL-TIME ENROLLMENT CONSISTED OF ASIAN, AFRICAN-AMERICAN, HAWAIIAN, HISPANIC, OR NATIVE-AMERICAN STUDENTS AND AN ADDITIONAL 3 PERCENT WERE INTERNATIONAL STUDENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE COLLEGE'S EXECUTIVE COMMITTEE IS SUBORDINATE TO THE BOARD OF TRUSTEES HOWEVER, BETWEE N MEETINGS OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE HAS ALL THE POWERS AND DUTIES OF THE BOARD OF TRUSTEES EXCEPT TO APPROVE OR AUTHORIZE CHANGES IN THE ARTICLES OF INCORP ORATION OR BYLAWS, TO REMOVE OR ELECT OFFICERS OF THE CORPORATION OR THE PRESIDENT OF THE COLLEGE, TO EFFECT ANY MAJOR CHANGE IN THE NATURE OF THE OPERATIONS OF THE COLLEGE, TO AUT HORIZE ANY MORTGAGE OR ENCUMBRANCE ON ALL OR ANY SUBSTANTIAL PART OF THE PROPERTY OF THE C ORPORATION, OR TO CONFER HONORS OR DEGREES EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF THE BOARD OF TRUSTEES THE COMMITTEE FOR THE YEAR ENDED JUNE 30, 2019 INCLUDED, REV PHILIP L BOROUGHS, S J , HELEN W BOUCHER, M D , ANNE M FINK, REV JAMES G GARTLAND, S J , AND RICHARD H PATTERSON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES SUFFICIENTL Y IN ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY ALL M EMBERS OF THE COMMITTEE WITH MANAGEMENT AND THE COLLEGE'S TAX ADVISOR ALL QUESTIONS AND C ONCERNS OF THE AUDIT COMMITTEE MEMBERS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE AFTER THE AUDIT COMMITTEE REVIEW, ALL MEMBERS OF THE BOARD OF TRUSTEES ARE P ROVIDED WITH THE COMPLETED FORM 990 IN ADVANCE OF THE FILING DEADLINE VIA A DEDICATED COLL EGE WEBSITE ALL QUESTIONS AND CONCERNS OF THE MEMBERS OF THE BOARD OF TRUSTEES ARE ADDRES SED BY THE COLLEGE TREASURER AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE AFTER ALL INPUT FROM THE BOARD OF TRUSTEES AND THE AUDIT COMMITTEE HAS BEEN APPROPRIATELY ADDRESSED, THE TREASURER OF THE COLLEGE AUTHORIZES THE COLLEGE'S TAX ADVISOR TO FILE THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, TRUSTEES AND KEY EMPLOYEES ASSUME RESPONSIBILITY FOR CONSIDERING POSSIBLE CO NFLICTS OF INTEREST THAT ARISE DURING SERVICE WITH THE COLLEGE TO HELP OFFICERS, TRUSTEES , AND KEY EMPLOYEES IDENTIFY POSSIBLE CONFLICTS OF INTEREST, THE COLLEGE HAS DEVELOPED A D ISCLOSURE FORM THAT MUST BE COMPLETED AND UPDATED AT LEAST ANNUALLY DURING THE COURSE OF T HEIR SERVICE OFFICERS, TRUSTEES, AND KEY EMPLOYEES MUST ALSO DISCLOSE ANY CONFLICT OF INT EREST AS SOON AS THEY BECOME AWARE OF ANY CONFLICT THE COLLEGE'S GENERAL COUNSEL WILL REV IEW THE DISCLOSURES AND REPORT CONFLICTS OF INTEREST TO THE CHAIRMAN OF THE BOARD OF TRUST EES AND THE AUDIT COMMITTEE THE AUDIT COMMITTEE CONSIDERS THE BEST INTERESTS OF THE COLLE GE AND THE NATURE OF THE CONFLICT THE AUDIT COMMITTEE EVALUATES THE CIRCUMSTANCES OF THE ISSUE OR TRANSACTION TO ENSURE THAT IT IS REASONABLE AND THAT THEY HAVE CONSIDERED ANY POT ENTIAL IMPLICATIONS OF ENTERING INTO A TRANSACTION OR DECIDING AN ISSUE WHERE A CONFLICT E XISTS THE AUDIT COMMITTEE MAY CONSIDER WHETHER ADVICE FROM LEGAL COUNSEL OR OTHER INDEPEN DENT ADVISORS IS NECESSARY IN PARTICULAR INSTANCES THE AUDIT COMMITTEE WILL DELIBERATE ON THE REPORTED CONFLICT AND VOTE TO MAKE ONE OF TWO DETERMINATIONS THAT NO MATERIAL CONFLI CT OF INTEREST EXISTS AND NO ACTION IS NECESSARY OR THAT A MATERIAL CONFLICT OF INTEREST D OES EXIST AND DETERMINE HOW TO ADDRESS THE IDENTIFIED CONFLICT THESE FINDINGS WILL BE COM MUNICATED TO THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE BOARD MEETING MINUTES SHALL REF LECT THE NATURE OF THE CONFLICT AND THE AUDIT COMMITTEE'S DETERMINATION WITH RESPECT TO TH E SPECIFIC PROCEDURES THE MEMBER WILL FOLLOW REGARDING THE ISSUE OR TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A AND B	THE BYLAWS (ARTICLE 2, SECTION 6) OF THE COLLEGE ESTABLISH THAT THE BOARD OF TRUSTEES HAS THE AUTHORITY TO HIRE, EMPLOY, AND SET THE REMUNERATION OF THE PRESIDENT AND OFFICERS OF T HE CORPORATION THE EXECUTIVE COMMITTEE, AN INDEPENDENT AUTHORIZED BODY OF THE BOARD OF TR USTEES, HAS BEEN ASSIGNED THE RESPONSIBILITY FOR EVALUATING COMPENSATION REASONABLENESS FO R ALL OFFICERS AND HIGHLY PAID EMPLOYEES THE EXECUTIVE COMMITTEE IS COMPOSED OF FIVE TO S IX MEMBERS AND INCLUDES THE PRESIDENT WHO IS EX-OFFICIO CHAIR AND A MEMBER OF THE COMMITTE E THE EXECUTIVE COMMITTEE REVIEWS THE ENTIRE COMPENSATION PACKAGE INCLUDING BENEFITS BY A SSESSING THE NATURE AND SCOPE OF EACH POSITION, ASSESSING THE INDIVIDUALS HOLDING EACH POS ITION INCLUDING THEIR UNIQUE BACKGROUND, EXPERIENCE, PERSONAL SKILLS, PERFORMANCE AND BY O BTAINING APPROPRIATE AND COMPARABLE COMPENSATION MARKET DATA FROM SIMILARLY SITUATED ORGAN IZATIONS, BOTH FOR-PROFIT AND TAX EXEMPT FOR FUNCTIONALLY COMPARABLE POSITIONS INCLUDING C OMPARATIVE DATA FROM OTHER COLLEGES AND UNIVERSITIES, MARKET SURVEYS AND INDEPENDENT COMPE NSATION SURVEYS BY NATIONALLY RECOGNIZED INDEPENDENT FIRMS IN ADDITION, THE EXECUTIVE COM MITTEE RETAINS AN INDEPENDENT COMPENSATION CONSULTANT ANNUALLY, TO REVIEW EXECUTIVE COMPEN SATION THE EXECUTIVE COMMITTEE DELIBERATES THE INFORMATION PROVIDED AND RELATIVE CONTRIBU TION OF EACH INDIVIDUAL BEFORE VOTING ON A COMPENSATION PACKAGE COMPENSATION FOR THE PRES IDENT, A MEMBER OF THE SOCIETY OF JESUS, IS PAID DIRECTLY TO HIS ORDER RECORDS OF THE EXE CUTIVE COMMITTEE ARE ADEQUATELY DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS, ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE UPON REQUEST THE COLLEGE'S FI NANCIAL STATEMENTS ARE POSTED ON THE COLLEGE WEBSITE UNDER THE OFFICE OF THE CONTROLLER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 11	ON THE FORM 990, THE COLLEGE INCLUDES IN THE CATEGORY OF PUBLICLY TRADED SECURITIES CERTAI N INVESTMENTS VALUED USING NET ASSET VALUE AS THE PRACTICAL EXPEDIENT WHEN THE UNDERLYING INVESTMENTS ARE PUBLICLY TRADED THESE ASSETS MAY BE HELD IN PRIVATE EQUITY FUNDS OR OTHER SIMILAR VEHICLES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Lines 27, 28, and 29	THE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT -FOR-PROFIT ENTITIES AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR REST RICTIONS FOR PURPOSES OF FORM 990, PART X, LINES 27, 28, AND 29, THE COLLEGE HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTIONS AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONO R RESTRICTIONS AS PERMANENTLY RESTRICTED NET ASSETS AND TEMPORARILY RESTRICTED NET ASSETS, RESPECTIVELY FORM 990, PART XI, LINE 9 POST RETIREMENT BENEFIT CHANGES $ (8,887,266) CHA NGE IN INTEREST RATE SWAP AGREEMENT $ (1,850,762) ---------- TOTAL $(10,738,028)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Trustees of the College of the Holy Cross

Employer identification number
04-2103558

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Quinsigamond Village LLC One College Street Worcester, MA 01610 46-4605316	Real estate	MA		1,190,000	Holy Cross

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Alchemy Plan (Crusader) LP TRAFALGAR COURT LES BANQUES GY1 3QL GK 90-0401997	Investing	GK	NA		2,016,555		Yes		0		No	99 500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Charitable remainder trusts (8) One College Street Worcester, MA 01610	CHAR REMAINDE	MA	NA	Trust					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Alchemy Plan LP	s	610,996	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation