DLN: 93493126019600 OMB No. 1545-0047

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.

Inspection

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Department of the

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 Name of organization STONEHILL COLLEGE INC D Employer identification number B Check if applicable: ☐ Address change 04-2104229 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 320 WASHINGTON STREET ☐ Amended return □ Application pending (508) 565-1345 City or town, state or province, country, and ZIP or foreign postal code EASTON, MA 02357 **G** Gross receipts \$ 171,981,753 Name and address of principal officer: **H(a)** Is this a group return for REV JOHN DENNING CSC ☐Yes **☑**No subordinates? 320 WASHINGTON STREET H(b) Are all subordinates EASTON, MA 02357 ☐ Yes ☐No included? Tax-exempt status: **☑** 501(c)(3) **☐** 501(c)() **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.STONEHILL.EDU L Year of formation: 1934 M State of legal domicile: K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: STONEHILL COLLEGE, A CATHOLIC INSTITUTION OF HIGHER LEARNING FOUNDED BY THE CONGREGATION OF THE HOLY CROSS, IS A COMMUNITY OF SCHOLARSHIP AND FAITH, ANCHORED BY A BELIEF IN THE INHERENT DIGNITY OF EACH PERSON. THROUGH ITS CURRICULUM OF LIBERAL ARTS AND SCIENCES AND PRE-PROFESSIONAL PROGRAMS, STONEHILL COLLEGE PROVIDES AN EDUCATION OF THE HIGHEST CALIBER THAT FOSTERS CRITICAL THINKING, FREE INQUIRY AND THE INTERCHANGE OF IDEAS. STONEHILL COLLEGE EDUCATES THE WHOLE PERSON SO THAT EACH STONEHILL GRADUATE THINKS, ACTS, AND LEADS WITH COURAGE TOWARD THE Activities & Governance CREATION OF A MORE JUST AND COMPASSIONATE WORLD. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . 35 34 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 1,772 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 670 7a Total unrelated business revenue from Part VIII, column (C), line 12 . -229,461 **b** Net unrelated business taxable income from Form 990-T, line 34 . 7h **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 9,880,428 13,788,140 Program service revenue (Part VIII, line 2g) . 141,041,864 147,933,844 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12.097.691 1,203,521 -47,592 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -33,370 162,986,613 162,877,913 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,747,001 54,778,774 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 57,773,940 57,887,922 Expenses 14,282 35,642 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) \triangleright 2,501,279 40,120,096 45,177,659 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 150,655,319 157,879,997 19 Revenue less expenses. Subtract line 18 from line 12 . 12.331.294 4,997,916 Assets or d Balances Beginning of Current Year **End of Year** 404,586,220 435,689,104 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 128,623,972 110,466,185 307,065,132 Net assets or fund balances. Subtract line 21 from line 20 . 294,120,035 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-04-24 Signature of officer

Paid Preparer

Use Only

Sign Here

Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check \square if P01342395 self-employed Firm's name ► CBIZ MHM LLC Firm's EIN ▶ 26-3753134 Firm's address ► 500 BOYLSTON STREET Phone no. (617) 761-0600 BOSTON, MA 02116 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

JEANNE FINLAYSON VP FINANCE & TREASURER

Form	990 (2	018)				Page 2							
Pa	rt III	Statement of Program S	ervice Accomplis	hments									
		Check if Schedule O contains a	response or note to a	any line in this Part III .		🗹							
1	Briefly	describe the organization's mis		•									
OF S ARTS OST	CHOLAF AND S ERS CR	RSHIP AND FAITH, ANCHORED I CIENCES AND PRE-PROFESSIO LITICAL THINKING, FREE INQUI	BY A BELIEF IN THE IN NAL PROGRAMS, STON RY AND THE INTERCH	IHERENT DIGNITY OF E NEHILL COLLEGE PROVI ANGE OF IDEAS. STONI	HE CONGREGATION OF THE HOLY ACH PERSON. THROUGH ITS CUI DES AN EDUCATION OF THE HIG EHILL COLLEGE EDUCATES THE Y CREATION OF A MORE JUST ANI	RRICULUM OF LIBERAL SHEST CALIBER THAT WHOLE PERSON SO THAT							
2	Did th	e organization undertake any si	anificant program ser	vices during the vear w	hich were not listed on								
		ior Form 990 or 990-EZ?		- ,		☐ Yes ☑ No							
	If "Yes," describe these new services on Schedule O.												
3		e organization cease conducting		changes in how it condu	ucts, any program								
	servic	es?				☐ Yes 🗹 No							
	If "Yes	s," describe these changes on S	chedule O.										
4	Sectio		nizations are required	to report the amount of	largest program services, as mea of grants and allocations to others								
4a	(Code:) (Expenses	\$ 140,972,706	including grants of \$	54,778,774) (Revenue \$	147,933,844)							
	See Ad	lditional Data											
4b	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)							
4c	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)							
4d	Other	program services (Describe in s	Schedule O.)										
	(Expe	nses \$	including grants of	<u> </u>) (Revenue \$)							
4e	Total	program service expenses ▶	140,972,7	06									

Pai	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?			No
7	If "Yes," complete Schedule D, Part I 2	6		
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No ——
_	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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	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	
	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	
С	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 2	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 2	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 2	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		No
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		No
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?			
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	20b 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	
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Part	Checklist of Required Schedules (continued)			
			Yes	No
	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	
	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
	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
	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
	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
	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
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	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	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	
,	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
,	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
3	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	
⊃art	·			
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 397			

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Yes

	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No

3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	6a		No

If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
If "Yes," indicate the number of Forms 8282 filed during the year			
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

10a

10b

11a

11b

12b

13b

13c

Nο

No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders . .

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

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

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

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

01111	556 (2020)			rage
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" resp	onse to	lines
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	If there are material differences in voting rights among members of the governing	1		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
D	1b			
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	Yes	
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	Yes	
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	$ \ \text{Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:}$			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 0 Code	2 \	No
36	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e coue	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		V	
h	form?	11a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	124	165	
b	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
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		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► MA , CA			
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: ▶JEANNE M FINLAYSON 320 WASHINGTON STREET EASTON, MA 02357 (508) 565-1337			

Form 990 (2	2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			\square
Section	A. Officers, Directors, Tru	stees, Key E	mploy	rees	, an	d F	lighe	st C	Compensated En	nployees	
1a Complete year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	tion	for th	е са	lendar year ending	with or within the o	rganization's tax
List all	of the organization's current off ation. Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
• List all o	of the organization's current key	employees, if	any. Se	e inst	ructi	ons	for de	finit	ion of "key employe	e."	
who receive	organization's five current high d reportable compensation (Box and any related organizations.)
	of the organization's former office e compensation from the organiz							ed e	employees who rece	ived more than \$10	0,000
	of the organization's former dire n, more than \$10,000 of reportab										e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, un off tor/t	t che inles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table										
-											

Form 990 (2018)														Page 8
Part VII Section A. Officers, Direct		, Key	Emp			, and	High					(cont	•	_
(A) Name and Title	hours per than week (list any hours		one b	ox, i an of tor/t	ot che unles fficer trust	neck mo ess pers er and a etee)	rson a	Repe comp fro organiz	pensation com om the fro zation (W- organ		(E) Reportable compensation from related ganizations (W-		Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee		2/109	99-MISC)	2/10	99-MISC		organizat relat organiz	:ed
See Additional Data Table		-	\vdash	\vdash	+	-	+					+		
				\vdash	\dagger		\parallel							
					$oxed{\Box}$									
	<u> </u>	<u> </u>	igspace	\perp	\downarrow	<u> </u>	<u> </u>	<u> </u>						
	<u> </u>	<u> </u>			\downarrow		<u> '</u>					_		
			\vdash	\vdash	\vdash	_	<u> </u>	-				+		
		 	 	\vdash	+	_	+	-				+		
	+		\vdash	+	+	_	+	 				+		
1b Sub-Total			<u> </u>	<u>. </u>	<u>.</u>	<u> </u>	<u></u>				-	\top		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)						> _		2,	,606,903	_	_	0	_	641,566
Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece	eived mo	ore than \$	5100,000				
3 Did the organization list any former line 1a? If "Yes," complete Schedule 3			tee, k	•		oyee,	or hi	ghest co	mpensate	ed employe	e on	3	Yes Yes	No
4 For any individual listed on line 1a, is organization and related organization individual	s the sum of repo	ortable (comp	oensa	ation	n and c comple:	other te Sc	compen	nsation fro I for such	om the		4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization						,		_		dividual fo		5	100	No
Section B. Independent Contract			_	_	<u> </u>		<u> </u>						<u> </u>	
Complete this table for your five high from the organization. Report comper	ensation for the c									on's tax y		mpens		
	(A) and business addre	ess								(B) scription of	services		Compe	nsation
BOND BROTHERS INC 145 SPRING STREET								ا	CONSTRU	CTION			27	,345,339
EVERETT, MA 02149 SODEXO INC & AFFILIATES				_					FOOD SEF	RVICES			7	,094,589
C/O DINING SERVICES 320 WASHINGTON NORTH EASTON, MA 02357														
CONGREGATION OF HOLY CROSS US PROVINC PO BOX 774			_						ADMIN & SERVICES	INSTRUCTIC	NAL		1	,082,568
NOTRE DAME, IN 46556 JH EGGER CO INC					—				CONSTRU	CTION				851,777
48 EAST AVENUE MARION, MA 02738									CONSTRU	CTION				222 000
NET SPORTS GROUP 15 LUND ROAD SACO, ME 040721806									CONSTRU	CHON				838,000
2 Total number of independent contractor compensation from the organization		: not lim	ited t	to th	nose	listed	abo	/e) who r	received i	more than	\$100,00	00 of		
.*													Form 99	0 (2040)

Part	VI		atement of											
		Cł	eck if Schedu	le O contains a	a respo	onse or r	ote to any	(/	nis Part VIII A) evenue	Rel e: fu	(B) ated or xempt inction	Ur bı	(C) nrelated usiness evenue	(D) Revenue excluded from tax under sections 512 - 514
10	1	a Fede	rated campaig	ıns	1 a					16	venue			312 - 314
unts		b Mem	bership dues		1 b									
Gra mo		c Fund	raising events		1 c		213,837							
fts, ⊑A		d Relat	ed organizatio	ons	1d									
niga Gir		e Gover	nment grants (c	ontributions)	1e		1,229,464							
Sin			ner contributions milar amounts r											
Contributions, Gifts, Grants and Other Similar Amounts		above g Nonc	ash contributi	ons included	1f		2,344,839							
ng n			es 1a - 1f:\$ _ L Add lines 1a	-1f		262,956								
<u> </u>	_	II TOTA	. Add lilles Ta	-11	•		Business		13,788,140					
Ж	2	a TUITIO	N AND FEES				business		108,	164,467	108,164	1,467		
eVe _t			ARY SERVICES					900099	34,	318,631	34,318	3,631		
50			EDUCATIONAL S	SERVICES				900099	5,	450,746	5,450	0,746		
ervic		_						900099						
S.	1	d ——												
Program Service Revenue	1	F All oth	er program se	ervice revenue										
Æ	ç	Total.	Add lines 2a–2	2f		>	147,9	33,844						
	3	Investn	nent income (i	including divid	ends, i	interest,	and other		705.00	_			222.464	224.046
			imounts) .	ont of tax axe		and proc	ands >		705,38	5			-229,461	934,846
		4 Income from investment of tax-exe 5 Royalties												
		•		(i) Real			Personal			+				
	6	a Gross	rents											
		b Less: r	ental expenses					-						
		- Pontal	income or											
		(loss)	ilicorne oi											
		d Net re	ental income o	or (loss)										
	7	a Gross a	mount	(i) Securit	ies	(ii)	Other							
		from sa assets	les of	9,4	21,413									
		than inventory												
			pasis and	8,3	77,208		546,069							
		sales e C Gain o	expenses r (loss)	1,0	44,205		-546,069							
							>	1	498,13	6				498,136
	8			undraising eve 213,837										
Other Revenue		contrib	outions reporte	ed on line 1c).		ļ								
eve							132,971 180,563							
ř Œ			direct expense come or (loss)	from fundrais	b sing ev	ents .		J	-47,59	2				-47,592
the		a Gross	income from g	gaming activiti										
O		See Pa	art IV, line 19		а	 								
		b Less: (direct expense	es	b									
		c Net in	come or (loss)	from gaming	activit	ies .	. •							
	10		sales of inven s and allowand											
					а									
			cost of goods		b									
			come or (loss) Miscellaneous	from sales of	invent		. ▶ ess Code			+				
	1	1a	Thiseenaneous	revenue		Busin								
		b								1				
		с												
			er revenue .											
				a-11d			•			1				
	1	∠ Total	r evenue. See	Instructions.	• •		• •		162,877,91	3	147,933,844		-229,461	1,385,390
														Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comp	lete column (A).	
Check if Schedule O contains a response or note to any	_	·		\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	93,456	93,456	general expenses	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	54,685,318	54,685,318		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,876,159	792,724	792,724	290,711
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	43,125,320	36,645,873	5,327,180	1,152,267
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,631,397	3,021,110	493,846	116,441
9 Other employee benefits	6,035,526	5,021,204	820,792	193,530
10 Payroll taxes	3,219,520	2,678,452	437,834	103,234
11 Fees for services (non-employees):				
a Management				
b Legal	112,550		112,550	
c Accounting	131,255		131,255	
d Lobbying	·		·	
e Professional fundraising services. See Part IV, line 17	35,642			35,642
f Investment management fees	1,005,327		1,005,327	
g Other (If line 11g amount exceeds 10% of line 25, column	2,792,073	2,116,566	633,950	41,557
(A) amount, list line 11g expenses on Schedule O)	880,670	705,658	174,408	604
12 Advertising and promotion				
13 Office expenses	892,273	545,669	227,052	119,552
14 Information technology	2,703,680	1,351,840	1,351,840	
15 Royalties				
16 Occupancy	7,769,574	6,985,933	783,641	
17 Travel	2,220,318	1,800,804	280,864	138,650
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	2,424,659	2,349,395	75,264	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,087,681	6,327,140	760,541	
23 Insurance	715,755	715,755		
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 DINING SERVICES	5,445,054	5,415,040	23,793	6,221
b STUDY ABROAD & INTERNSH	2,967,545	2,967,545		
c FOOD/EVENT CATERING	2,130,059	1,830,186	178,097	121,776
d EQUIPMENT RENTAL AND MA	1,304,286	909,871	367,296	27,119
e All other expenses	4,594,900	4,013,167	427,758	153,975
25 Total functional expenses. Add lines 1 through 24e	157,879,997	140,972,706	14,406,012	2,501,279
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).

Forn	990	(2018)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			20,691,688	1	17,925,565
	2	Savings and temporary cash investments .		[2,436,485	2	1,589,915
	3	Pledges and grants receivable, net			10,969,853	3	15,100,144
	4	Accounts receivable, net			566,237	4	864,415
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated en	nployees. Complete		5	
vs.	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 itions c (see in	(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
ete	7	Notes and loans receivable, net			826,226	7	523,332
Assets	8	Inventories for sale or use			40,136	8	74,493
Q	9	Prepaid expenses and deferred charges			641,846	9	709,634
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	289,238,115			
	ь	Less: accumulated depreciation	10 b	110,465,301	154,069,047	10 c	178,772,814
	11	Investments—publicly traded securities .			28,444,024	11	28,280,361
	12	Investments—other securities. See Part IV, line	11 .		183,491,937	12	189,519,827
	13	Investments—program-related. See Part IV, line	11.			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		[2,408,741	15	2,328,604
	16	Total assets. Add lines 1 through 15 (must equ	ıal line	34)	404,586,220	16	435,689,104
	17	Accounts payable and accrued expenses			5,238,600	17	3,862,520
	18	Grants payable				18	
	19	Deferred revenue			1,515,432	19	1,455,480
	20	Tax-exempt bond liabilities			88,523,745	20	106,806,027
Ś	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	

Liabilitie persons. Complete Part II of Schedule L . 22 1,188,015 599,308 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . 24 24 Other liabilities (including federal income tax, payables to related third parties, 14,000,393 25 15.900.637 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 110.466.185 128.623.972 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Assets or Fund Balances

214.372.249

38,979,044

40.768.742

294,120,035

404,586,220

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29

30

31 32

33

34

217,724,761

46,515,750

42,824,621

307,065,132

435,689,104

Form **990** (2018)

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

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

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

27

28

29

30

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Net .

3a

3b

Yes

Yes (2018)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 04-2104229

Name: STONEHILL COLLEGE INC

Form 990 (2018)

Form 990, Part III, Line 4a: STONEHILL IS A SELECTIVE CATHOLIC COLLEGE LOCATED NEAR BOSTON ON A BEAUTIFUL 384 ACRE CAMPUS IN EASTON. MASSACHUSETTS, WITH A STUDENT: FACULTY RATIO OF 12:1, THE COLLEGE ENGAGES 2,486 STUDENTS IN 80+ RIGOROUS ACADEMIC PROGRAMS IN THE LIBERAL ARTS, SCIENCES, AND PRE-PROFESSIONAL FIELDS. THE COLLEGE ALSO OFFERS MASTERS PROGRAMS IN INTEGRATED MARKETING COMMUNICATIONS AND SPECIAL EDUCATION. THE STONEHILL COMMUNITY HELPS STUDENTS TO DEVELOP THE KNOWLEDGE, SKILLS, AND CHARACTER TO MEET THEIR PROFESSIONAL GOALS AND TO LIVE LIVES OF PURPOSE AND INTEGRITY.

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

and Independent Contractors

SAMUEL E NAVARRO

......

......

BOARD MEMBER

THOMAS J MAY

BOARD MEMBER

BOARD MEMBER

JEAN M RAYMOND

BOARD MEMBER

ROBERT F RIVERS

BOARD MEMBER

REV HUGH R PAGE JR PHD

	any hours		a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
REV JOHN DENNING CSC	35.00	Х		x				0	0	30,434
PRESIDENT	0.00							0	0	30,434
REV CHARLES MCCOY CSC	1.00	x						0	0	0
BOARD MEMBER	0.00								9	
SHERILYN MCCOY	1.00	x							0	0
BOARD MEMBER	0.00							0	U	U
LEO J MEEHAN III	1.00								0	0

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	0.00					
SHERILYN MCCOY	1.00	>				
BOARD MEMBER	0.00	^			l "	
LEO J MEEHAN III	1.00					
BOARD MEMBER	0.00	Х			0	
MARSHA A MOSES	1.00					
BOARD MEMBER	0.00	Х			0	

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

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
REV JOHN J RYAN CSC	1.00	Х						0	0	0
BOARD MEMBER	0.00									
THOMAS A SHIELDS BOARD MEMBER	0.00	Х						0	0	0
REV PETER J WALSH CSC BOARD MEMBER	1.00	х						0	0	0
PATRICIA M MCCARTAN PRUE BOARD MEMBER	1.00	Х						0	0	0

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REV THOMAS LOONEY CSC

BOARD MEMBER

BOARD MEMBER

VICKI C BALSAMO

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

DANIEL J COUGHLIN

......

REV E WILLIAM BEAUCHAMP CSC

REV PETER A JARRET CSC

KATHLEEN MILLER

and Independent Contractors

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

	any nours		a un	ecto		ustee)	1	Organization	organizations	Irom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DANIEL P DEVASTO	1.00	Х						0	0	0
BOARD MEMBER	0.00							-	-	
BRIAN F DOHERTY BOARD MEMBER	0.00	Х						0	0	0
REV ROBERT DOWD CSC BOARD MEMBER	1.00	х						0	0	0
PATRICK D BURKE BOARD MEMBER	0.00	Χ						0	0	0

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M ELIZABETH FINI BOARD MEMBER

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BRIAN J GAFFNEY

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

PATRICK W GRIFFIN

ELIZABETH G HAYDEN

MICHAEL W HERLIHY

REV ANTHONY R GRASSO CSC

and Independent Contractors

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

	Commelate	d d	u un	CCCC		ascee,	'	(14/ 2/1000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN E DREW	1.00									
	•••••	X						0	0	0
BOARD MEMBER	0.00									
BROS THOMAS GIUMENTA CSC	1.00									
BOARD MEMBER	0.00	X						0	0	0
REV WILLIAM M LEES CSC	1.00									
BOARD MEMBER	•••••	X						0	0	0
BOARD MEMBER	0.00									
REV PETE MCCORMICK CSC	1.00									
BOARD MEMBER	0.00	Х						0	0	0
JARD MEMBER				-	_	1				

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79,668

88,226

44,870

52,258

43,903

257,992

165,193

234,790

211,299

163,549

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JAMES KEITH MOTLEY BOARD MEMBER

JEANNE M FINLAYSON

THOMAS V FLYNN

JOSEPH FAVAZZA

FRANCIS DILLON

VP FOR ADVANCEMENT

PAULINE DOBROWSKI

VP FOR STUDENT AFFAIRS

VP FOR FINANCE & TREASURER

......

PROVOST/VP OF ACADEMIC AFFAIRS

CLERK/GENERAL COUNSEL

and Independent Contractors

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

and Independent Contractors

JENNIFER SWANSON

FACULTY - PROFESSOR

CATHERINE CAPOLUPO

FORMER VP FOR ENROLLMENT/MARKETING

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CRAIG BINNEY	35.00				×			184,910	0	47,226
ASSOC. VP OF FINANCE	0.00							101,510		17,223
DEBRA SALVUCII DEAN FOR THE SCHOOL OF BUSINESS	35.00				х			180,620	0	29,530
PETER N UBERTACCIO DEAN FOR THE SCHOOL ARTS & SCIENCES	35.00				Х			173,876	0	33,471

	0.00					
DEBRA SALVUCII	35.00					
DEAN FOR THE SCHOOL OF BUSINESS	0.00		Х		180,620	
PETER N UBERTACCIO	35.00		х		173,876	
DEAN FOR THE SCHOOL ARTS & SCIENCES	0.00		^		173,870	
TAMARA ANDERSON	35.00					
	•••••			Х	161,733	

DEAN FOR THE SCHOOL OF BUSINESS	0.00						
PETER N UBERTACCIO	35.00						
DEAN FOR THE SCHOOL ARTS & SCIENCES	0.00		Х		173,876	0	
TAMARA ANDERSON	35.00			,,	464 700		
CHIEF INFORMATION OFFICER	0.00			X	161,733	U	
ROBERT ROSENTHAL	35.00						

DEAN FOR THE SCHOOL ARTS & SCIENCES	0.00		Х		173,876	0	33,471
TAMARA ANDERSON	35.00			v	161,733	0	46,989
CHIEF INFORMATION OFFICER	0.00			^	101,733	0	40,909
ROBERT ROSENTHAL	35.00			v	169,416	0	29,907
FACULTY - PROFESSOR	0.00			^	109,410	0	29,907
MARIA CURTIN	35.00						

	0.00						
ROBERT ROSENTHAL	35.00						
				Ιx	169,416	o	29,907
FACULTY - PROFESSOR	0.00						
MARIA CURTIN	35.00						
				l x	161.841	0	43 <i>.</i> 077
DEAN OF FACULTY	0.00						
	25.00						

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Χ

165,560

215,134

30,933

14,567

26,507

0

0

FACULTY - PROFESSOR	0.00				,		
MARIA CURTIN	35.00			×	161,841	0	
DEAN OF FACULTY	0.00			^	101,041	0	
JOHN SCHATZEL	35.00						

MARIA CURTIN	35.00			_	161.841		l
DEAN OF FACULTY	0.00			^	101,841		
IOHN SCHATZEL	35.00			V	160,000		
FACULTY - PROFESSOR	0.00			^	160,990	١	l

0.00 35.00

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riie Gi	KAPHIC Pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493126019600
CHEI Form 9	DULE A		Charity Statu				OMB No. 1545-0047
00EZ)	70 01	Complete if the oi	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form!	mpt charitable	trust.	a section	2018
	of the Treasury	► Go to	www.irs.gov/Form9	990 for the late	st information		Open to Public Inspection
me of	the organiza COLLEGE INC	tion				Employer identific	ation number
	B	to Dublic Charity Chat	(All ausasination		La 16:a aa.d \ C	04-2104229	
art I organ		for Public Charity State a private foundation because				see instructions.	
	A church, c	onvention of churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
✓	A school de	scribed in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
	A hospital o	or a cooperative hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
	A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
		ition operated for the benefit (iv). (Complete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
	A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
		ation that normally receives a $O(b)(1)(A)(vi)$. (Complete		s support from a	governmental u	ınit or from the gener	al public described ir
	A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
		ural research organization de ant college of agriculture. Se					ege or university or
	from activit investment	ation that normally receives: ies related to its exempt fun income and unrelated busin iee section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	upport from gross
		ation organized and operated		r public safety. S	ee section 509	(a)(4).	
	more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
	Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
	manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the san				
		unctionally integrated. A s					ated with, its
	Type III n functionally	organization(s) (see instructi on-functionally integrated integrated. The organization (). You must complete Par	d. A supporting organi n generally must satis	zation operated fy a distribution	in connection wi	th its supported organ	
	Check this	box if the organization received or Type III non-functionally	ved a written determir	ation from the II		pe I, Type II, Type II	I functionally
Ente		of supported organizations		-		<u> </u>	
		ing information about the su					
organization organization in your governing document? monetar		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)				
				Yes	No		
tal							
	rwork Reduc	tion Act Notice, see the Ir	nstructions for	Cat. No. 11285	F :	Schedule A (Form 9	90 or 990-EZ) 201

Scł	nedule A (Form 990 or 990-EZ) 2018						Page 2
	Part II Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						y under Part
	III. If the organization f	ails to qualify un	der the tests list	ed below, pleas	e complete Part	III.)	
	Section A. Public Support			1			
	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	5,386,864	5,548,235	20,490,384	9,880,428	13,788,140	55,094,051
_	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_	The control of continuous facilities						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,386,864	5,548,235	20,490,384	9,880,428	13,788,140	55,094,051
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						9,082,445
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						46.011.606
	from line 4.						46,011,606
	Section B. Total Support	T			1		
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) ⊤otal
7		5,386,864	5,548,235	20,490,384	9,880,428	13,788,140	55,094,051
8		, ,	, ,	, ,		, ,	
	dividends, payments received on	3,839,820	3,456,957	2,929,429	328,240	705,385	11,259,831
	securities loans, rents, royalties and income from similar sources		,,,,,,,,	_,,	,		,,
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10		154,431	121,031	84,470	76,566	132,971	569,469
	or loss from the sale of capital assets (Explain in Part VI.)	154,451	121,031	04,470	70,300	132,971	309,409
11							66,923,351
	10						
12		•	•			12	675,979,925
13	First five years. If the Form 990 is for	-			•		nization,
	check this box and stop here					▶ ⊔	
	Section C. Computation of Publi		_				
	Public support percentage for 2018 (li					14	68.750 %
	Public support percentage for 2017 Sc					15	60.360 %
16	a 33 1/3% support test—2018. If the						
	and stop here. The organization qual						
- 1	33 1/3% support test—2017. If the	-		·		•	
	box and stop here. The organization	n qualifies as a pub	licly supported org	anization			. ▶ 🗆
17	a 10%-facts-and-circumstances tes						
	is 10% or more, and if the organization in Part VI how the organization meets						
	organization				•	,	▶□
	10%-facts-and-circumstances te						🟲 🗀
'	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization			-			
	supported organization						▶ 🗆
18	Private foundation. If the organization						_
	instructions						▶ ⊔

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	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						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(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. Add lines 10a and 10b.						
С 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	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

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

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

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

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

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

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

9b

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

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

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

answer line 10b below. 10a 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

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<u> </u>		
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 c		
S	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	2		
	organization.	-		ĺ
S	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		<u> </u>	
	,,, = === ==,,, ======================		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		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

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

Page **6**

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract 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.

Additional Data

Software ID: Software Version:

EIN: 04-2104229

Name: STONEHILL COLLEGE INC

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).

instructions).

Facts And Circumstances Test

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

Political Campaign and Lobbying Activities

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

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

DLN: 93493126019600

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

Inspection

f the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities' Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not cor Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do n f the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-						
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do n						
i me organization answered i ves i on Form 990. Part IV. Line 5 (ProxVII ax) (see separate instructions) or Form 990-						
Proxy Tax) (see separate instructions), then	, ,					
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.						
Name of the organization Employer ident STONEHILL COLLEGE INC	tification number					
04-2104229						
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization	 ation.					
Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions fo "political campaign activities")						
2 Political campaign activity expenditures (see instructions)	\$					
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	\$					
	\$					
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).						
	\$					
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	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						
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	s 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	(e) Amount of political					
filing organization's	contributions received					
funds. If none, enter	and promptly and					
-0	directly delivered to a separate political					
	organization. If none,					
	enter -0					
,						
·						
2						
2 3						
2 3 4						
2 3 4 5						

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,	
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.				
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures	,		a) Filing anization's totals	(b) Affiliated group totals	
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	ı)				
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)					
c	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1c a	and 1d)					
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.							
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:				
	Not over \$500,000	20% of the amount on line	e 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.			
	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 6	excess over \$1,500,0	00.			
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% of line	1f)					
h	Subtract line 1g from line 1a. If zero or less, enter	r -0					
i	Subtract line 1f from line 1c. If zero or less, enter	-0					
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No	
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not ha	ave to comple		five	
	Lobbying Ex	penditures During 4	-Year Averagiı	ng Period	T		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						

or 0	reach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(<u>a</u>)			(b)	
ctiv	•	ough It below, provide in Part IV a detailed description of the lobbying	Yes	No		Amou	ınt
L		panization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			No			
b	Paid staff or management (includ	e compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?			No			
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broa	dcast statements?		No			
f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes				
j	Total. Add lines 1c through 1i						
а	Did the activities in line 1 cause t	the organization to be not described in section 501(c)(3)?		No			
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?					
ar	t III-A Complete if the or $501(c)(6)$.	ganization is exempt under section $501(c)(4)$, section $501(c)$)(5), o	r sect	ion		
_						Yes	No
1	, ,	ore) dues received nondeductible by members?		L	1		
2	<u>-</u>	n-house lobbying expenditures of \$2,000 or less?		L	2		
3		ry over lobbying and political expenditures from the prior year?			3		
	and if either (a) B answered "Yes."	ganization is exempt under section $501(c)(4)$, section $501(c)(4)$, section $501(c)(4)$) Part OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				;01(c)(6)
L	•	mounts from members	1				
2	Section 162(e) nondeductible lob expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
a			2a				
b	,		2b				
C		U CO22()(4)(A) U C L L UIL U C AC2() L	2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
1	the organization agree to carryov	unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4				
5	'	political expenditures (see instructions)	5				
•	art IV Supplemental Info	,					
Pro	vide the descriptions required for P	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); p., complete this part for any additional information.	Part II-	A, lines	1 an	d 2 (se	e
	Return Reference	Explanation					
AR1	II-B, LINE 1:	STONEHILL COLLEGE PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATION LOBBYING ACTIVITIES ON BEHALF OF THEIR MEMBERS. THEREFORE A PORT)

THESE ORGANIZATIONS MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

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DLN: 93493126019600

OMB No. 1545-0047

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.

Open to Public

Internal Revenue Service

(Form 990)

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** STONEHILL COLLEGE INC 04-2104229 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ _{Yes} Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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:

Pai	t III	Organizations Ma	intaining Coll	ections of Art,	Histori	ical Tı	reası	ures, or	Other	Similar As	sets (conti	nued)	
3	Using items	the organization's acquicked (check all that apply):	iisition, accession	, and other records	s, check	any of	the fo	ollowing th	hat are a	significant ι	ise of its coll	ection	
а	✓	Public exhibition			d		Loan	or excha	inge prog	ırams			
b		Scholarly research			е		Othe	er					
С	✓	Preservation for future	generations										
4	Provid Part X	de a description of the c KIII.	organization's coll	ections and explair	n how the	ey furtl	ner th	e organiz	ation's ex	kempt purpo	se in		
5		g the year, did the orga s to be sold to raise fun									☐ Yes	 N	lo
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			orm 990), Part	IV, li	ine 9, or	reporte	ed an amou	ınt on Form	1 990,	Part
1a		e organization an agent, led on Form 990, Part X									☐ Yes	□ N	lo
b	If "Ye	es," explain the arrange	ment in Part XIII	and complete the f	following	table:		Γ		A	mount		_
c		ning balance		•	_				1c				_
d	Additi	ions during the year . .						[1d				_
е	Distril	butions during the year						[1e				_
f		g balance							1f				_
2a	Did th	e organization include a	an amount on Fo	rm 990. Part X. line	21. for	escrow	or cu	ے estodial a	ccount lia	ability?	□ Yes	□и	— In
		s," explain the arranger									_	,	
	art V	Endowment Fund											
			or complete in	(a)Current year		rior yea		(c)Two ye		(d)Three yea		our year	rs back
1 a	Beginn	ing of year balance .		211,414,415		194,142	-		8,738,401		638,643		987,117
b	Contrib	outions		2,884,382		7,187	,409		1,755,966	2,	759,146	2,	004,946
c	Net inv	estment earnings, gain	s, and losses	11,433,666		18,139	,745	2	1,410,468	-5,	051,444	2,	876,678
d	Grants	or scholarships		2,586,911		1,997	7,473		1,994,724	1,	653,125	1,	539,130
е		expenditures for facilitie ograms	s	5,905,534		6,057	7,333		5,768,044	5,	954,819	5,	690,968
f	Admini	strative expenses .											
g	End of	year balance		217,240,018		211,414	,415	19	4,142,067	178,	738,401	188,	638,643
2		de the estimated percer	-	nt year end balanc	e (line 1	g, colu	mn (a)) held as	5:				
а	Board	d designated or quasi-er	ndowment 🟲	70.030 %									
b	Perma	anent endowment 🟲											
c	Temp	orarily restricted endow	ment ▶ 29.9	70 %									
		ercentages on lines 2a,	•										
3a		nere endowment funds i nization by:	not in the possess	sion of the organiza	ation tha	t are h	eld ar	nd adminis	stered fo	r the		Yes	No
	_	related organizations									3a(i)	Yes	
	(ii) re	elated organizations .									3a(ii)		No
b		s" on 3a(ii), are the rela					?.				3b		
4	Descr	ibe in Part XIII the inte	nded uses of the	organization's end	owment :	funds.							
Pa	rt VI	Land, Buildings, a			vrm 000) Davi	T\/ 1	ino 112	Soc For	m 000 Pa	rt V lina 14	1	
	Descri	Complete if the org	(a) Cost or oth		st or other	•				lepreciation		ook valu	e
			(investme				,	` ,			. , -	-	
1a	Land					75	52,119						752,119
	Buildin	gs				230,59	99,816			70,426,793		160	0,173,023
		old improvements				56	55,869			489,305			76,564
		nent				38,28	30,329			28,387,918		Ġ	9,892,411

19,039,982

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

7,878,697

178,772,814

11,161,285

Part VII	Investments—Other Securities. Complete if to See Form 990, Part X, line 12.	he org	anization answ	ered "Yes" on I	Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)	(b)) Book value		c) Method of vor end-of-year	
(1) Financia				Cost	or end-or-year	market value
(2) Closely-(3) Other	held equity interests					
	UNDS & PRIVATE EQUITIES	+	189,519,827		F	
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•	189,519,827			
i dit VIII	Complete if the organization answered 'Yes' on					
	(a) Description of investment		(b) Book value		c) Method of v or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						_
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•				
Part IX	Other Assets. Complete if the organization answere (a) Description		on Form 990, Par	t IV, line 11d. Se	ee Form 990, Pa	art X, line 15. (b) Book value
(1)	(a) a company					(2)
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)					
	Other Liabilities. Complete if the organization	answei		rm 990, Part IV	, line 11e or	11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) Bo	ook value		
	ncome taxes					
	ATE SWAP AGREEMENTS ACCRUED LIABILITIES			7,983,256 4,000,193		
	IT ADV. FOR STUDENT LOANS			591,074		
ACCRUED PA	AYROLL AND OTHER BENEFITS			2,897,827 428,287		
(6)	EIGH I GNO			+20,207		
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>	15,900,637		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of			ganization's finan		
organization	's liability for uncertain tax positions under FIN 48 (ASC	740). C	heck here if the	text of the footno	te has been pr	ovided in Part XIII 🔽

Schedule D (Form 990) 2018

Part XI

2

5

1

2

Part XII

Page 4

8,127,744

107,187,268

55,690,645

162,877,913

102,369,915

Schedule D (Form 990) 2018

Add lines 4a and 4b .

а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements

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

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

d	Other (Describe in Part XIII.) .		2d	180,563		
е	Add lines 2a through 2d				2e	180,563
3	Subtract line 2e from line 1				3	102,189,352
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included	d on Form 990, Part VIII, line 7b 🔒 🔒	4a	1,005,327		
b	Other (Describe in Part XIII.) .		4b	54,685,318		
C	Add lines 4a and 4b				4c	55,690,645
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18	.) .		5	157,879,997
Par	t XIII Supplemental Info	rmation		•		
		art II, lines 3, 5, and 9; Part III, lines 1a and 2 and 4b. Also complete this part to provide			V, line	4; Part X, line 2; Part
	Return Reference Explanation					

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

2a

2b 2c 2d

4a

4b

2a 2b

2c

10,859,246

-2,731,502

1,005,327

54,685,318

2e

3

4c

c	Add lines 4a and 4b		4c	55,690,645		
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.)	5	157,879,997		
Pai	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					
				<u> </u>		

m 990) 2018 Page 5		chedule D (Form 990) 2018
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 04-2104229

Name: STONEHILL COLLEGE INC

Supplemental Information

- a promonant amornianon				
Return Reference	Explanation			
	STONEHILLL COLLEGE MAINTAINS A COLLECTION OF HISTORICAL ARTIFACTS FOR PUBLIC EXHIBITION AN D EDUCATION IN FURTHERANCE OF PUBLIC SERVICE AND NOT FOR FINANCIAL GAIN. THE COLLEGE DOES NOT CARITALIZE ITS COLLECTION OF HISTORICAL ARTIFACTS			

Supplemental Information				
Return Reference	Explanation			
PART V, LINE 4:	ENDOWMENT FUNDS ARE SPENT IN ACCORDANCE WITH DONOR RESTRICTIONS. THE FUNDS ARE INVESTED TO PRESERVE SHONEHILL'S PURCHASING POWER WHILE PROVIDING A CONTINUING AND STABLE FUNDING SOU RCE TO SUPPORT THE MISSION OF THE COLLEGE			

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE COLLEGE ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNR ECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGG REGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE COLLEGE HAS IDENT IFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS DETERMINATIONS AS TO WHAT INCOME IS RE LATED AND UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS; HOWEVER, THE COLLEGE HAS DETERM INED THAT SUCH TAX POSITIONS DO NOT RESULT IN UNCERTAINTIES REQUIRING RECOGNITION. THE COLLEGE IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTIONS. THE COLLEGE'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET LOSS ON INTEREST RATE SWAP -2,912,065. FUNDRAISING EVENT EXPENDITURES 180,563.

-

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND OTHER AWARDS 54,685,318.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 180,563.

È

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND OTHER AWARDS 54,685,318.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126019600 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** STONEHILL COLLEGE INC 04-2104229 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS: "STONEHILL COLLEGE PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, DISABILITY, AGE, VETERAN STATUS, MARITAL STATUS, GENDER, GENDER IDENTITY, SEXUAL ORIENTATION. OR OTHER LEGALLY PROTECTED STATUS IN ADMISSION TO, ACCESS TO, TREATMENT IN OR EMPLOYMENT IN ITS PROGRAMS AND ACTIVITIES, EXCEPT WHERE SUCH CONDITIONS MAY CONSTITUTE BONA FIDE QUALIFICATIONS FOR THE PROGRAMS OR ACTIVITIES IN QUESTION."

SCHEDULE E, PART I, LINE 6

THIS INSTITUTION AND ITS STUDENTS PARTICIPATE IN THE FOLLOWING FEDERAL FUNDED PROGRAMS: FEDERAL PELL GRANT, FEDERAL PERKINS LOAN, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT, AND FEDERAL WORK STUDY.

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126019600 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** STONEHILL COLLEGE INC 04-2104229 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 2,900,213 3a Sub-total . b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n 2,900,213

chedule F (Form 990) 2018							Page 3
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (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)

Sched	dule F (Form 990) 2018		Page 4
Par	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
_		⊡ ≀es	110
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

chedule F (Form 99	D) 2018
Provid amour metho	emental Information the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; ts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ditional information (see instructions).
90 Schedule F,	Supplemental Information
Return Reference	Explanation

THE ORGANIZATION REPORTS THESE FOREIGN EXPENDITURES AS REPORTED IN THE FINANCIAL RECORDS.

PART I, LINE 3:

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 04-2104229

Name: STONEHILL COLLEGE INC

ISTUDY ABROAD

432,890

Form 990 Schedule F Pari	orm 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 & GREENI AND)	0	0	PROGRAM SERVICES	STUDY ABROAD	2,360,852							

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SUB-SAHARAN AFRICA 0 PROGRAM SERVICES STUDY ABROAD 14,495 CENTRAL AMERICA AND THE 0 PROGRAM SERVICES ISTUDY ABROAD 34,100 CARTBBEAN

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) MIDDLE EAST AND NORTH 0 PROGRAM SERVICES ISTUDY ABROAD 57,876 AFRICA

DLN: 93493126019600

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ►Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Employer identification number

ТО	DNEHILL COLLEGE INC							04-2104229		
Pa	Fundraising Activ	•	_			ered "Yes" on F	orm 990,	Part IV, line 1	7.	
L	Indicate whether the organiz	zation raised funds thr	ough any	of the fo	llowin	g activities. Checl	all that a	pply.		
а	✓ Mail solicitations			е	✓	Solicitation of no	n-governm	nent grants		
b	✓ Internet and email solicit	ations		f	/ernment	grants				
C	✓ Phone solicitations			g	g events					
d	✓ In-person solicitations									
2a	Did the organization have a or key employees listed in Fo								es 🗌 No	
b	If "Yes," list the ten highest to be compensated at least \$	paid individuals or ent \$5,000 by the organiza	ities (fun ation.	draisers)	pursu	ant to agreement	s under w	hich the fundrais	er is	
i)	Name and address of individua or entity (fundraiser)	l (ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outions?) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
	WASHBURN & MCGOLDRICK 950 NEW LONDON ROAD SUITE 210 LATHAM, NY 12110	FUNDRAISING CONSULTANT	Yes	No No		(35,642		
ot	al			•				35,642		
	List all states in which the orgalicensing.	anization is registered	or licens	ed to soli	cit cor	ntributions or has	been notif	ied it is exempt f	rom registration or	

Sche	dule G (Form 990 or 990-EZ) 2018								F	Page 3
11	Does the organization conduct gaming	activities with nonmemb	ers?					□Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		r a member of a p		r other en	tity 		□Yes	_	
13	Indicate the percentage of gaming acti	vity conducted in:						□ les		
а	The organization's facility						13a			%
b	An outside facility						13b			%
14	Enter the name and address of the per	son who prepares the or	ganization's gamir	ng/special ev	ents book	s and re	ecords:			
	Name •									
	Address ▶									
								□Yes	□No	
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by		_			_ and th	ne			
С	If "Yes," enter name and address of th	e third party:								
	Name ▶									
	Address ►									
16	Gaming manager information:									
	Name ►									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	☐ Director/officer	☐ Employee		Independent	contracto	r				
17 a	Mandatory distributions: Is the organization required under state retain the state gaming license?	e law to make charitable			proceeds	to 		□Yes	Пио	
b	Enter the amount of distributions required in the organization's own exempt activ			empt organi	zations or	spent		□ 1es		
Pai	rt IV Supplemental Information III, lines 9, 9b, 10b, 15b, 1	on. Provide the explan	nations required							 s.
	Return Reference		<u> </u>	Explana						
SCHE	EDULE G, PART I:	SERVICES PROVIDED BY SPECIFIC FUNDRAISING		CGOLDRICK,	, INC. WEF	RE NOT	ASSOC	IATED WIT	H ANY	

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

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.

OMB No. 1545-0047

DLN: 93493126019600

Open to Public Inspection

reasury nternal Revenue Service		P GO LO WW	101	the latest information	JII.		
lame of the organization						Employer identific	ation number
STONEHILL COLLEGE INC						04-2104229	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used to Describe in Part IV the org 	to award the grants anization's procedur	or assistance? es for monitoring the u	se of grant funds in the U	nited States.			☑ Yes ☐ No
Part II Grants and Other A	Assistance to Dom than \$5.000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	" on Form 990, Part IV, line	21, for any recipient
(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)							
Enter total number of sectionEnter total number of othe							4 1

(Form 990)

Department of the

Schedule I (Form 990) 2018

(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.

Explanation THE COLLEGE AWARDS GRANTS ON A FISCAL YEAR BASED ACCORDING TO THE OVERALL YEARLY BUDGET. INDIVIDUAL AWARDS ARE PACKAGED BASED ON AN

Return Reference PART I, LINE 2: OVERALL COLLEGE STRATEGY EMPLOYING NEED AND MERIT CRITERIA. THE COLLEGE'S FINANCIAL AID OFFICE WORKS WITH OUTSIDE CONSULTANTS TO PREPARE PACKAGES. THE FINANCIAL AID OFFICE WORKS WITH STUDENTS TO ACCEPT AND/OR ADJUST INDIVIDUAL GRANTS. THE COLLEGE ALSO PROVIDES CHARITABLE

Schedule I (Form 990) 2018

Page 2

Additional Data

6TH FLOOR BOSTON, MA 02110

37 ERIC AVENUE BROCKTON, MA 02302

TRINITY CATHOLIC ACADEMY

Software ID: Software Version:

EIN: 04-2104229

Name: STONEHILL COLLEGE INC

51-0638517

(a) Name and address of	(D) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(T) Method of Valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

501(C)3

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

GENERAL SUPPORT

(q) Description of (h) Purpose of grant non-cash assistance or assistance CATHOLIC SCHOOLS 22-2485502 501(C)3 5,000 GENERAL SUPPORT FOUNDATION 67 BATTERYMARCH STREET

7,301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 04-1661090 501(C)6 5.000 IGENERAL SUPPORT NEW ENGLAND COUNCIL 98 NORTH WASHINGTON STREET

BOSTON, MA 02114 RON BURTON TRAINING 22-2570218 501(C)3 5.000

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

BRAINTREE, MA 02148

IGENERAL SUPPORT VILLAGE INC 150 WOOD ROAD SUITE 300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 04-3000709 501(C)3 8.000 DIOCESE OF FALL RIVER IGENERAL SUPPORT 450 HIGHLAND AVENUE

FALL RIVER, MA 02720

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	49312	26019	600
Sch	edule J	Co	mpensati	ion Information	10	1B No.	1545-0	0047
(For	n 990)	For certain Office		rustees, Key Employees, and Hig	hest	•		
		► Complete if the org	anization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20	18	5
Denar	tment of the Treasury	▶ Go to www.irs.go		i to Form 990. instructions and the latest inforr			to Pul	
Interna	al Revenue Service	-	,			Insp	ectio	n
	ne of the organiza NEHILL COLLEGE IN				Employer identificat	tion nu	ımber	
					04-2104229			
Pa	rt I Questi	ons Regarding Compensat	tion					
1 a				the following to or for a person liste y relevant information regarding the:			Yes	No
	First-class	s or charter travel	\checkmark	Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of perso	nal residence			
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding paym oplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all	- 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	elar			
3				ed to establish the compensation of the	he			
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.			
	✓ Compens	ation committee		Written employment contract				
	_ '	ent committee	✓	Compensation survey or study				
		of other organizations	$\overline{\checkmark}$	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol pavment? .			4a		No
b				ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	t III.			
	Only E01(a)(2) E01(a)(4) and E01(a)(20)	overnizations.	must samplete lines F 0				
5), 501(c)(4), and 501(c)(29) ed on Form 990 Part VII Section	=	the organization pay or accrue any				
		ontingent on the revenues of:		o. gaaa pa, o. aoo. ao o,				
а	The organization	1?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	-	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes	," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	9		No
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule J		1 990)	2018

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	90,	Part VII.						/idual.
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								

Schedule J (Form 990) 2018	Page 3				
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					
Return Reference	Explanation				

OF POVERTY.

Return Reference	Explanation
E J, PART I, LINES 1A & 1B:	AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF STONEHILL COLLEGE, THE PRESIDENT RECEIVED NON-TAXABLE HOUSING ON CAMPUS.

SCHEDULE

I (Form 990) 2018

DEAN FOR THE SCHOOL OF

PETER N UBERTACCIO

TAMARA ANDERSON

CHIEF INFORMATION OFFICER

ROBERT ROSENTHAL

MARIA CURTIN

JOHN SCHATZEL

FACULTY - PROFESSOR

JENNIFER SWANSON

FACULTY - PROFESSOR

CATHERINE CAPOLUPO

FORMER VP FOR ENROLLMENT/MARKETING

DEAN OF FACULTY

FACULTY - PROFESSOR

DEAN FOR THE SCHOOL ARTS & SCIENCES

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(i)

(ii)

173,693

160,837

166,498

160,953

159,360

165,326

214,840

BUSINESS

Software ID: **Software Version:**

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

EIN: 04-2104229

Name: STONEHILL COLLEGE INC

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990		
VP FOR FINANCE &	(i)	256,952	0	1,040	32,286	47,382	337,660	0		
TREASURER	(ii)	0	0	0	0	0	0	0		
THOMAS V FLYNN CLERK/GENERAL COUNSEL	(i)	164,981	0	212	19,359	68,867	253,419	0		
	(ii)	o	0	0	0	0	0	0		
JOSEPH FAVAZZA PROVOST/VP OF ACADEMIC	(i)	233,299	0	1,491	30,065	14,805	279,660	0		
AFFAIRS	(ii)	o	0	0	0	0	o ^l	0		
FRANCIS DILLON VP FOR ADVANCEMENT	(i)	207,442	0	3,857	25,232	27,026	263,557	0		
	(ii)	0	0	0		0	0	0		
PAULINE DOBROWSKI VP FOR STUDENT AFFAIRS	(i)	163,341	0	208	19,054	24,849	207,452	0		
	(ii)	0	0	0	0	0	0	0		
CRAIG BINNEY ASSOC. VP OF FINANCE	(i)	184,205	0	705	22,243	24,983	232,136	0		
	(ii)	o	0	0	0	0	0	0		
DEBRA SALVUCII	(i)	179,629	0	991	20,146	9,384	210,150	0		

183

896

2,918

888

1,630

234

294

8,963

18,486

19,005

18,101

17,693

13,992

25,806

24,508

28,503

10,902

24,976

13,240

575

701

207,347

208,722

199,323

204,918

191,923

180,127

241,641

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

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

DLN: 93493126019600

Open to Public

▶ 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.

Internal Revenue Service

Schedule K

(Form 990)

Department of the Treasury

	nai Revenue Service		►Go to <u>www</u>	.irs.gov/rorm990 tor	the latest	іптогта	ition.						TUR DECI								
	e of the organization NEHILL COLLEGE INC									- 1 '	oloyer idei 2104229	ntificatio	on numb	er							
Pa	rt I Bond Issues									l											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	((f) Description	on of purpose	be		beh			Pool ncing						
										Ye	s No	Yes	No	Yes	No						
A	MHEFA SERIES L	04-1456011	57586ELC3	08-05-2009	22,1	.97,354	CONS HALL		BED RESIDEN	CE X			X		Х						
В	MHEFA SERIES K	04-3431814	000000000	11-04-2015	56,6	75,000	REFIN	NANCE SERIE	S K (2008)		Х		Х		Х						
С	MHEFA SERIES M	04-3431814	000000000	03-30-2017	15,3	300,000		STRUCT ACAI COME CENTE			Х		X		Х						
D	MHEFA SERIES O	04-3431814	000000000	06-01-2018	25,0	000,000	CONS	STRUCT BUS	NESS BUILDIN	IG	Х		X		Х						
Pa	rt II Proceeds				1					.				ı							
	A					Α		E			С			D							
1_						•	30,000 4,450,000		612,38			5									
2						13,705,000 22,197,354 56,675,000			15,300,000			25,000,000									
4						35/5/5/55					23,000,000										
5	Capitalized interest from proce																				
6	Proceeds in refunding escrows																				
7	Issuance costs from proceeds				385,520			112,280				:	139,980								
8	Credit enhancement from proc	eeds																			
9	Working capital expenditures f	rom proceeds																			
10	Capital expenditures from proc	ceeds			21,811,834 56,675,00		56,675,000	15,187			.720 24,860,0										
11	Other spent proceeds																				
12	Other unspent proceeds																				
13	Year of substantial completion				2	010		20	09	;	2018		2018		2018		018			2019	
					Yes	No	0	Yes	No	Yes	No)	Yes		No						
14	Were the bonds issued as part	of a current refunding	g issue?	•		Х		Х			Х				X						
15	Were the bonds issued as part	of an advance refund	ling issue?			Х			Χ		X				X						
16	Has the final allocation of proc	eeds been made? .			Х			Χ		X			Χ								
17	Does the organization maintain proceeds?				Х			Х		Х			Х								
Pa	rt III Private Business U					•					•										
						A		E	3		С			D							
					Yes	No	0	Yes	No	Yes	No)	Yes		No						
1	Was the organization a partner financed by tax-exempt bonds	r in a partnership, or a	a member of an LLC,	which owned property		×			Х		X				X						

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

Χ

Χ

Χ

Schedule K (Form 990) 2018

За

b

C

d

6

8a

Part IV

b

C

Arbitrage

Χ

Χ

0 %

0 %

0 %

Χ

Χ

No

Χ

Χ

Χ

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Yes

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Schedule K (Form 990) 2018

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

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

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

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

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

Has there been a sale or disposition of any of the bond-financed property to a

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

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

Exception to rebate?

hedge with respect to the bond issue?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

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

Yes

Χ

No

Explanation

YEAR OF SUBSTANTIAL COMPLETION - FOR BOND ISSUE A, YEAR OF SUBSTANTIAL COMPLETION REFERS TO THE PROJECTS FINANCED BY PROCEEDS OF THE

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Yes

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Yes

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Page 3

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Yes

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

Schedule K (Form 990) 2018

period?

Part V

Part VI

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

SCHEDULE K, PART II, LINE 13:

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

REFUNDED BONDS.

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN B, LINE 4C:	THERE ARE 3 TERMS TO THE INTEREST RATE SWAP: 20.2 YEARS 20.1 YEARS 29.1 YEARS

Return Reference	Explanation
SCHEDULE K, PART II, COLUMN A, LINE 13:	YEAR OF SUBSTANTIAL COMPLETION - REFERS TO PROJECTS FINANCED BY PROCEEDS OF THE REFUNDED BONDS.

__

Return Reference	Explanation
	FOR THE REBATE COMPUTATION PERIOD OF AUGUST 5, 2009 TO JUNE 30, 2011, NO REBATE LIABILITY HAS ACCRUED AND ALL PROCEEDS WERE ALLOCATED TO EXPENDITURES.

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN A, LINE 6:	PROCEEDS IN THE REFUNDING ESCROW ARE INVESTED PAST THE 30-DAY TEMPORARY PERIOD.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126019600 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** STONEHILL COLLEGE INC 04-2104229 Part I **Bond Issues** (c) CUSIP # (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No 14,829,024 ADVANCE REFUND MHEFA, SERIES Χ Χ Х MHEFA SERIES N 04-3431814 000000000 11-09-2017 L (2009) 14,640,980 REISSUANCE OF SERIES N (2017) MDFA REVENUE BONDS SERIES 04-3431814 000000000 03-27-2019 Χ Χ N (REISSUED) Part ${
m I\hspace{-.1em}I}$ Proceeds В C 188,044 2 14,640,980 14,829,024 14,640,980 5 6 14,381,059 13,932,076 7 145,443 8 9 10 11 751,505 12 13 2010 2010 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Χ Χ 15 Has the final allocation of proceeds been made? Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Χ **Private Business Use** Part 🏻 В C Δ D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Х Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part IV

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Arbitrage

Page **2**

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Schedule K (Form 990) 2018

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No

Yes

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

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

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

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

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

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

Has there been a sale or disposition of any of the bond-financed property to a

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

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

Penalty in Lieu of Arbitrage Rebate?

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

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Were gross proceeds invested in a guaranteed investment contract

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

В

No

No

Yes

Yes

No

No

Yes

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Yes

Yes

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

Page 3

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Schedule K (Form 990) 2018

Yes

efile GRAPHI	C print - D	о ио	T PROCES	is /	As Fil	ed Data -					DL	.N: 93	4931	26019	600
Schedule L Form 990 or 990	I-EZ) ► Co	mplet	e if the org	anizat	ion ar	swered "Yes	on Form 9	d Persor	nes 2	25a, 2	25b, 20			1545-0	
			27, 28a,			c, or Form 99 1 to Form 990		, line 38a or 4 0-EZ.	10b.				20	18	2
			⊳ Go t					st informatio	n.						
epartment of the Tre ternal Revenue Serv												9		to Pub section	
Name of the org	anization								Er	mplo	yer ide	entifica		number	
STONEHILL COLLE	GE INC								ا ا	1-210	4229				
Part I Exce	ss Benefit	Tran	sactions (section	501(0	(3), section 5	501(c)(4), and	d 501(c)(29) oi							
Comp	lete if the org	ganizal	tion answere		on Fo	orm 990, Part :	IV, line 25a or	r 25b, or Form	990-E	Z, Pa	rt V, li	ne 40b			
1 (a) Name of dis	squalif	ied person		(b) R		etween disqual organization	lified person ar	nd	• •	Descript ansacti		_) Corre	
						•	Ji gai ii zadioii		+		ansacti		+	es	No
					1				_						
Cor rep (a) Name of	Complete if the organization answer reported an amount on Form 990, P		ered "Y Part X,	sted Persons. ed "Yes" on Form 990-EZ, Part V, line 38a, or lart X, line 5, 6, or 22 (d) Loan to or from the organization? (e)Original principal amount			(f)Balance due	(g)	(g) In (h) default? Approved board committee			(i)Written d by agreement?			
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otal .				٠			\$	l .				<u> </u>			
				_		sted Perso									
	_		nization an Relationship			s" on Form 9 (c) Amount of		1	of acci	ctano	·	(a) Du	rnoco	of acciet	2000
• • • • • • • • • • • • • • • • • • • •			erested perso organizat	on and		(c) Amount	JI assistance	(и) туре	JI 4551	assistance (e			e) Purpose of assistance		
		+									_				
		+													

(a) Name of interested person	between interested person and the organization	transaction	(a) bescription of transaction	organiz rever	f :ation's
				Yes	No
(1) WB MASON	SEE STATEMENT	1,789,299	SALE OF PRODUCTS		No
	•			1	

(1) WB 1 1/13 3 11		SEE STATEMENT	1,703,233	SALE OF TROBUCTS		''						
Part V	Part V Supplemental Information											
	Provide additional information for	responses to questions on	Schedule L (see instruction	ons).								

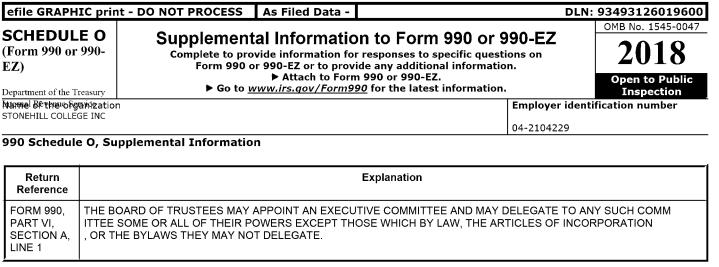
Return Reference Explanation

SCHEDULE L. PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: W.B. MASON IS A COMPANY OWNED BY A

TRUSTEE AND HIS FAMILY. STONEHILL COLLEGE PURCHASED PRODUCTS FROM THE COMPANY. Schedule L (Form 990 or 990-EZ) 2018

DLN: 93493126019600 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** STONEHILL COLLEGE INC 04-2104229 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1,262,956 PUBLICLY TRADED 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Page 2 Schedule M (Form 990) (2018) 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 AMOUNTS REPORTED IN PART I, COLUMN B, REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS. PART I, COLUMN (B): Schedule M (Form 990) (2018)



Return

Reference	Explanation
,	STONEHILL COLLEGE HAS TWO CLASSES OF MEMBERS: INCORPORATORS AND FELLOWS. THE INCORPORATORS
,	CONSIST OF THE UNITED STATES PROVINCE OF PRIESTS AND BROTHERS, EX-OFFICIO, AND ALL PERPET UALLY PROFESSED RELIGIOUS OF THE CONGREGATION OF THE HOLY CROSS SERVING FROM TIME TO TIME
,	AT STONEHILL COLLEGE. THE FELLOWS ARE MADE UP OF INDIVIDUALS WHO ARE INCORPORATORS, FACULT
	Y, PART OF THE PRESIDENT'S COUNCIL, ALUMNI, AND STUDENTS. THE FELLOWS' SOLE POWER AND AUTH
	ORITY IS TO ELECT THE BOARD OF TRUSTEES.

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	STONEHILL COLLEGE HAS TWO CLASSES OF MEMBERS: INCORPORATORS AND FELLOWS. THE INCORPORATORS
PART VI,	CONSIST OF THE UNITED STATES PROVINCE OF PRIESTS AND BROTHERS, EX-OFFICIO, AND ALL PERPET
SECTION A,	UALLY PROFESSED RELIGIOUS OF THE CONGREGATION OF THE HOLY CROSS SERVING FROM TIME TO TIME
LINE 7A	AT STONEHILL COLLEGE. THE FELLOWS ARE MADE UP OF INDIVIDUALS WHO ARE INCORPORATORS, FACULT
	Y, PART OF THE PRESIDENT'S COUNCIL, ALUMNI, AND STUDENTS. THE FELLOWS' SOLE POWER AND AUTH
	ORITY IS TO ELECT THE BOARD OF TRUSTEES.

Return

Reference	Explanation
FORM 990,	THE FORM 990 IS PREPARED AND SIGNED BY CBIZ MHM, LLC AS PAID PREPARER. THE FORM 990 IS FIR
PART VI,	ST REVIEWED BY STONEHILL COLLEGE'S INTERNAL MANAGEMENT. FOLLOWING THAT REVIEW, STONEHILL C
SECTION B,	OLLEGE'S INTERNAL MANAGEMENT AND PAID PREPARER PRESENT THE FORM 990 TO THE AUDIT COMMITTEE
LINE 11B	FOR REVIEW AND COMMENT. THE COMPLETED FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF
	TRUSTEES PRIOR TO THE FORM BEING FILED WITH THE IRS.

Evolunation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE REQUIRES ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY THE OFFICE OF THE GENERAL COUNSEL. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTER ESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AT ANY LEVEL AND BE GIV EN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTE ES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEME NT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCU SSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEET ING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REM AINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE GO VERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUC H BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTE D BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLI NARY AND CORRECTIVE ACTION WHICH IS DETERMINED ON A CASE BY CASE BASIS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	STONEHILL COLLEGE ANNUALLY REVIEWS THE SALARIES OF ITS EXECUTIVE LEVEL MANAGEMENT WITH THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE HUMAN RESOURCE OFFICE PROVIDES COMPA RABLE MARKET DATA ON THESE POSITIONS AT SIMILAR SIZE INSTITUTIONS. THE COLLEGE PRESIDENT M AKES SALARY RECOMMENDATIONS FOR HIS (HER) TOP MANAGEMENT REPORTS AND THE CHAIRMAN OF THE B OARD OF TRUSTEES MAKES A RECOMMENDATION ON THE PRESIDENT'S SALARY TO BE PAID TO THE CONGRE GATION OF THE HOLY CROSS. COMPENSATION RECOMMENDATIONS ARE APPROVED BY THE COMPENSATION CO MMITTEE. STONEHILL COLLEGE'S PRESIDENT IS A MEMBER OF THE CONGREGATION OF THE HOLY CROSS A ND HAS TAKEN A VOW OF POVERTY, ALONG WITH OTHER MEMBERS OF THE HOLY CROSS COMMUNITY WHO PR OVIDE SERVICES TO STONEHILL COLLEGE. TOTAL PAYMENT TO THE CONGREGATION OF THE HOLY CROSS IN FY2019 WAS \$1,414,929.

Return Explanation
Reference

FORM 990, AT THIS TIME, STONEHILL COLLEGE DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTER
PART VI, EST POLICY AVAILABLE TO THE PUBLIC. THE COLLEGE POSTS ITS FINANCIAL STATEMENTS TO THE ELEC
SECTION C, TRONIC MUNICIPAL MARKET ACCESS WEBSITE AT EMMA.MSRB.ORG AS WELL AS ON THEIR OWN WEBSITE AT
LINE 19 STONEHILL.EDU. WHERE THEY ARE AVAILABLE TO THE PUBLIC.

Return Explanation Reference

FORM 990. NET LOSS FROM INTEREST RATE SWAPS -2,912,065. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126019600 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** STONEHILL COLLEGE INC. 04-2104229 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity 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. **(g)** Section 512(b) (b) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

Part III Identification of Related Organization one or more related organizations treated organizations.	ions Taxable as a F ted as a partnership	Partnership during the ta	Complet x year.	te if the o	rganization	n ansv	wered "Ye	s" on Form	990, 1	Part I	V, line 3	34 be	caus	se it h	nad	
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi income(re unrelat excluded tax und sections	unrelated, excluded from tax under sections 512-		(g) Share of end-of-year assets	(h) Disproprtionat allocations?		te Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		partner?		(k Percer owner) itage rship
					514])			Yes	No			Yes	No		
Part IV Identification of Related Organizate because it had one or more related organizate.	ions Taxable as a C ganizations treated as	Corporation a corporation	or Trus	st Completest during	te if the or	ganiz ar.	ation ansv	vered "Yes	" on Fo	orm 9	90, Par	ίΙV,	line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign		Dire	entity (C co		(e) Type of entity C corp, S corp, or trust) (f) Share of tota income		(g) Share of end- year assets		d-of- (h) Percentage ownership		Section 51: (13) contro entity?		y?	
(1)PERPETUAL TRUSTS (2)	TRUST		intry) 1A	STO	NEHILL	T									res	No
				COL	LEGE INC											
											Schodu	lo D /	For	~ 000	77.30.	

Schedule R (Form 990) 2018		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answere	d "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations listed in Parts II-IV?		T
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		.a	No
b Gift, grant, or capital contribution to related organization(s)		b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)		.c Yes	
d Loans or loan guarantees to or for related organization(s)		d	No
e Loans or loan guarantees by related organization(s)		.e	No
f Dividends from related organization(s)		Lf	No
g Sale of assets to related organization(s)		g	No
h Purchase of assets from related organization(s)		h	No
i Exchange of assets with related organization(s)		Lī	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		ij	No
k Lease of facilities, equipment, or other assets from related organization(s)		k	No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.		.1	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)		m	No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Ln	No
o Sharing of paid employees with related organization(s)		.0	No
p Reimbursement paid to related organization(s) for expenses		.p	No
q Reimbursement paid by related organization(s) for expenses		q	No

. Terrormanice of berties of membersing of fandraising sometanens for related organization(s).				1 1	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	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
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete thi	s line, including covered	relationships and tra	ansaction thresholds.	,,	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invol	ved
1)NA					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?		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	
			314)	Yes	No			Yes	No		Yes	No				
							-			Schedul	e R (Form	990	0) 2018			

chedule R (Form 990) 2018		Page \$	5
Part VII	Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).			
Return Reference		Explanation	