Form **996** 

Department of the Treasury

Internal Revenue Service

EXTENDED TO MAY 15, 2020

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.

2018 Open to Public Inspection

A I	or the	2018 calendar year, or tax year beginning JUL 1, 2018 and endin	g JU	N 30, 2019	1.
В	Check if	C Name of organization	0	Employer identific	ation number
ε	pplicable				
	Address	LA ROCHE UNIVERSITY			
X	Name change	Doing business as		25-13	125048
F	Initial	Number and street (or P 0 box if mail is not delivered to street address)  Room,	/suite F	Telephone number	
F	Final	9000 BABCOCK BOULEVARD	" 55.115	(412)	
_	⊒return/ termin- ated	City or town state or province, country, and ZIP or foreign postal code	-	Gross receipts \$	44,360,239.
Γ	Amende			H(a) Is this a group re	
一	Applica		AGO!	for subordinates	
L	tion pending		<b>1</b>		
			7.527 F	H(b) Are all subordinates inc	
		mpt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) o ↓ :: ► WWW . LAROCHE . EDU	<del></del>		list (see instructions)
				H(c) Group exemption	
		organization X Corporation Trust Association Other ► ( L. Summary	. Year of i	formation 1963 N	State of legal domicile PA
_ F 6	1				
يە	1 5	· · · · · · · · · · · · · · · · · · ·	ric,	LIBERAL AR	TS BASED
and	-	INSTITUTION OF HIGHER LEARNING.	F V		
Governance	2 0	Check this box 🕨 🔲 if the organization discontinued its operations of disposed of	more th		
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)		<u> </u>	27
৩		lumber of independent voting members of the governing body (Part VI, line 16) MAY	Y 18	2020 9 4	26
Activities &	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 24	1 1 0	2020 0 4	702
ŧ	6 T	otal number of volunteers (estimate if necessary)		<u>6</u>	43
ct.	7 a ĭ	otal unrelated business revenue from Part VIII, column (C), line 12	DEN	I, UT 7a	0.
_	bΛ	let unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
a	8 0	Contributions and grants (Part VIII, line 1h)		2,080,410.	1,923,119.
2	9 F	Program service revenue (Part VIII, line 2g)	4	0,817,830.	40,248,954.
Revenue	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		429,310.	284,367.
Œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		682,565.	1,048,901.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	4,010,115.	43,505,341.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	3,991,679.	14,495,963.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	4E C	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	7,015,515.	17,004,120.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		48,000.	48,000.
er Jer	ьт	otal fundraising expenses (Part IX, column (D), line 25)  851,548.		110.1	Thirtie to the second
Щ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	3,353,414.	13,934,663.
	l	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,408,608.	45,482,746.
		Revenue less expenses Subtract line 18 from line 12	<u> </u>	-398,493.	-1,977,405.
		lovende 1035 expenses Cabinate inte 10 from inte 12	Regin	ining of Current Year	End of Year
sets (	20 7	otal assets (Part X, line 16)		5,315,425.	35,316,324.
Asse	20 T	otal labilities (Part X, line 26)		0,970,108.	22,924,518.
let let	1	let assets or fund balances. Subtract line 21 from line 20		4,345,317.	12,391,806.
	art II	Signature Block	<u> </u>	4,343,31/0	12,331,000.
٠		<del> </del>	*****	- and to the base of m	Leave lades and Laborators
		ies of perjury, I declare that I have examined this return, including accompanying schedules and si and complete. Declaration of preparer (other than officer) is taken all information of which pre			Knowledge and belief, it is
uue	, correct,	and complete Declaration of preparer (piller than onicer) is passed on all information of which pre	eparer na:	s any knowledge.	
_	j	Signature of officer		Date	
Sig		v v		Date	
Her	e	STEPHEN M. LIPPIELLO, VP FINANCE/CFO Type or print name and title			
			I Det	, I F=	T DTIN
		Print/Type preparer's name Preparer's signature	Date		PTIN
Paid			. A  0 4	/23/20 self-employe	
		Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN ▶	39-0859910
Use	Only	Firm's address  ≥ 20 STANWIX STREET			
	-	PITTSBURGH, PA 15222		Phone no 412	2.697.6400

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.



X Yes No

Form 990 (2018)

	n 990 (2018) LA ROCHE UNIVERSITY	25-1125048 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission  LA ROCHE UNIVERSITY, A CATHOLIC INSTITUTION OF HIGHER LE  FOUNDED AND SPONSORED BY THE CONGREGATION OF THE SISTERS  PROVIDENCE, FOSTERS GLOBAL CITIZENSHIP AND CREATES A COM	OF DIVINE
	SCHOLARS FROM THE REGION, THE NATION AND AROUND THE WORL	
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
_	revenue, if any, for each program service reported	40 240 054
4a	(Code) (Expenses \$ 37,672,898. including grants of \$ 14,495,963. ) (Rever LA ROCHE HONORS THE TRADITIONS AND VALUES OF THE CHARISM	
	OF DIVINE PROVIDENCE BY CONTINUALLY STRIVING TO BE THE "	
		LA ROCHE SEEKS
	TO MAKE EDUCATION TRULY ACCESSIBLE TO STUDENTS FROM ALL	
	AND PREPARE ALL STUDENTS TO BE SOCIALLY RESPONSIBLE GLOB	
	THROUGH UNMATCHED CURRICULAR AND CO-CURRICULAR OPPORTUNI	
	INTENDS TO BE THE STUDENT-CENTERED HIGHER EDUCATION INST	
	CHOICE IN THE PITTSBURGH REGION. STUDENTS WILL RECEIVE A	
	ARTS EDUCATION GROUNDED IN THE CATHOLIC TRADITION, WHILE	ALSO
	DEVELOPING CAREER READY SKILLSETS THROUGH A MYRIAD OF AP	PLIED-LEARNING
	OPPORTUNITIES.	
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$ )
		<del></del>
		<del></del>
4c	(Code) (Expenses \$) (Reven	iue\$)
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 37,672,898.	

F	000	(0010)
rorm	990	(2018)

ADDEGIJUMRD 25-1125048 Page 3

Yes No

Form 990 (2018) LA ROCHE UNIVERSITY
Part IV Checklist of Required Schedules

1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ì	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ļ	ļ
	public office? If "Yes," complete Schedule C, Part I	3		X
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_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			₹.
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
a	·	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	}
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х
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		Х
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		Х
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	17	Х	
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	Х	
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		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	- 1	Х

Form **990** (2018)

Ţ	Form 990 (2018)	LA	ROCHE	UNI	VERSIT
	(PartilV) Checklist of	Requir	ed Sched	lules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24 a	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		l	
	Schedule K If "No," go to line 25a	24a	Х.	37
b	, , , , , , , , , , , , , , , , , , ,	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			v
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		_
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>
_	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
-	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	i		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	, ,	- 1,7
	instructions for applicable filing thresholds, conditions, and exceptions)	<b>操</b> 。	, .,	, ,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25.	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	^	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ì	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36	ľ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~~		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		$\neg \uparrow$	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par	Statements Regarding Other IRS Filings and Tax Compliance	1 1		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2240			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	12.00		

(gambling) winnings to prize winners?

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, <u>Form</u>	990 (2018) LA ROCHE UNIVERSITY		25-1125	048	<u> </u>	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	702			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
ь	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
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	e orga	nization solicit			1
-	any contributions that were not tax deductible as charitable contributions?	- 3		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or	aifts			1
_	were not tax deductible?		3	6ь		
7	Organizations that may receive deductible contributions under section 170(c).					٠.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices n	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	х	1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as regu	ured			
·	to file Form 8282?	uo roqu		7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u> </u>		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		•	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g	<u> </u>	
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<b></b>
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			<del>  '''</del>	<u>.                                    </u>	<b>81</b>
Ū	sponsoring organization have excess business holdings at any time during the year?		•	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10				1 30	<del> </del>	$\vdash$
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a		ì	ļ	
a L	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	1	'
11		IOD		1 '		
''-	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a		1		<u> </u>
a		IIa		1		-
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			1	
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120	<del>                                     </del>	<del> </del>
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1		
13	Is the organization licensed to issue qualified health plans in more than one state?			13a	<del> </del>	<del>-</del>
а	·			154		
	Note. See the instructions for additional information the organization must report on Schedule O				İ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	425			Ì	
	organization is licensed to issue qualified health plans	13b	<del></del>	1		
	Enter the amount of reserves on hand	13c	<u> </u>	14-	1	X.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	- 0		14a	$\vdash$	<del>  ^</del>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b	-	$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	זכ			
	excess parachute payment(s) during the year?			15	$\vdash$	X
	If "Yes," see instructions and file Form 4720, Schedule N	<b>4</b>	2			- <del></del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	rincon	ie ′	16	<u> </u>	X
	If "Yes," complete Form 4720, Schedule O			<u> </u>		. 1

Form 990 (2018)
LA ROCHE UNIVERSITY
25-1125U48
Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b be 25-1125048 Page 6 to line 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					X
Sec	tion 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		27		1 1
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		26		1 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	iny other		_	
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			[
	more members of the governing body?			7a	↓_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	ders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:		<u> </u>	لندا
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the		•	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X	<u></u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? $y_f = y_f$	es," de	escribe			
	ın Schedule O how this was done			12c		<u></u>
13	Did the organization have a written whistleblower policy?		<del>100</del> 0000	- 13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	<u></u>
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15 <u>a</u>	X	<u> </u>
b	Other officers or key employees of the organization		,	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent wi	th a		.	
	taxable entity during the year?			16a	<u>  -</u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	irticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıon	s			الــــــــــــــــــــــــــــــــــــ
	exempt status with respect to such arrangements?			16b		<u> </u>
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	<b>d 990</b> -1	(Section 501(c)	(3)s only)	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	iflict of	interest policy, a	nd finan	cial	
	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 boo	ks and	records 🕨			
	STEPHEN M. LIPPIELLO, VP FINANCE/CFO - (412) 536-10	47				
	9000 BARCOCK BOILEWARD DITTERINGE DA 15237-5808	_				

#### 'Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization in	nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	<del></del>
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	ntion	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s both	an	compensation	compensation	amount of
	week	$\vdash$	Ler ai	10 8 0	II ecto	ii/uusi	199)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	p io	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	Izus		<sub>80</sub>	suad		(W-2/1099-MISC)		organization
	organizations below	lal tr	onat		ptoy	e e				and related
	line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHRYN A. JOLLEY	5.00			٦	×	± ⊕	<u></u>			
CHAIR	1.00	x		x				0.	0.	0.
(2) BRADLEY J. FRANC, ESQ.	5.00	<u> </u>	T	-						
VICE CHAIR	1.00	x		x				0.	0.	0.
(3) KATHY KOZDEMBA	5.00									
SECRETARY	1.00	X		X				0.	0.	0.
(4) SISTER CANDACE INTROCASO, CDP,	40.00									-
PRESIDENT	1.00	Х		Х				243,092.	0.	21,838.
(5) GODFREY BIRAVANGA, CPA, MBA	5.00									
TRUSTEE	1.00	X						0.	0.	0.
(6) AMR M. ELRIFAI, MD, MPH	5.00									
TRUSTEE	1.00	Х						0.	0.	0.
(7) JAMES F. GETZ, JR.	5.00	ł			[			۵	- w.	= = -
TRUSTEE	1.00	Х						0.	0.	0.
(8) DIONE L. GRASWICK	5.00									•
TRUSTEE	1.00	X			<u> </u>	Н		0.	0.	0.
(9) WILLIAM F. GRUBER	5.00	,,							0	0
TRUSTEE	1.00	Х			_	Н		0.	0.	0.
(10) SISTER JOAN MARIE HARPER, CDP	1.00	х						0.	0.	^
(11) ERNESTINE HARRIS	5.00	₽			$\vdash$	$\vdash$		0.	<u> </u>	0.
TRUSTEE	1.00	х						0.	0.	0.
(12) DEBORAH HOLLAND	5.00	-				Н		-		
TRUSTEE	1.00	х		i				0.	0.	0.
(13) SUSAN E. HOOLAHAN	5.00	=								
TRUSTEE	1.00	х						0.	0.	0.
(14) ROBERT J. HOWARD	5.00									
TRUSTEE	1.00	Х						0.	0.	0.
(15) MICHAEL D. KENITZ	5.00									
TRUSTEE	1.00	Х						0.	0.	0.
(16) ANGELA J. LONGO	5.00									
TRUSTEE	1.00	X				Ш		0.	0.	0.
(17) ROSE MARIE MANLEY, C.T.P.	5.00									_
TRUSTEE	1.00	X						0.	0.	0.
832007 12-31-18										Form 990 (2018)

Section A. Officers, Directors, Trus	ploy	ees,	and Highest Compensated Employees (continued)									
(A) (B)					(C) (D)						(F)	
Name and title	Average	(do			nore:	than :	one	Reportable	Reportable		Estimat	ed
	hours per	box	, unle	ss pe	rson	s bot	nan	compensation	compensation		amount	
	week		Ceran	o a c	Irecto	T	tee)	from	from related		other	
	(list any hours for	recto		Ì				the	organizations		mpensa	
	related	o d	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	- 1	from th	
	organizations	rustee	1 trus		9	ubeu		(44-27 1099-141130)		- 1	rganıza ınd relat	
	below	dual t	trona	_	Pg d	st cor	_			- 1	ganızat	
	line)	Individual trustee or director	Institutional trustee	Officer	(ey er	Highest compensated employee	Ē				<b>J</b>	
(18) SISTER MARY MICHAEL MCCULLA	5.00											
TRUSTEE	1.00	X						0.	0			0.
(19) MICHAEL A. MLINAC	5.00											
TRUSTEE	1.00	X						0.	0			0.
(20) JOHN EDWARD NAPOLITANO	5.00											
TRUSTEE	1.00	X					_	0.	0	•		0.
(21) SISTER LISA PAFFRATH, CDP	5.00											
TRUSTEE	1.00	X					_	0.	0	•		0.
(22) TERESA G. PETRICK	5.00				i							
TRUSTEE	1.00	X						0.	0	•		0.
(23) ROB ROBINSON, PH.D.	5.00	ļ			İ					-		
TRUSTEE	1.00	X						0.	0	•		0.
(24) GREGORY K. SIMAKAS, CIMA	5.00	]										
TRUSTEE	1.00	X			<u> </u>			0.	0	•		0.
(25) CRAIG A. TILLOTSON	5.00				İ		ŀ					
TRUSTEE	1.00	X			L	<u> </u>		0.	0	•		0.
(26) NICHOLAS D. VARISCHETTI, ESQ.	5.00											
TRUSTEE	1.00	X						0.	0			0.
1b Sub-total							ightharpoons	243,092.	0		21,8	
c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	1,171,241.	0		36,7	
d Total (add lines 1b and 1c)							▶	1,414,333.	0	. 1	<u>58,5</u>	<u>73.</u>
2 Total number of individuals (including but r	not limited to th	ose	lıste	d at	oove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												10
											Yes	No
3 Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on	-	-	_
line 1a? If "Yes," complete Schedule J for s										3	1	Х
_ 4 For any individual listed on line 1a, is the s	•							•	he organization -			_ :
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services	l _		لے ا

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAGE DINING SERVICES, INC., 1402 YORK RD.,		
STE. 100, LUTHERVILLE, MD 21093	FOOD AND DINING	2,218,778.
PERFIDO WEISKOPF WAGSTAFF & GOET, 408 BLVD		
OF THE ALLIES, PITTSBURGH, PA 15219	ARCHITECTURAL	306,520.
GOLON, INC.		
1334 STREETS RUN ROAD, PITTSBURGH, PA 15236	CONSTRUCTION	243,000.
AM-GARD INC.		
600 MAIN STREET, PITTSBURGH, PA 15215	SECURITY	205,836.
JENZABER		
PO BOX 55018, BOSTON, MA 02205	SOFTWARE	188,419.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization   15		

Form 990 LA ROCHE	ONIVERS	) T T	<u> </u>						25-112	3046
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	ali t	that	арр	ly)	compensation	compensation	amount of
	per			Ī				from	from related	other
	week	١_				oyee		the	organizations	compensation
	(list any	rector				) d wa		organization	(W-2/1099-MISC)	from the
	hours for	ip 10	 ဗ္ဗ			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	bens				and related
	organizations below	ual tr	ional		ploye	85				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SISTER INESITA VELEZ NEGRON, CD	5.00	=	<del>-</del>	-	Ľ	=	- L			
TRUSTEE	1.00	x						o.	0.	0.
(28) LEE BAIERL	5.00	^	┝		H	<del> </del>		0.	· ·	<u> </u>
	1.00	x						0.	0.	0.
TRUSTEE (UNTIL 10/18) (29) STEVEN M. MASSARO	5.00	^	┝		-	$\vdash$		0.	U •	<u> </u>
	1.00	<b>.</b>							0.	_
TRUSTEE (UNTIL 10/18)	5.00	X						0.	0.	0.
(30) UZAIR SHAMSI, PH.D. TRUSTEE (UNTIL 10/18)	1.00	x						0.	0.	0.
(31) STEVEN E. POHL	5.00	^	├	┢	-	┝╌	_	-0.		U .
TRUSTEE (UNTIL 02/19)	1.00	x						0.	0.	0.
(32) AMBASSADOR ANTHONY QUAINTON	5.00	<u> </u>						0.	0.	
TRUSTEE (UNTIL 02/19)	1.00	x						0.	0.	0.
(33) SUSAN LONG QUAINTON	5.00	Α	$\vdash$		-	-				0.
TRUSTEE (UNTIL 02/19)	1.00	х						0.	0.	0.
(34) KAREN YOSHINO, PH.D.	5.00	<u> </u>		H				0.	<u></u>	
TRUSTEE (UNTIL 02/19)	1.00	x						0.	0.	0.
(35) ROBERT A. VOGEL	40.00				-				•	
VP FINANCE/CFO	1.00			x				137,139.	0.	18,193.
(36) HOWARD J. ISHIYAMA, PH.D.	40.00							<b>,</b>		
VP ACADEMIC AFFAIRS/CAO	1.00			х				136,911.	0.	10,141.
(37) MICHAEL W. ANDREOLA	40.00									
VP INSTITUTIONAL ADVANCEMENT	1.00	1		Х				131,160.	0.	18,863.
(38) COLLEEN C. RUEFLE	40.00									
VP STUDENT LIFE/DEAN	1.00			X				122,588.	0.	9,074.
(39) JAMES E. WEISGERBER, PH.D.	40.00									
VP ENROLLMENT MANAGEMENT	1.00			X				121,191.	= 0.	16,953.
(40) ROSEMARY D. MCCARTHY	40.00	•								
PROFESSOR						X		109,561.	0.	12,282.
(41) JEAN C. FORTI	40.00									
PROFESSOR		<u> </u>				Х		105,097.	0.	11,988.
(42) SHEILA K. MUELLER	40.00									1
PROFESSOR		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	L.,			Х		104,812.	0.	8,108.
(43) LYNN K. ARCHER	40.00		ľ							
PROFESSOR	10 55	$ldsymbol{ldsymbol{ldsymbol{\sqcup}}}$	Щ		Щ	Х		101,807.	0.	14,575.
(44) DON T. FUJITO	40.00							400	_	
PROFESSOR						X		100,975.	0.	16,558.
			Щ	Щ	Ш					<del></del>
								l		
				L_J					-	<u> </u>
								1 171 041		126 525
Total to Part VII, Section A, line 1c								1,171,241.		136,735.

LA ROCHE UNIVERSITY 25-1125048 `Form 990 (2018) Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a Scntributions, Gifts, Grants Membership dues 1b b 75,505. 1c c Fundraising events 1d d Related organizations 898,581. e Government grants (contributions) 1e Contributions, f All other contributions, gifts, grants, and 949,033. similar amounts not included above 139,099. g Noncash contributions included in lines 1a-1f \$ 1,923,119. Total. Add lines 1a-1f Business Code 34,574,462. 34,574,462. TUITION AND FEES 611600 Program Service Revenue RESIDENCE HALL REVENUE 611600 5,314,341. 5,314,341. BOOKSTORE REVENUE 611600 214,646. 214,646. DINING SERVICE REVENUE 611600 127,879. 127,879. OTHER AUXILIARY SERVICE 611600 17,626. 17,626. f All other program service revenue 40,248,954. lotal. Add lines 2a-2f Investment income (including dividends, interest, and 268,611. 268,611. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 468,256. 6 a Gross rents b itess rental expenses i. 468,256. c Rental income or (loss) 468,256. 468 256. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 805,450. assets other than inventory b Less cost or other basis 742,876. 46,818. and sales expenses 62,574. -46,818. c Gain or (loss) 15,756. 15,756 > Net gam or (loss) 8 a Gross income from fundraising events (not Other Revenue 75,505. of including \$ \_ contributions reported on line 1c) See Part IV, line 18 85,127. 65,204. b Less direct expenses 19,923 19,923. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a CDP SERVICES 900099 224,598 224,598. 900099 187,350 187,350. CONFERENCES 900099 56,515. 56,515. SPECIAL PROGRAMS

900099

92,259.

560,722.

40,248,954

43,505,341.

٥.

92,259.

d All other revenue

Total. Add lines 11a-11d

Total revenue See instructions

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic 14,495,963. 14,495,963. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 995,096. 995,096. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12.780.785. 10,729,373. 1.415.897. 635,515. 7 Other salaries and wages Pension plan accruals and contributions (include 591,778. 418,007. 143,411. 30,360. section 401(k) and 403(b) employer contributions) 1,692,692. 1,096,293. 516,263. 80,136. Other employee benefits 943,769. 603,576. 296,354. 43,839. 10 Payroll taxes Fees for services (non-employees) 112,245. 112,245. Management Legal 38,140. 38,140. Accounting Lobbying 48,000. 48,000. Professional fundraising services See Part IV, line 17 30.765. 30,765. Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) 2,332,047. 938,453. 1,393,594 450,214. 739,058. 288,844. Advertising and promotion 12 829,562. 324,215. 505,347. Office expenses 13 100,537. 156,705. 257,242. Information technology 14 Royalties 15 2,105,214. ,867,368. 237,846 16 Occupancy 977,444. 916,131. 61,313. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,430,624. 1,407,952. 22,672. 20 Payments to affiliates 21 2,941,292. 2,831,958. 109,334. Depreciation, depletion, and amortization 22 237,576. 214,952. 22,624. Insurance 23 Other expenses Itemize expenses not covered 24 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) FOOD SERVICE 907,118. 907,118. Ō. 0. **b** EDUCATIONAL SUPPLIES 320,647. 320,647. 0. 0. 259,660. c BAD DEBT 259,660. 0. 0. Ō. d PROGRAM DEVELOPMENT 121,134. 121,134. 0. 294,895. 101,555. 179,642. 13,698. e All other expenses 37,672,898. 6,958,300. Total functional expenses Add lines 1 through 24e 45,482,746. 851,548. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,204.	1	1,750
- 1	2	Savings and temporary cash investments	2,404,591.	2	2,449,432
1	3	Pledges and grants receivable, net	503,021.	_3_	492,085
	4	Accounts receivable, net	661,970.	4	930,634
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	ь	Loans and other receivables from other disqualified persons (as defined under			The same of the
		section 4958(t)(1)), persons described in section 4958(c)(3)(B), and contributing	·	,	(4.5
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ب		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
233613	7	Notes and loans receivable, net	1,075,780.	7	957,682
ι	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	255,874.	9	199,801
	10a	Land, buildings, and equipment cost or other		•	1
		basis Complete Part VI of Schedule D 10a 69,662,642.	1 yr, ", " 1	· '	( +u U
	ь	Less accumulated depreciation 10b 45,453,111.	24,501,615.	10c	24,209,531
	11	Investments - publicly traded securities	5,740,946.	11	6,013,498
	12	Investments - other securities See Part IV, line 11	163,426.	12	54,913
	13	Investments - program-related See Part IV, line 11		13	
١	14	Intangible assets		14	
İ	15	Other assets See Part IV, line 11	6,998.	15	6,998
	16	Total assets. Add lines 1 through 15 (must equal line 34)	35,315,425.	16	35,316,324
Т	17	Accounts payable and accrued expenses	1,236,950.	17	2,301,000
ŀ	18	Grants payable		18	
	19	Deferred revenue	579,342.	19	591,307
	20	Tax-exempt bond liabilities	14,560,261.	20	15,408,173
1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,			· · · · · · · · · · · · · · · · · · ·
		key employees, highest compensated employees, and disqualified persons			, ,
		Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties	3,908,145.	23	3,910,512
1	24 '	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	685,410.	25	713,526
$\perp$	26	Total liabilities. Add lines 17 through 25	20,970,108.	26	22,924,518
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and		,.	
,		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	9,296,772.	27	7,034,423
	28	Temporarily restricted net assets	2,767,386.	28	3,019,039
	29	Permanently restricted net assets	2,281,159.	29	2,338,344
		Organizations that do not follow SFAS 117 (ASC 958), check here			<b>'</b>
;		and complete lines 30 through 34.			
}	30	Capital stock or trust principal, or current funds		30	
}	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
:	33	Total net assets or fund balances	14,345,317.	33	12,391,806
	34	Total liabilities and net assets/fund balances	35,315,425.	34	35,316,324

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Employer identification number

LA ROCHE UNIVERSITY 25-1125048 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. \_\_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1 10 support (see instructions) organization support (see instructions) Yes No above (see instructions))

(Complete only if you checked fails to qualify under the tests tion A. Public Support	the box on line 5	, 7, or 8 of Part I o	-			. /
fails to qualify under the tests			r if the organizatio	n failed to qualify	under Part III If the	Ofganization
<u> </u>	iisteu below, piea		11.3			/ garnzation
		se complete Part II	'' '		/	
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dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not				1		
·					+/	<b></b>
· 1						
	•			1 /		
or expended on its behalf						
The value of services or facilities				/		
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions	ľ					
by each person (other than a				<b>V</b>		
· ' '	1	,		1		
supported organization) included					<b> </b> ,	
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		ı		[		
· · · · · · · · · · · · · · · · · · ·	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2018	(f) Total
· · · · · · · · · · · · · · · · · · ·	(a) 2014	(8) 2013	(0) 2010	(4) 2017	(6) 2010	(i) Total
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• 1	/					ŀ
or loss from the sale of capital						ĺ
assets (Explain in Part VI )						
		₹ - ₹		- p	<u> </u>	
Gross receipts from related activities, of	etc (see/instruction	ons)			12	
First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ıx year as a sectio	on 501(c)(3)	
					· · · ·	
<del></del>	<del></del>	<del></del>				
Public support percentage for 2018 (ly	ie 6, column (f) dı	vided by line 11, co	olumn (f))		14	
Public support percentage from 201/7	Schedule A, Part	II, line 14			15	
33 1/3% support test - 2018. If the o	ganization did no	t check the box or	line 13, and line	14 ıs 33 1/3% or r	more, check this box	k and
stop here. The organization qualifies a	s a publicly supp	orted organization				<b>&gt;</b>
33 1/3% support test - 2017/ If the o	ganization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/39	% or more, check the	s box
and <mark>stop here. T</mark> he organization qualif	ies as a publicly s	supported organiza	tion			<b>&gt;</b>
10% -facts-and-circumstances test	2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10% (	or more,
and if the organization meets the "fact	s-and-circumstand	ces" test, check th	s box and stop h	nere. Explain in P	art VI how the organ	ıızatıon
- /					3	<b>•</b>
					17a, and line 15 is	10% or
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<i>,</i>				-		
• /		-				
	. CIG TIGE OFFICER &	20% 01. IIIIO 10, 10E	., 100, 110, 01 1 <u>1</u> 1			
	Include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10  Gross receipts from related activities, effirst five years. If the Form 990 is for organization, check this box and stop public support percentage for 2018 (life public support percentage for 2018 (life public support percentage for 2018 (life public support percentage for 2018 (life public support percentage for 2017 (fifthe organization, check this box and stop here. The organization qualifies a 33 1/3% support test - 2018. If the organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. 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Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instruction of Computation of Public Support Perpublic support percentage from 2017 Schedule A, Part 33 1/3% support test - 2018. If the organization did not stop here. The organization qualifies as a publicly support 31/3% support test - 2017. If the organization did not stop here. The organization meets the "facts-and-circumstances test - 2018. If the organization did not and stop here. The organization meets the "facts-and-circumstances test - 2018. If the organization did not and stop here. The organization meets the "facts-and-circumstances test - 2017. If the organization did not and stop here. The organization meets the "facts-and-circumstances test - 2018. If the organization did not and stop here. The organization meets the "facts-and-circumstances test - 2017. If the organization meets the "facts-and-circumstances test - 2017. If the organization meets the "facts-and-circumstances test - 2017. If the organization meets the "facts-and-circumstances test - 2017. If the organization meets the "facts-and-circumstances test - 2017. If the organization meets the "facts-and-circumstances test - 2017. If the organization meets the "facts-and-circumstances" test The organiz	Include any "unusual grants")  Tax revenues levide for the organization's benefit and either paid to pre expended on its behalf the value of services or facilities furnished by a governmental unit to the organization without charge fotal. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from unrelated business activities, whether or not the obscinces is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third organization, check this box and stop here.  Public support percentage from 2017 Schedule A, Part II, line 14  33 1/3% support test - 2018. If the organization did not check the box or stop here. The organization qualifies as a publicly supported organization 31/3% support test - 2017. If the organization did not check the "facts-and-circumstances" test, check the meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test. The organization of did not check and of the organization meets the "fa	Include any "unusual grants")  Tax revenues leved for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities  turnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions  by each person (other than a  governmental unit or publicly  supported organization) included  on line 1 that exceeds 2% of the  amount shown on line 11,  column (f)  Public support. Subract line 5 from line 4  Gross income from interest,  dividends, payments received on  securities loans, rents, royalties,  and income from similar sources  Net income from unrelated business  activities, whether or not the  business is regularly carried on  Other income Do not include gain  or loss from the sale of capital  assets (Explain in Part VI)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see/instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth to  organization, check this box and stop here.   The organization of Public Support Percentage  Public support test - 2018. If the organization did not check the box on line 13, and line  stop here. The organization qualifies as a publicly supported organization  133 1/3% support test - 2017. If the organization did not check a box on line  130 and if the organization meets the "facts-and-circumstances" test, check this box and  organization meets the "facts-and-circumstances" test, check this box and  organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported  organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported  organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported  organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported  organization meets the "facts-and-circumstances" test. The organiz	reaction's benefit and either paid to or expended on its behalf. The value of services or facilities urnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) micided on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subract line 5 from line 4 lition B. Total Support dorganization micided on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subract line 5 from line 4 lition B. Total Support dorganization mice 4 grows in the sale of capital sases (Explain in Part VI)  Total support had lines 7 through 10 grows received on securities loans, rents, royalties, and income from unrelated business sectivities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital sasests (Explain in Part VI)  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section of the sale of capital sasests (Explain in Part VI)  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section of the sale of capital sasests (Explain in Part VI)  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section of the sale of capital sasests (Explain in Part VI)  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization of dinot check the box on line 13, and line 14 is 33 1/3% or is to phere. The organization qualifies as a publicly supported organization of the properties of the first sand-circumstances' test. The organization duralifies as	Tax revenues leved for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities  timished by a governmental unit to the organization without charge.  Total: Add lines 1 through 3  The portion of total contributions  by each person (other than a  governmental unit or publicly  supported organization) included  an line 1 that exceeds 2% of the  amount shown on line 11,  column (f)  Public support. Subtreative 5 from line 4  Gross income from interest,  dividends, payments received on  securities loans, rents, royalties,  and income from unrelated business  activities, whether or not the  business is regularly carned on  Other income Do not include gain  or loss from the sale of capital  assets (Explain in Part VI)  Total support. Aid lines 7 (through 10  Gross receipts from related activities, etc. (see/instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  progranization, check this box and stop here.  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  progranization, check this box and stop here.  The organization of Public Support Percentage  Public support percentage from 2017 Schedule A, Part III, line 14   33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this  and if the organization qualifies as a publicly supported organization  33 1/3% support test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or  and if the organization friest the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization and if the organization of the check a box on line 13, 16a, or 16b, and line 14 is 10% or  and if the organization filests the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization of the org

Schedule A (Form 990 or 990-EZ) 2018 L	A ROCHE U	NIVERSITY		<b>.</b>	<u> 25-1125</u>	048 Páge 3
Part III Support Schedule for 0	-					
(Complete only if you checked			organization failed	d to qualify under F	Part II If the organizat	tion fáils to
qualify under the tests listed be Section A. Public Support	elow, please comp	plete Part II)				/
	(-) 0014	11.0015	4-> 0046	(.0.0047	1 (1) 2010	(O T-1-1
Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
membership fees received (Do not						
include any "unusual grants ")						
					+ /	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose				/	<b>'</b>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-					1	
ization'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					1	
6 Total. Add lines 1 through 5		-		ļ		
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons		-	/		1	
b Amounts included on lines 2 and 3 received from other than disqualified persons that				į		
exceed the greater of \$5,000 or 1% of the			4			
amount on line 13 for the year	<u> </u>	/		+		
c Add lines 7a and 7b	_	/				
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	<u>.                                    </u>	·/	L	1		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(4) 2011	/ /	(0) 20.0	(5/25)	10/20:0	(1) 10141
10a Gross income from interest,		1				
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income	/					
(less section 511 taxes) from businesses			=	170.4		
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on  12 Other income Do not include gain	<del></del>		-		<del> </del>	
or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)		l		1	<u> </u>	
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organizati	on,
check this box and stop here	o Support Pou	contogo				
Section C. Computation of Publi	<del></del>		(6)		145	-
15 Public support percentage for 2018 (I		•	column (t))		15	%
16 Public support percentage from 2017 Section D. Computation of Inves					16	%
17 Investment income percentage for 20			ne 13 column (fl)		17	%
18 Investment income percentage for			ine 13, column (i))		18	
19a 33 1/3% support tests - 2018. If the			on line 14 and line	a 15 is more than 9		
more than 33 1/3%, check this box as	-					<b>▶</b> □
b 33 1/3% support tests - 2017. If the						<b>,</b>
line 18 is not more than 33 1/3%, che						ightharpoons
20 Private foundation. If the organization						▶□
	· <del></del>					

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		,	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>	, 	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	_3a		
þ	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			i
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1	1	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	'	•	i
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			ļ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			لـــــا
	was accomplished (such as by amendment to the organizing document)	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	~ <del>~~</del>		
_	designated in the organization's organizing document?	5b_		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
.0	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		,	
	Part VI.	6		الــــــــــــــــــــــــــــــــــــ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	,		1
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ļ
	in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			]
	supporting organizations)? If "Yes," answer 10b below	10a		

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

determine whether the organization had excess business holdings.)

10b

Sche	edule A (Form 990 or 990-EZ) 2018 LA ROCHE UNIVERSITY 25	5-112504	8 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ļ
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	<u>No</u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ļ		
	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	<u></u>	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ.		
	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,			
<u> </u>	supervised, or controlled the supporting organization.	2	<u> </u>	
Sec	tion C. Type II Supporting Organizations		г	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ļ		
	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			
800	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations			<del>г</del>
	Oddha asaa ada a ada asab ata a ada a ada a ada a ada a ada a ada a ada a ada a ada a ada a ada a ada a ada a	[	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			١,٠
	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			<b></b>
_	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			
2	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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test Complete line 2 below	itions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s			
2	Activities Test Answer (a) and (b) below.	e instructions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
-	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		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<del>-  </del>	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			. [
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa	ŀ	<del></del> (
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	ii ios. Mestario in : the fore played by the organization in this regard.			

	dule A (Form 990 or 990-EZ) 2018 LA ROCHE UNIVERSITY			25-1125048 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion 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		
Sect	on 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		1 1	
	factors (explain in detail in Part VI)		ı	
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		
Sect	ion C - Distributable Amount		i	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	- 1	
2	Fnter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		7
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-functiona	lly integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

(

instructions)

•	•			
Sche	dule A (Form 990 or 990-EZ) 2018 LA_ROCHE UNIV	ERSITY	2	5-1125048 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga		<u> </u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		_
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	. —	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	·	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		f	
2	Underdistributions, if any, for years prior to 2018 (reason-	í		
	able cause required explain in Part VI) See instructions	•		(
3	Excess distributions carryover, if any, to 2018		•	1
а	From 2013			
b	From 2014			;
С	From 2015	•		
d	From 2016			
е	From 2017			
f	Total of lines 3a through e		, ,	
g	Applied to underdistributions of prior years	1 /		
h	Applied to 2018 distributable amount		-1	
	Carryover from 2013 not applied (see instructions)			
_i	Remainder Subtract lines 3g, 3h, and 3i from 3f		4	
4	Distributions for 2018 from Section D,		1 ,	
	line 7 \$			
a	Applied to underdistributions of prior years			
ь	Applied to 2018 distributable amount	1	•	
С	Remainder Subtract lines 4a and 4b from 4			
. 5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			٠,
	than zero, explain in Part VI. See instructions	,		l l
6	Remaining underdistributions for 2018 Subtract lines 3h	,		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			

Schedule A (Form 990 or 990-EZ) 2018

and 4c

8 Breakdown of line 7

a Excess from 2014

b Fxcess from 2015

c Fxcess from 2016

d Excess from 2017

e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3)

. 'Schedule A	(Form 990 or 990-EZ) 2018 LA ROCHE UNIVERSITY	25-1125048 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a 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 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, Par Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
<del></del>		
		· · · · · · · · · · · · · · · · · · ·
		<del>.</del>
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<del> </del>		
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#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

2018
Open to Public Inspection

Name of the organization Employer identification number LA ROCHE UNIVERSITY 25-1125048 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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 Yes are the organization's property, subject to the organization's exclusive legal control? 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 private benefit? 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 a 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 Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2¢ 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 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Pa		UNIVERSIT			Otho	Cimila		123040		ge ≥
L	organizations maintaining or				_					
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	are a si	gnificant u	use of its	collection	ıtems	
	(check all that apply)									
а	Public exhibition	d	_	hange progra	ams					
ь	Scholarly research	е	Other							
С	X Preservation for future generations						_			
4	Provide a description of the organization's co	•	•	-			se in Pai	rt XIII		
5	During the year, did the organization solicit or				er sımılar	assets	Г	٦.,	(V)	
Do	to be sold to raise funds rather than to be ma							Yes		No
rai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the organization	n answered	res on	Form 990	), Рап IV	, line 9, or		
	Is the organization an agent, trustee, custodia									
13	on Form 990, Part X?	an or other intermedi	ary for contribution	S OF OTHER ass	sets not i	iriciaaea	г	Yes		No
_	If "Yes," explain the arrangement in Part XIII a	and complete the fell	ovena tabla				_	res		NO
b	ii Tes, explain the alrangement in Fart Alli a	ind complete the ion	Owing table					Amount		
С	Beginning balance					1c		Amount		
d	Additions during the year					1d		·		
u	Distributions during the year					1e		•		
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or c	ustodial accor	unt liabili		Γ	Yes		No
	If "Yes," explain the arrangement in Part XIII					,	_		$\vdash$	
Pai						10				
	· _	(a) Current year	(b) Prior year	(c) Two year		(d) Three	years bacl	k (e) Four	years t	ack
1a	Beginning of year balance	5,917,354.	6,826,457.		1,243.		42,884		022,8	
b	Contributions	60,693.	44,398.	49	9,901.	2	27,318		121,4	49.
С	Net investment earnings, gains, and losses	311,737.	278,511.	635	5,183.		88,241		-1,3	66.
d	Grants or scholarships									
е	Other expenditures for facilities				-					
	and programs		1,051,977.							
f	Administrative expenses	221,373.	180,035.	169	9,870.	1	47,200			
g	End of year balance	6,068,411.	5,917,354.	6,826	5,457.	6,3	311,243	. 6,	142,8	84.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a	)) held as						
а	Board designated or quasi-endowment	46.09	_%							
b	Permanent endowment ► 38.53	%								
С	Temporarily restricted endowment ▶15	<u>5.38</u> %								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administer	ed for th	ie organiza	ation	- ر		
	by								Yes	<u>No</u>
	(i) unrelated organizations							3a(i)		<u>X</u>
	(ii) related organizations							3a(11)	<b>—</b> ∔	<u>X</u>
ь	If "Yes" on line 3a(ii), are the related organizat	<u>=</u>						3b		
4	Describe in Part XIII the intended uses of the		wment funds							<del></del>
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	- "1					<del> </del>	4 11		
	Description of property	(a) Cost or of	1 1.7	t or other	٠,,	ccumulate		(d) Book	( value	
	<del></del>	basis (investm		(other)	ae	preciation	-	4	7 02	•
_	Land		<del></del>	7,938.	33 4	286 4	10	45, 16,923	7,93	
ь	•			6,862.		286,4				
C	Leasehold improvements			3,926.		923,9 054,2		$\frac{2,772}{1,999}$		
d	Equipment			3,651.		188,4		2,055		
<u>e</u>	Other		4,24		4,.	100,4			) , <u>1                                  </u>	

LA :	ROCHE	UNIVERSITY	
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Part VII Investments - Other Securities.	***	·····	
Complete if the organization answered "Yes" of	on Form 990, Part IV,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	<u> </u>		
(G)			
(H)			x :
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part,VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			at the control of column
(a) Description of investment	(b) Book value	(c) Method of valuation Cost o	r end of-year market value
(1)			
(2)			
(3)			<del></del>
(4)			
(5)			
(6)			
(7)			
(8)			
Table (Cal /b) must equal form 000 Part V and (P) has 12.)			
Total. (Col. (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets.		1 ·· · · · ·	
Complete if the organization answered "Yes" (		line 11d See Form 990, Part X, line 15	(h) Back value
······································	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	15.)		<b>•</b>
	F 000 B-+ IV	lune 11 a an 114 Car Faure 000 Bart V Iva	- 05
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV,	(b) Book value	e 25
		(b) Book value	
(1) Federal income taxes	-	276,377.	
(2) STUDENT DEPOSITS (3) U.S. GOVERNMENT GRANTS REF	TIMIDABLE	437,149.	•
	UNDABLE	437,143.	İ
(4)			ŧ .
(5)			•
(6)	<del></del>		
(7)		<del></del>	
(8)	<del></del>		, I
(9) Total (Column (b) must equal Form 990, Part Y, col. (R) line	25)	713,526.	,

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

LA ROCHE UNIVERSITY

Schedule D (Form 990) 2018

832054 10-29-18

25-1125048 Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 LA ROCHE UNIVERSITY  Part XIII   Supplemental Information (continued)	25-1125048 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	-14,495,963.
INVESTMENT MANAGEMENT FEES NETTED ON FINANCIALS	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-14,526,728.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	-65,204.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	65,204.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
STUDENT AID NETTED TO REVENUES ON FINANCIALS	14,495,963.
INVESTMENT MANAGEMENT FEES NETTED ON FINANCIALS	30,765.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	14,526,728.
PART V,	
THE ENDOWMENT ACTIVITY FOR THE FISCAL YEAR ENDED 6/30/2019	HAS BEEN
UPDATED PER THE AUDITED FINANCIAL STATEMENTS TO INCLUDE AN	INCREASE TO
INVESTMENT EARNINGS AND LOSSES OF \$311,737 AND ADMINISTRATI	VE EXPENSES OF
\$221,373.	

#### . SCHEDULE E

(Form 990 or 990-EZ)

(, ..... see e. eee **\_\_** 

Department of the Treasury Internal Revenue Service

Part I

Schools

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

► Attach to Form 990 or Form 990-EZ.

► Go to www irs gov/Form990 for the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

LA ROCHE UNIVERSITY

Employer identification number 25-1125048

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	_X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	İ		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		;	
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain		ļ <u>.</u>	
	If you need more space, use Part II	3	X	
	SEE PART II			
			;	
			٠,٠	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	<u> </u>
	If you answered "No" to any of the above, please explain. If you need more space, use Part II		' '	
				1. }
				-
_				
5	Does the organization discriminate by race in any way with respect to			<del></del> -
	Students' rights or privileges?	5a	_	X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	<u>5d</u>		X
	Educational policies?	5e		X
	Use of facilities?	5f	<b>—</b>	X
_	Athletic programs?	5g		X
n	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
			'	
				1
6-	Does the organization receive any financial aid or assistance from a coveremental agency?		X	
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6a 6b	1	X
IJ	If you answered "Yes" on either line 6a or line 6b, explain on Part II	ao	$\vdash$	1
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		1	1
•	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	$\overline{\mathbf{x}}$	
	They from 75-50, 1575-2 C.D. 507, covering radial hondiscrimination? If 140, explain on Fall II	, , , , , , , , , , , , , , , , , , ,	42	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2018

Schedule E (Form 990 or 990-EZ) 2018 LA ROCHE UNIVERSITY  Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable  Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
THE UNIVERSITY ADMITS QUALIFIED STUDENTS OF ANY SEX, RACE,
COLOR, HANDICAP, RELIGION, NATIONAL AND ETHNIC ORIGIN,
VETERAN STATUS AND SEXUAL ORIENTATION TO ALL THE RIGHTS,
PRIVILEGES, AND ACTIVITIES GENERALLY ACCORDED OR MADE
AVAILABLE TO STUDENTS AT THE UNIVERSITY. LA ROCHE UNIVERSITY
DOES NOT DISCRIMINATE IN THE ADMINISTRATION OF ITS EDUCATIONAL PROGRAMS,
ADMISSION POLICIES AND PROCESSES, EMPLOYMENT PRACTICES, SCHOLARSHIP AND
LOAN PROGRAMS, ATHLETIC AND OTHER UNIVERSITY-ADMINISTERED PROGRAMS. LA
ROCHE UNIVERSITY'S NON-DISCRIMINATION POLICY IS ADMINISTERED IN ACCORDANCE
WITH TITLE IX OF THE 1972 EDUCATIONAL AMENDMENTS AND ALL OTHER APPLICABLE
FEDERAL AND PENNSYLVANIA STATUTES.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE ORGANIZATION RECEIVES AN INSTITUTIONAL ASSISTANCE GRANT FROM THE STATE
OF PENNSYLVANIA ANNUALLY AND HAS RECEIVED FEDERAL AND STATE GRANTS
OCCASIONALLY IN SUPPORT OF CONSTRUCTION PROJECTS AND ACADEMIC PROGRAMS.

#### SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Name of the organization

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

LA ROCHE UNIVERSITY 25-1125048 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations X Phone solicitations q X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser to (or retained by) (ii) Activity have custod or entity (fundraiser) from activity or control of contributions organization listed in col (i) DTI DEVELOPMENT - PO BOX 33, Yes No PITTSBURGH, PA 15230 STATE PROPOSAL SUBMISSION Х 31,758 48,000. -16,242. 48,000 31,758. -16,242. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

Sch	edu	le G (Form 990 or 990-EZ) 2018 LA ROCH				1125048 Page 2
Pa	rt	Tarrett are the general complete if the				
		of fundraising event contributions and gro				ts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CELEBRATE LA	1	_	(add col (a) through
			ROCHE!	GOLF OUTING	1	col (c))
Ð			(event type)	(event type)	(total number)	
Revenue			110 055	25 105	12 100	1.60.620
Rev	1	Gross receipts	110,257.	37,195.	13,180.	160,632.
	_	Lana Carabelana	45,325.	30,180.		75 505
	2	Less Contributions	43,323.	30,100.		75,505.
	3	Gross income (line 1 minus line 2)	64,932.	7,015.	13,180.	85,127.
	4	Cash prizes				
		•	· · · ·			
	5	Noncash prizes				
Ses	_	Don't food to conta	8,947.	7,165.	1,750.	17,862.
xper	6	Rent/facility costs	0,347.	7,103.	1,750.	17,002.
Direct Expenses	7	Food and beverages		4,651.	1,528.	6,179.
Dire						
	8	Entertainment	17,729.	45.004	2 24 2	17,729.
	9	Other direct expenses	5,090.	15,034.	3,310.	23,434.
	10	,			<b>.</b>	65,204.
D	11				<b>_</b> _	19,923.
Pa	rt l	_ · · · ·	answered "Yes" on Form	i 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)
Revenue						(-)
Re	1	Gross revenue				
	•					
s	2	Cash prizes				
use						
Direct Expenses	3	Noncash prizes		_		
ct E		Bookfooth cooks				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No —	No No	No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		<b>&gt;</b>	
	8	Net gaming income summary Subtract line 7	from line 1 column (d)		_	
	•	Net gaming income summary Subtract line i	moin line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities			
		the organization licensed to conduct gaming ac	· · · -	states?		Yes No
b	If "	No," explain				
		<u> </u>				
40-	14/-	A Maria Cara Cara Cara Cara Cara Cara Cara			0	The The
		ere any of the organization's gaming licenses re			eai '	Yes No
J	"	Yes," explain		<u> </u>		<del></del>
	_					
ggong	2 10	D-03-18		-	Schedule G (For	m 990 or 990-EZ) 2018

25-1125048 Page 2

Schedule G (Form 990 or 990-EZ) 2018 LA ROCHE UNIVERSITY	25-1125048 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a   %
<b>b</b> An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	e amount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party	
Name ►	
Address	
16 Gaming manager information	
Name	
Name -	· · · · · · · · · · · · · · · · · · ·
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
. 17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	F T Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	pent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and	d (v), and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	<u> </u>

Schedule G (Form 990 or 990 EZ) LA ROCHE UNIVERSITY  Part IV Supplemental Information (continued)	25-1125048 Page 4
Part IV   Supplemental Information (continued)	
	<u> </u>
	·
	· · · · · · · · · · · · · · · · · · ·
ಕೊಳ್ಳು ಕೀಡಿಯ ನೀಡಿಯ ಬ್ಲಿಯ ಮುಖ್ಯದಿಯ ನೀಡಿಗಳು ನೀನ್ನು ಬಿಂಬರಿಯ ದಿಂದ ಮುಂಬು ರವಿಗೆ ಚಿಂಬರಿಗಳು ಮೈಗಳಿಗೆ ಮುಗ್ಗಳ ಬಿಂಬರಿಗೆ ಬಿಂಬ	æ <del>-≥-</del> , ,
	<del></del>

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

OMB No 1545-0047	2018	Open to Public	- Transfer

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

Name of the organization	LA ROCHE UNIVERSITY	IVERSITY						Employer identification number 25-1125048
Part   General Informa	General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the amount or the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	naintain records to su	ubstantiate the	amount or the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assistance?	ne grants or assistant	se?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring t	organization's proced	ures for monito	ring the use of grant	the use of grant funds in the United States	States			
_	r Assistance to Don	nestic Organiza	Grants and Other Assistance to Domestic Organizations and Domestic Governments.		complete if the orga	ınızatıon answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	. IV, line 21, for any
recipient that rece	eived more than \$5,0	00 Part II can b	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	onal space is need	pa	(4) Mostrod of		
1 (a) Name and address of organization or government	of organization nt	( <b>9</b> )	(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
			تج تن شدن					
			<b>6</b> 5.4					
			was and					
			ي پيس					
			. ಎಮ್ಲಭಾರ್					
			<u>.</u>					
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	ection 501(c)(3) and g ther organizations list	overnment orga	anizations listed in the table	e line 1 table				<b>A A</b>

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

Schedule I (Form 990) (2018)

Page 2

25-1125048

Schedule I (Form 990) (2018) LA ROCHE UNIVERSITY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PINANCIAL AID	ا ا ا 1319	89,958.	14,406,005.	FAIR MARKET VALUE	FINANCIAL AID
	್ಷಾ ಮಾಡಿಗುವಾ				
	ಾಪ್ರತಿ ಅತ್ಯು				
	e <del>S</del> ervice				
Part IV Supplemental Information. Provide the information require	uired in Part I, lin	e 2, Part III, column	ed in Part I, line 2, Part III, column (b), and any other additional information	Iditional information	
PART I, LINE 2:					
THE UNIVERSITY AWARDS FINANCIAL AID		LY BASED U	PRIMARILY BASED UPON ACADEMIC MERIT.	IC MERIT.	
THE FUNDS ARE AWARDED VIA ADHERENCE	i	TRIX WHICH	TO A MATRIX WHICH DETERMINES THE	S THE	
AMOUNTS BASED UPON GRADE POINT AVERAGE AND SAT SCORES.	RAGE AND	SAT SCORES			

## SCHEDULE J (Form 990)

# **Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

LA ROCHE UNIVERSITY

**Questions Regarding Compensation** 

Employer identification number 25-1125048

	•		Yes	No
ŀ	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	1		-
[	First-class or charter travel  X Housing allowance or residence for personal use	1.		
[	Travel for companions Payments for business use of personal residence	'		
[	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
[	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			١,
<b>b</b> 1	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	<u>;</u>		
r	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	L.
2 [	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1_1	
t	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
(	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
f	establish compensation of the CEO/Executive Director, but explain in Part III		ļ	1
	X Compensation committee	-		
E	Independent compensation consultant Compensation survey or study	ļ		İ
	Form 990 of other organizations  X Approval by the board or compensation committee			
<b>4</b> [	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		]	
(	organization or a related organization		ļi	
a f	Receive a severance payment or change-of-control payment?	4a		X
b F	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c F	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
(	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 F	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
÷ (	contingent on the revenues of 💛 🕶 🕶 🕶 🕶 🕶 🗢 🗢 🗢 🗢 🕳 🕳 🕳 🕳 🕳 🕳 🕳 🕳 🕳 🕳 🕳 🕳 🕳			<u> </u> :
a T	The organization?	5a		X
b /	Any related organization?	5b		Х
- 1	If "Yes" on line 5a or 5b, describe in Part III			
3 F	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		`	
(	contingent on the net earnings of	<u> </u>		l
a 1	The organization?	6a		X
	Any related organization?	6ь		Х
	If "Yes" on line 6a or 6b, describe in Part III			
b A				
<b>b</b> /	For persons listed on Form 990, Part VII. Section A. line 1a, did the organization provide any nonfixed payments	١.	1	1
<b>b</b> A	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes." describe in Part III	- <del>-</del>		x
<b>b</b> A I 7 F r	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
b / I 7 F r 8 V	not described on lines 5 and 69 If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
b / I 7 F r 3 V	not described on lines 5 and 6? If "Yes," describe in Part III			X

Schedule J (Form 990) 2018

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

LA ROCHE UNIVERSITY

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

Do not list any individuals that aren't listed on Form 990, Part VII

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) SISTER CANDACE INTROCASO, CDP,	€	243,092.	0	0.	17,016.	4,822.	264,930.	0
PRESIDENT	(ii)	0.	0	0	0	0	0	0
(2) ROBERT A. VOGEL	Θ	137,139.	0	0	9,600.	8,593.	155,332.	0.
VP FINANCE/CFO	(11)	• 0	0	0	• 0	0	0	0
(3) MICHAEL W. ANDREOLA	Θ	131,160.	0	0	9,181.	9,682.	150,023.	0
VP INSTITUTIONAL ADVANCEMENT	(II)	0	0	0	0	0	0	0
	Ξ							
	(II)							!
	Ξ							
	(11)							
	(1)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	3							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(1)							
	Ξ		,					
	3							
	Ξ							
	(1)							
	Ξ							
	(1)							
	Ξ							
	Œ							
	Ξ							
	∄							

Schedule J (Form 990) 2018

Department of the Treasury Internal Revenue Service **SCHEDULE K** (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

▼ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

2018 Sopen to Publicate Inspection

OMB No 1545-0047

explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Go tc www.irs.gov/Form990 for instructions and the latest information

**Employer identification number** 

Schedule K (Form 990) 2018 (ı) Pooled financing Yes No × × × ŝ (g) Defeased (h) On behalf 25-1125048 Yes No × × × of issuer ۵ Yes ž × × × 81,847. 2,000,000. Yes 30,104 2,081,847 × × ŝ ပ (f) Description of purpose Yes × × PRIOR PRIOR Z 8,000,000.SEE PART 9,065,987. 93,171. 9,065,987. 2,566,129 REFUND REFUND × ŝ 2014 ISSUE ISSUE 0 Yes × × × 878,033 065,987 (e) Issue price 598. 9,779,435. 9,878,033. 2,795,979 × ŝ 2014 <u>o</u> 98 (d) Date issued 03/31/14 03/31/14 06/04/19 Yes × × × (c) CUSIP# NONE NONE NONE Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of taxable bonds (or, if 25-1398575 25-1349346 25-1349346 (b) Issuer EIN ROCHE UNIVERSITY issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds A DEVELOPMENT AUTHORITY B DEVELOPMENT AUTHORITY MCCANDLESS INDUSTRIAL MCCANDLESS INDUSTRIAL C DEVELOPMENT AUTHORITY Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds LA final allocation of proceeds? (a) Issuer name MOON INDUSTRIAL Amount of bonds retired Other unspent proceeds Total proceeds of Issue Other spent proceeds Part | Bond Issues Part II私 Proceeds LHA ဖ Ŋ œ 6 9 5 9 4 ೮ 4

			25-	25-1125048		į		Page 2
Part III   Private Business Use							•	!
1 Was the organization a partner in a partnership or a member of an 1. C	Yes	Ž	y d A		Yes	2	Vec	Ž
which owned property financed by tax-exempt bonds?		×		×		×		
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×		×		×		
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		×		×		×		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?							į	
c Are there any research agreements that may result in private business use of								
bond-financed property?		×		×		×		
d If "Yes" to line 3c, does the organization routinely engage bond coursel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00		.00		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government ▶		.00 %		% 00.		% 00.		%
6 Total of lines 4 and 5		% 00°		% 00.		% 00.		%
7 Does the bond issue meet the private security or payment test?		X		X		x		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		X		x		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141-12 and 1 145-27								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145-27	×		×		X			
Part IV   Arbitrage								
		4		8		S	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	νo	Yes	Š	Yes	No
Penalty in Lieu of Arbitrage Rebate?	×		×			×		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?						X		
b Exception to rebate?						×		
c No rebate due?						X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed							,	
3 Is the bond issue a variable rate issue?		×		×		×		]
832122 11-01-18						Sch	Schedule K (Form 990) 2018	n 990) 2018

Schedule K (Form 990) 2018

ŝ ŝ Yes Yes 윈서 ٥ × × Yes Yes × ₽× ŝ × × OF ISSUE REPRESENTS DESCRIPTION OF PURPOSE: THE SERIES A BONDS OF 2019 (\$6M) ARE TO BE THE AMOUNT OF BONDS THAT HAVE NOT BEEN DRAWN DOWN BY THE UNIVERSITY AS THE SERIES B BONDS OF 2019 (\$2M) ARE TO BE USED FOR ISSUANCE COSTS AND USED FOR PURCHASE AND CONSTRUCTION OF PROPERTY, PLANT, AND EQUIPMENT. Yes Yes × Part.VII Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (A) ISSUER NAME: MCCANDLESS INDUSTRIAL DEVELOPMENT AUTHORITY ŝ å × × × TO CURRENTLY REFUND A PORTION OF THE 2014 SERIES BONDS. Yes Yes × THE DIFFERENCE BETWEEN THE ISSUE PRICE AND PROCEEDS d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? SCHEDULE K, PART II, LINE 3, PROCEEDS OF ISSUE: Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified SCHEDULE K, PART I, BOND ISSUES: Partiva Procedures To Undertake Corrective Action hedge with respect to the bond issue? d Was the hedge superintegrated? e Was the hedge terminated? Part IV Arbitrage (Continued) OF 6/30/2019 b Name of provider b Name of provider c Term of hedge section 1487 c Term of GIC regulations? SSUE C: (된)

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 instructions and the latest information.

Name of the organization LA ROCHE UNIVERSITY Employer identification number 25-1125048

Pa	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	-	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		1					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	-					-	
9	Securities - Publicly traded	Х	4	139,099.	MARKET VALU	Έ		
10	Securities - Closely held stock			·				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()				<u> </u>			
26	Other • ()							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	ement 29				
						-	Yes	No
30a	During the year, did the organization receive by	contributio /	n any property rep	orted in Part I, lines 1 throug	h 28, that it			Ì
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	)				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II			•				
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ons?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			ĺ	
	contributions?					32a	Х	
b	If "Yes," describe in Part II							}
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			}
	describe in Part II					1 1	l	İ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 LA ROCHE UNIVERSITY	25-1125048 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information	and 33, and whether the organization ra combination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE NUMBER OF CONTRIBUTIONS IN COLUMN (B) REPRESENTS 1	THE NUMBER OF
CONTRIBUTORS.	
SCHEDULE M, LINE 32B:	
LA ROCHE UNIVERSITY USES FRAGASSO FINANCIAL ADVISORS T	O SELL THE
NON-CASH STOCK CONTRIBUTIONS.	
<del></del>	
	<u> </u>
<del></del>	

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Schedule M (Form 990) 2018

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

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

. Name of the organization

Employer identification number

LA ROCHE UNIVERSITY	25-1125048
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
UNIVERSITY INTEGRATES LIBERAL ARTS AND PROFESSIONAL EDUCAT	ION IN
CREATIVE WAYS, EMPOWERING ALL MEMBERS OF OUR COMMUNITY TO	ВЕСОМЕ
LIFELONG LEARNERS, ACHIEVE SUCCESS IN THEIR CHOSEN CAREERS	AND PROMOTE
JUSTICE AND PEACE IN A CONSTANTLY CHANGING GLOBAL SOCIETY.	
	·
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
LA ROCHE WILL BECOME PITTSBURGH'S NEWEST UNIVERSITY, ONE T	HAT OFFERS
ITS STUDENTS TRANSFORMATIVE EXPERIENCES WITHIN A SAFE, CAR	ING, AND
INCLUSIVE COMMUNITY.	
QUALITY EDUCATION:	
LA ROCHE UNIVERSITY OFFERS ITS STUDENTS A HIGH VALUE EDUCA	TION WHICH
BALANCES THE REALITY OF CAREER PREPARATION WITH THE ESSENT	IALS OF A
CLASSICAL LIBERAL ARTS CURRICULUM. THE CURRICULUM IS CHARA	CTERIZED BY A
STRONG GLOBAL PERSPECTIVE, INTERDISCIPLINARY COURSES, AND	SIGNATURE
UNDERGRADUATE AND GRADUATE PROFESSIONAL PROGRAMS. THE FACU	LTY IS
DIVERSE AND POSSESSES BOTH ACADEMIC AND PROFESSIONAL CREDE	NTIALS.
IN KEEPING WITH THE GLOBAL COMPASS OF ITS MISSION, THE UNI	VERSITY
RECRUITS STUDENTS FROM BOTH ITS TRADITIONAL HOME BASE IN W	ESTERN
PENNSYLVANIA, NUMEROUS OTHER STATES, AND MANY FOREIGN COUN	TRIES. THE
UNIVERSITY STRIVES TO ENROLL ACADEMICALLY SUPERIOR STUDENT	S OF DIVERSE
RELIGIOUS, ETHNIC, RACIAL, AND SOCIOECONOMIC BACKGROUNDS A	ND ENSURES
THAT STUDENTS WITH LESSER PREPARATION ARE FURNISHED THE AS	SISTANCE THEY
NEED TO ENABLE THEM TO ACHIEVE ACADEMIC AND CAREED SUCCESS	

Employer identification number 25-1125048

LA ROCHE UNIVERSITY HAS AN ACADEMIC CULTURE THAT EMPHASIZES OUTCOMES

BASED ASSESSMENT OF STUDENT ACHIEVEMENT. THE MORAL COMPONENT OF

EDUCATION IS EMPHASIZED AND AN UNDERSTANDING OF THE CATHOLIC TRADITION

AND OTHER RELIGIOUS TRADITIONS IS AVAILABLE TO THOSE STUDENTS WHO WISH

TO EXPLORE THEIR FAITH IN AN ACADEMIC ENVIRONMENT.

### MISSION AND IDENTITY:

LA ROCHE OFFERS HIGH-QUALITY EDUCATIONAL OPPORTUNITIES THAT REFLECT ITS

CATHOLIC HERITAGE AND THE MISSION OF ITS FOUNDING AND SPONSORING

CONGREGATION, THE CONGREGATION OF DIVINE PROVIDENCE, TO "CO-CREATE A

WORLD OF COMPASSION, JUSTICE AND PEACE". THAT COMMITMENT TO PEACE AND

JUSTICE PERMEATES ALL ASPECTS OF THE UNIVERSITY - SPIRITUAL, ACADEMIC,

SOCIAL, INTERCULTURAL, AND COMMUNITY SERVICE. THAT COMMITMENT IS

REFLECTED IN THE UNIVERSITY'S GLOBAL FOCUS, WHICH PROVIDES THE ENTIRE

LA ROCHE COMMUNITY WITH THE OPPORTUNITY TO REACH ACROSS THE POLITICAL,

CULTURAL, AND ECONOMIC DIVIDES AND WORK TOWARD BECOMING A TRUE GLOBAL

COMMUNITY.

# STUDENT SUCCESS:

THE SUCCESS OF OUR STUDENTS IS OF PARAMOUNT IMPORTANCE IN ALL THAT WE

DO AT THE UNIVERSITY. WE ARE COMMITTED TO PROVIDING A LEARNING

ENVIRONMENT WHICH IS CONDUCIVE TO ACADEMIC ACHIEVEMENT, ENHANCED BY AN

OVERALL CAMPUS ENVIRONMENT THAT CONTRIBUTES TO THE MENTAL, PHYSICAL,

SPIRITUAL AND EMOTIONAL DEVELOPMENT OF OUR STUDENTS. ALL THIS IS

ACCOMPLISHED NOT ONLY THROUGH THE PROVISION OF APPROPRIATE RESOURCES,

BUT ALSO THROUGH THE EXAMPLE AND CARING INTERACTION OF THE FACULTY,

STAFF AND ADMINISTRATION, BOTH INSIDE AND OUTSIDE OF THE CLASSROOM.

THE UNIVERSITY'S MISSION EMBODIES THE KEY ELEMENTS OF STUDENT SUCCESS.

ONE IS THE ABILITY OF STUDENTS TO BECOME ACCOMPLISHED PRACTITIONERS IN

THEIR CHOSEN FIELDS WHO ARE IMBUED WITH A LIFELONG THIRST FOR

KNOWLEDGE. ANOTHER IS THE ABILITY FOR STUDENTS TO TRULY VIEW THEMSELVES

AS CITIZENS OF A GLOBAL SOCIETY. FINALLY, STUDENT SUCCESS IS SEEN IN

THE WOMEN AND MEN OF ALL AGES, FAITHS, NATIONALITIES AND BACKGROUNDS

WHO, AFTER THEIR TIME AT THE UNIVERSITY, GO FORTH INTO THE WORLD

SUFFUSED WITH A DESIRE TO PROMOTE PEACE AND JUSTICE WHEREVER THEY GO,

AND WHO, IN SO DOING, CONTINUE TO DEMONSTRATE THAT LA ROCHE UNIVERSITY

IS PREPARING STUDENTS WHO TRULY ARE THE BEST FOR THE WORLD.

# STEWARDSHIP OF RESOURCES:

ADEQUATE RESOURCES ARE VITAL TO THE SUCCESS OF LA ROCHE UNIVERSITY. WE

ARE COMMITTED TO UTILIZATION OF AVAILABLE RESOURCES IN A MANNER THAT

ACHIEVES MAXIMUM EFFECTIVENESS FOR THE UNIVERSITY, ENSURING THE WISE

AND EFFICIENT USE OF OUR RESOURCES WHILE RESPECTING THE LARGER

ENVIRONMENT THROUGH SUSTAINABILITY.

LA ROCHE'S INITIATIVES CLUSTER UNDER FOUR STRATEGIC THEMES DEFINED AS FOLLOWS:

- ACADEMIC QUALITY AND DISTINCTION - LA ROCHE WILL BE A GROWING

INSTITUTION OF DISTINCTION. WE WILL BE KNOWN FOR OUR ACADEMIC PROGRAMS,

OUR FAR-REACHING INFLUENCES, THE QUALITY OF OUR FACULTY, AND THE

ACADEMIC DEVELOPMENT OF OUR STUDENTS. THE GROWTH AND DEVELOPMENT OF THE

FACULTY AND THE NEW PROGRAMS LA ROCHE DEVELOPS TO EDUCATE WELL-ROUNDED

AND WORKFORCE-READY STUDENTS WILL WORK TO ENHANCE AND BROADEN OUR

REPUTATION.

- GLOBAL IDENTITY - BUILDING ON THE WORK ALREADY BEGUN, LA ROCHE UNIVERSITY WILL BE KNOWN FOR THE IMPACT IT HAS ON THE WORLD. STUDENTS AND FACULTY WILL HAVE AN UNMATCHED OPPORTUNITY FOR MULTICULTURAL EXPERIENCES BOTH ON CAMPUS AND ABROAD. OUR GRADUATES WILL ENTER THE WORLD WITH AN APPRECIATION OF JUSTICE, PEACE, AND GLOBAL CITIZENSHIP FOUNDATIONAL VALUES OF THE DIVINE PROVIDENCE CHARISM.

- TRANSFORMATIVE EXPERIENCES - LA ROCHE UNIVERSITY WILL BE A COMMUNITY THAT TRANSFORMS STUDENTS AND PREPARES THEM FOR LIFE AFTER UNIVERSITY. STUDENTS OF ALL BACKGROUNDS WILL EXPERIENCE A WELCOMING ENVIRONMENT CONSISTENT WITH OUR FOUNDATIONAL VALUES. STUDENTS WILL BE ENCOURAGED, ENRICHED, AND ENGAGED IN AND OUT OF THE CLASSROOM. GRADUATION RATES AND RETENTION RATES WILL INCREASE AND STUDENTS WILL LEAVE LA ROCHE AS TRANSFORMED INDIVIDUALS AND AS COMMITTED ALUMNI.

- STRATEGIC AND MANAGED GROWTH - LA ROCHE UNIVERSITY WILL BE A LARGER CAMPUS SERVING DIVERSE STUDENTS AND THE WORLD. UTILIZING TECHNOLOGY AND RECOGNIZING CHANGING DEMOGRAPHICS OF UNIVERSITY LEARNERS WILL BE CRITICAL TO ENSURING THE GROWTH OF THE UNIVERSITY. RESOURCES FOR THE UNIVERSITY WILL BE ENHANCED THROUGH ENROLLMENT GROWTH, FUNDRAISING, AND THE DEVELOPMENT OF FACILITIES.

FORM 990, PART VI, SECTION A, LINE 1:

BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE GENERAL SUPERVISION OF THE ADMINISTRATION AND PROPERTY OF THE UNIVERSITY EXCEPT THAT UNLESS SPECIFICALLY EMPOWERED BY THE BOARD TO DO SO, IT MAY NOT TAKE ANY ACTION INCONSISTENT WITH A PRIOR ACT OF THE BOARD, AWARD DEGREES, ALTER Schedule O (Form 990 or 990-EZ) (2018) BYLAWS, LOCATE PERMANENT BUILDINGS ON TAX-EXEMPT PROPERTY HELD FOR

UNIVERSITY PURPOSES, REMOVE OR APPOINT THE PRESIDENT OF THE UNIVERSITY, OR

TAKE ANY ACTION WHICH HAS BEEN RESERVED FOR THE BOARD OR EXERCISE SUCH

POWERS AS CANNOT BE DELEGATED BY APPLICABLE LAW. ALL EXECUTIVE COMMITTEE

MEMBERS ARE MEMBERS OF THE BOARD OF TRUSTEES AND INCLUDE THE CHAIR, THE

VICE CHAIR, THE CHAIR OF THE FINANCE COMMITTEE, THE CHAIR OF THE HUMAN

RESOURCE COMMITTEE, THE CHAIR OF TRUSTEES COMMITTEE, THE CDP PROVINCIAL

DIRECTOR, THE PRESIDENT AND A TRUSTEE AT-LARGE.

FORM 990, PART VI, SECTION A, LINE 2:

ANTHONY AND SUSAN QUAINTON ARE HUSBAND AND WIFE AND ARE BOTH MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OF THE PROVINCIAL COUNCIL OF THE SISTERS OF DIVINE PROVIDENCE HAVE

RESERVED POWERS, E.G., TO ACCEPT OR REJECT A PRESIDENTIAL NOMINEE, APPROVE

SALE OR DISTRIBUTION OF ASSETS, ETC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS REVIEWED INITIALLY BY THE UNIVERSITY'S CHIEF FINANCIAL

OFFICER AND IS THEN PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD FOR

REVIEW AND APPROVAL. AN ELECTRONIC COPY OF THE RETURN IS THEN PROVIDED TO

EACH MEMBER OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SECRETARY TO THE BOARD/GENERAL COUNSEL ANNUALLY COMPILES, MAINTAINS,

AND SCREENS A LIST OF POTENTIALLY CONFLICTED ENTITIES AND INDIVIDUALS,

INCLUDING BOARD MEMBERS AND KEY EMPLOYEES FOR POSSIBLE CONFLICTS OF

'Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number LA ROCHE UNIVERSITY 25-1125048 INTEREST. THE UNIVERSITY TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IF A PERSON WHO IS COVERED BY THE CONFLICT OF INTEREST POLICY FAILS TO DISCLOSE AN ACUTAL OR POSSIBLE CONFLICT OF INTEREST. NO PERSON VOTES ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING IN WHICH SUCH PERSON HAS A CONFLICT OF INTEREST. THE MINUTES OF SUCH MEETING WILL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE PERSON HAVING A CONFLICT ABSTAINED FROM VOTING. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT, WHICH INCLUDES AN EVALUATION OF THE PRESIDENT'S COMPENSATION. CONSIDERATION IS GIVEN TO COMPENSATION LEVELS PROVIDED TO PRESIDENTS AT PEER INSTITUTIONS. DURING THE 2015 FISCAL YEAR, THE UNIVERSITY INTRODUCED A COMPENSATION PROGRAM WHICH CLASSIFIED EACH POSITION INTO A PAY GRADE AND COMPARED EACH PAY GRADE TO PEER INSTITUTIONS. A BENCHMARK HAS BEEN ESTABLISHED TO ASSESS EACH EMPLOYEE'S COMPENSATION IN FUTURE PERIODS. FORM 990, PART VI, SECTION C, LINE 19: ALL RELEVANT DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2018

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Employer identification number 25-1125048Open to Public Inspection

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 LA ROCHE UNIVERSITY

Direct controlling entity End-of-year assets (e) Total income € Legal domicile (state or foreign country) Primary activity Ξ Name, address, and EIN (if applicable) of disregarded entity <u>e</u>

| 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

organizations during the tax year						
(a)	(q) ,	(0)	(p)	(e)	(£)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization	9.	foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes
PACEM IN TERRIS INSTITUTE - 25-1733322						
9000 BABCOCK BOULEVARD	PROVIDE STUDENT AID FOR					_
PITTSBURGH, PA 15237	HIGHER LEARNING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A	×
CONGREGATION OF DIVINE PROVIDENCE -						
25-0965565, 9000 BABCOCK BOULEVARD,	PROVIDE STUDENT AID FOR					
PITTSBURGH, PA 15237	HIGHER LEARNING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A	×
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For Paperwork Reduction Act Notice, see the Instructions for Form 950.

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 LA ROCHE UNIVERSITY

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

(a)	(q)	(c)	(P)	(a)	(4)	(6)	(h)	(1)	(5)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from fax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		toreign country)		sections 512-514)		dosers	Yes No	K-1 (Form 1065)	Yes No	
					•					
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	•									
Identification of Related Organizations Taxable as a Cornoration or Trust. Complete if the organization answered "Yes" on Form 990. Part IV line 34. herange it had one or more related	ganizations Taxable a	Corpo	ration or Trust Co	molete if the organization	saY" harawara uc	on Form 990 Pa	ort IV line 34	1 herailse it had or	or ro	re related

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

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(a)	(p)	(0)	( <del>Q</del> )	(e)			£	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity Corp, Scorp,	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	ກ 13) ກ່ອd
		country)		Of fides)		822613		Yes No	٥
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Schedule R (Form 990) 2018

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Page 3

# Schedule R (Form 990) 2018 LA ROCHE UNIVERSITY

Part V Iransactions With Helated Organizations. Complete if the organ	inization answered	"Yes" on Form 9	organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	or 36				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	elle					Yes	2	
i During ure tax year, did the organization engage in any or the following transactions with one or more related organizations listed in Parts in v	iransactions with	one of more relat	ed organizations listed if	raits II:10			۽	_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	trolled entity				ā		4	
b Gift, grant, or capital contribution to related organization(s)					4		×	
c Gift, grant, or capital contribution from related organization(s)					10		×	
d Loans or loan guarantees to or for related organization(s)					14		×	
e Loans or loan guarantees by related organization(s)					1e		×	
f Dividends from related organization(s)					14		×	
g Sale of assets to related organization(s)					19		×	
h Purchase of assets from related organization(s)					ŧ	X		
i Exchange of assets with related organization(s)					1		×	
j Lease of facilities, equipment, or other assets to related organization(s)					ij		×	
	;						];	
k Lease of facilities, equipment, or other assets from related organization(s)	(s) <sub>L</sub>				¥		×	
I Performance of services or membership or fundraising solicitations for related organization(s)	related organizatio	su(s)			=	×		
m Performance of services or membership or fundraising solicitations by related organization(s)	related organizatioi	n(s)			Ŧ		×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ed organization(s)				ţ	×		
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					10	×		
					•	1		
Reimbursement paid to related organization(s) for expenses					<b>1</b>	×		
<ul> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>					5	×	ľ	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>					+		×	
s Other transfer of cash or property from related organization(s)					15		×	
2 If the answer to any of the above is "Yes," see the instructions for inform	mation on who mu	ust complete this	ine, including covered re	information on who must complete this line, including covered relationships and transaction thresholds			İ	
(a) Name of related organization	<u>-</u>	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved			
	-	type (a-s)						
(1)								
ý.								
(3)								
1								
(1)								
(5)								
(9)							İ	
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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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclus	sion for certain inve	stment partnerships					i		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Leçal domicile (state or foreign	(d) Predominant income procelated, unrelated,	Are all Are all 501(c)(3)	(f) Share of total	(g) Share of end-of-vear	Dispropor- tionale	Code V-UBI General or Percentage amount in box 20 managing connership	(j) General or managing	(k) Percentage ownership
		country)	excluded from tax under sections 512-514)	Yes No	_	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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		<b>3</b> 20 € -==								
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		<b>.</b>						Schedule	R (Forn	Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 LA ROCHE UNIVERSITY Part VII Supplemental Information.	25-1125048 Page
Provide additional information for responses to questions on Schedule R. See instructions	
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Schedule R (Form 990) 2018

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