efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

For Paperwork Reduction Act Notice, see the separate instructions.

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.

2018 Open to Public

☐ Yes ☐ No

Form **990** (2018)

Cat. No. 11282Y

DLN: 93493195024090 OMB No. 1545-0047

Form **990**

Department of the

reasur	•	nue Servio		or instructions and the	: iatest iiii	ormation.		Inspection
				ning 07-01-2018 , and ending 06-	30-2019			
Che	ck if a	pplicable:	C Name of organization	-		D Employ	er identif	ication number
		change	GOUCHER COLLEGE			52-059:	1613	
	ne ch	-	Doing business as			—		
	ial ret I retur	turn n/terminate						
		d return	Number and street (or P.O. box if ma	il is not delivered to street address) Room/s	uite	E Telephon	ne number	
□ App	olicatio	on pendin	g 1021 Dulaney Valley Road			(410) 3	37-6000	
			City or town, state or province, count	ry, and ZIP or foreign postal code				
			Baltimore, MD 21204			G Gross re	ceipts \$ 19	94,507,730
			F Name and address of principal	officer:	H(a) Is	s this a group re	turn for	
			Kent Devereaux 1021 Dulaney Valley Road			ubordinates?		□Yes ☑ No
			Baltimore, MD 21204			re all subordinat ncluded?	es	☐ Yes ☐No
Tax	-exer	npt status	s: ☑ 501(c)(3) ☐ 501(c)() ◀ (i	nsert no.) \square 4947(a)(1) or \square 527		f "No," attach a l	ist. (see	instructions)
W	ebsit	: e: ► w	ww.goucher.edu		H(c) G	roup exemption	number	>
Form	n of oi	rganizatio	n: 🗹 Corporation 🗌 Trust 🔲 Assoc	iation Other	L Year of f	formation: 1885	M State	of legal domicile:
							טויוט	
Pa	rt I		nmary					
		,	escribe the organization's mission or College is dedicated to a liberal arts	most significant activities: education that prepares students with	in a broad	humane perspec	ctive for :	a life of inquiry
ب			y, and critical and analytical thinking		iii a bioaa,	namane perspec	cerve ror	a me or maan y,
2	-							
	-							
	2	Check t	his how • I if the organization disc	continued its operations or disposed of	more than	25% of its net a	ccatc	
2				body (Part VI, line 1a)			3	38
o o	4	Number	of independent voting members of t	the governing body (Part VI, line 1b)			4	37
100			· ·	endar year 2018 (Part V, line 2a)			5	1,874
TO COLUMN		Total nu	6	459				
ť		Total ur	7a	753,090				
				Form 990-T, line 34			7b	0
						Prior Year		Current Year
_	8	Contrib	utions and grants (Part VIII, line 1h)			15,901,5	532	9,611,723
Rəvenue			n service revenue (Part VIII, line 2g)	84,041,5		85,685,427		
ōΛċ		_	nent income (Part VIII, column (A), lir			10,425,3		3,975,756
α.			evenue (Part VIII, column (A), lines 5	•		1,325,9		1,434,764
				t equal Part VIII, column (A), line 12)		111,694,3	1	100,707,670
			and similar amounts paid (Part IX, co			36,830,0		39,859,894
			s paid to or for members (Part IX, col	, ,,		30,030,0	0	33,033,03
'n				nefits (Part IX, column (A), lines 5–10)		41,948,3		43,303,305
Expenses			ional fundraising fees (Part IX, colum	, , , , , , , , , , , , , , , , , , , ,		11,510,5	0	13,303,303
e)			draising expenses (Part IX, column (D), li	, , ,			1	
X			xpenses (Part IX, column (A), lines 1	· · · · · · · · · · · · · · · · · · · 		30,313,9	242	32,419,084
			spenses. Add lines 13–17 (must equa	•		109,092,3		115,582,283
			e less expenses. Subtract line 18 fro			2,602,0		-14,874,613
S		Revenu	e less expenses. Subtract line 10 hol		Begin	ning of Current Y		End of Year
Fund Balances						-3 -2 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3		
3 ala	20	Total as	sets (Part X, line 16)			427,212,0	082	412,296,969
<u> </u>			bilities (Part X, line 26)			140,480,0	072	135,882,698
FE	22	Net ass	ets or fund balances. Subtract line 2	1 from line 20		286,732,0	010	276,414,271
Pa	rt II	Sig	nature Block					
				ned this return, including accompanying	-		,	•
	eage 10wle		ier, it is true, correct, and complete.	Declaration of preparer (other than off	icer) is bas	ed on all informa	ation of v	vnich preparer nas
		l k						
		Signs	ature of officer			2020-07-13 Date		
ign		F Sigila	active of officer			Date		
lere	1		Ward Controller or print name and title					
		 ▼ 'ype		Danaga da signa tima	Data	<u> </u>	DTIN'	
١			Print/Type preparer's name	Preparer's signature	Date	Check L if	PTIN	
Paic		-	Firm's name			self-employed Firm's EIN ►		
	are		inni silane 🚩			I IIIII S EIIN		
Jse	On	ıy [Firm's address ▶			Phone no.		

	1 990 (2018)					Page 2
Pa	ort III Statement	of Program Ser	vice Accomplis	hments		
	Check if Sched	dule O contains a re	sponse or note to a	any line in this Part III		🗆
1	Briefly describe the o	rganization's missio	n:	•		
critic	al and analytical thinkir	ng. The College's vi	sion is to become t	he model for accessib	broad, humane perspective for a le transformational education tha th people who are not like them	at integrates curricular and
2	Did the organization of the prior Form 990 or If "Yes," describe the	r 990-EZ?		- ·	which were not listed on	☐ Yes ☑ No
3	Did the organization of			changes in how it con	ducts, any program	. □Yes ☑No
	If "Yes," describe the	se changes on Sche	dule O.			
4	Describe the erganiza					
4		d 501(c)(4) organiz	ations are required	to report the amount	e largest program services, as m of grants and allocations to othe	
4 4a	Section 501(c)(3) and	d 501(c)(4) organiz	ations are required	to report the amount		
	Section 501(c)(3) and expenses, and revent	d 501(c)(4) organiza ue, if any, for each p	ations are required program service re	to report the amount ported.	of grants and allocations to other	ers, the total
	Section 501(c)(3) and expenses, and revenu	d 501(c)(4) organiza ue, if any, for each p	ations are required program service re	to report the amount ported.	of grants and allocations to other	ers, the total
4a	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data (Code:	d 501(c)(4) organiz ue, if any, for each p) (Expenses \$	ations are required program service re 91,442,121	to report the amount ported. including grants of \$	of grants and allocations to other	77,862,513)
4a 4b	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data (Code: See Additional Data (Code: See Additional Data) (Expenses \$) (Expenses \$) (Expenses \$	91,442,121 6,696,811 601,504	to report the amount ported. including grants of \$ including grants of \$	of grants and allocations to other 38,381,915) (Revenue \$	77,862,513) 6,953,637)
4a 4b	Section 501(c)(3) and expenses, and revenue (Code: See Additional Data (Code: See Additional Data (Code: See Additional Data) (Expenses \$) (Expenses \$) (Expenses \$) (Expenses \$	91,442,121 6,696,811 601,504	to report the amount ported. including grants of \$ including grants of \$ including grants of \$	of grants and allocations to other 38,381,915) (Revenue \$	77,862,513) 6,953,637)

Par	Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8		8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	Yes	
			Form 90	0 (2018)

	Form 990 (2018)										
Par	Checklist of Required Schedules (continued)										
			Yes	No							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No							
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No							
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes								
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No							
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No							
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes								
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes								
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No							
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b									
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes								
Pa	Statements Regarding Other IRS Filings and Tax Compliance										
	Check if Schedule O contains a response or note to any line in this Part V										
			Yes	No							

3,620

Form **990** (2018)

1a

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

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

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Nο 5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Nο solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were Organizations that may receive deductible contributions under section 170(c). 7a Yes

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h

Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

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

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

15

Nο

Form 990 (2018)

		Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	ule O.	See instructions.	•	onse to	lines V
Se	ction	A. Governing Body and Management				37	
1 a	Enter t	the number of voting members of the governing body at the end of the tax year		1		Yes	No
10	Lincer	the number of voting members of the governing body at the end of the tax year	1a	38			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O.					
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	37			
2		y officer, director, trustee, or key employee have a family relationship or a busine , director, trustee, or key employee?	ss rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ters, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did the	e organization have members or stockholders?			6		No
7a	Did the	e organization have members, stockholders, or other persons who had the power ters of the governing body?	o elec	t or appoint one or more	7a		No
b		y governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?			7 b		No
8		e organization contemporaneously document the meetings held or written actions lowing:	undert	taken during the year by			
а	The go	overning body?			8a	Yes	
b	Each c	ommittee with authority to act on behalf of the governing body?			8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who caration's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenue	e Code	∍.)	
						Yes	No
		e organization have local chapters, branches, or affiliates?			10a		No
b		r," did the organization have written policies and procedures governing the activitie anches to ensure their operations are consistent with the organization's exempt p			10b		
	form?				11a	Yes	
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form	990.				
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
	conflic				12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the ule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did the	e organization have a written whistleblower policy?			13	Yes	
14	Did the	e organization have a written document retention and destruction policy?			14	Yes	
15		e process for determining compensation of the following persons include a review as, comparability data, and contemporaneous substantiation of the deliberation and					
а	The or	ganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Yes	" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a		e organization invest in, contribute assets to, or participate in a joint venture or si e entity during the year?			16a		No
b	in joint	," did the organization follow a written policy or procedure requiring the organizat t venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?	ard the		161		
C ^		C. Disclosure			16b		
<u>5e</u> 17		e States with which a copy of this Form 990 is required to be filed					
		<u>AK , FL , M</u>		O, MI, NJ, NY, OH, OK	, OR , '	WA	
18	only) a	n 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the	at app	ply.			
		wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in So		•			
19	policy,	be in Schedule O whether (and if so, how) the organization made its governing do and financial statements available to the public during the tax year.					
20		the name, address, and telephone number of the person who possesses the organ Ward 1021 Dulaney Valley Road Baltimore, MD 21204 (410) 337-6132	ızation	rs pooks and records:			

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

	990 (2018)			_											Page 8
Part			, Key I	Empl			and	High			ate		(cont		
	(A) Name and Title	(B) Average hours per week (list any hours for related	•	ne bo	n off	t che inle: ficer rust	ss pers r and a tee)	son	Repo compe fror organiz	D) ortable ensation m the ation (\ 9-MISC	N-	(E) Reportable compensatio from relate organizations 2/1099-MIS	on d (W-	Estima amount of compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensate employee	Former	-,		,	7,	-,	relat organiza	ed
See A	dditional Data Table						6								
	ıb-Total						•								
	otal from continuation sheets to Pa otal (add lines 1b and 1c)						-		2,3	343,302			0		389,833
	Total number of individuals (including of reportable compensation from the c			e liste	ed al	bov	e) who	rec	eived mo	re than	\$10	0,000			
														Yes	No
	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>				ey er •	mpl	oyee,	or hi	ghest cor	npensa • •	ted •	employee on • •	3	Yes	
	For any individual listed on line 1a, is organization and related organizations individual											the	4	Yes	
	Did any person listed on line 1a receiv services rendered to the organization?		•						-	tion or	indi\ •	ridual for	5	163	No
Sec	ction B. Independent Contract	ors													
	Complete this table for your five higher from the organization. Report compen												ompen	sation	
	Name a	(A) nd business addre	:SS							C	escr	(B) ption of services		(C Comper	
_	g-Turner Contracting Comp Conference Center Dr									General	cont	racting services		15	,198,744
Chantil	ly, VA 20151 petit Management Co									Food so	avico	provider		5	,507,055
	rulaney Valley Road									roou sei	vice	provider		3	,307,033
Baltimo	ore, MD 21204 Saint Gross Inc									Constru	ction	design services			699,956
1040 Hull Street															
	ore, MD 21230														
Gaudreau Inc 810 Light St							510,086								
Baltimo	ore, MD 21230 quisition & Construction									Contract	or				499,560
d/b/a A 2680 A	Astroturf Corp butment Road									Contract	.01				+55,500
2 To	GA 30721 otal number of independent contractors		not lim	ited t	o th	ose	listed	abov	ve) who r	eceived	mo	re than \$100,0	000 of		
co	mpensation from the organization $ ightharpoons$ 4	13												Form 99	0 (2018)

Part	VII	Statement of	Revenue									rage 3
		Check if Schedul	le O contains a	respo	onse or note to an	/ line in th	nis Part VIII					<u> 🗆</u>
							A) evenue	Rela ex fui	(B) ated or empt nction venue		(C) Jnrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(6	1	.a Federated campaig	ns	1a	0			16	venue			312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	j	1 b	0							
Gra mo		c Fundraising events		1c	13,409							
Ę (ż		d Related organizatio	ons	1d	0							
ija ija		e Government grants (co	ontributions)	1e	3,199,301							
ns, Sim		f All other contributions			<u> </u>							
atio er		and similar amounts n above	ot included	1f	6,399,013							
들됨		g Noncash contribution										
Cont and		in lines 1a - 1f:\$ h Total. Add lines 1a	1.5		<u>5,887</u>							
S E		n Iotal. Add lines Ia	-11	•			9,611,723					
an	_	Hadanaad Taikina Fara	- D 0 D		Busines	s Code	77.8	362,513	77.86	52,513		0 0
Service Revenue		a Undergrad Tuition, Fees				611310		953,637	<u> </u>	53,637		0 0
8 €		Graduate Tuition, Fees,				611310		369,277		59,277		0 0
vice	•	C Continuing Professional	Education			611310		,05,277		,,,,,,		-
Ş	c	u ———										
ram	6	e		_				0		0		0 0
Program	f	f All other program se	ervice revenue	•	L	<u>I</u> ,685,427						<u> </u>
<u>a</u>	g	JTotal. Add lines 2a-2	2f		•	.005,427		_				
		Investment income (i similar amounts) .			interest, and other		3,138,44	1	1	0	-11,359	3,149,800
		Income from investme			ond proceeds	<u> </u>		0	1	0	0	
						•		0		0	0	0
			(i) Real		(ii) Personal							
	6	a Gross rents	5	98,754		0						
	I	b Less: rental expenses		83,633		0						
	•	c Rental income or (loss)	2	15,121		0						
	•	d Net rental income o	or (loss)				215,12	1	1	0	199,729	15,392
			(i) Securit	ies	(ii) Other							
	7	a Gross amount from sales of	91,0	66,240	3,144,76	50						
		assets other than inventory										
	ı	b Less: cost or										
		other basis and sales expenses	91,7	01,185	1,672,50	00						
		C Gain or (loss)		34,945	1,472,26	50						
		d Net gain or (loss)			•		837,31	5	-	0	17,414	819,901
e	88	a Gross income from f (not including \$	undraising eve 13,409									
eun		contributions reporte See Part IV, line 18			30,52	7						
ev	1	b Less: direct expense		a b	42,74	_						
۳.		c Net income or (loss)			·		-12,21	5			0	-12,215
Other Revenue	98	a Gross income from g		es.								
O		See Part IV, line 19		а	}							
	ı	b Less: direct expense	es	b		-						
		c Net income or (loss)		activit	ies							
	10	aGross sales of invent										
		returns and allowand	ces	а	 							
	ı	b Less: cost of goods s	sold	b								
		c Net income or (loss)	from sales of	invent	tory ►							
		Miscellaneous			Business Code							
	1:	1a Summer Camp			61162	20	200,86	7	ı	0	176,626	24,241
	ı	b Pilates			61169	99	313,29	5	ı	0	313,295	0
	•	c Pool			71394	10	57,38	5	ı	0	57,385	0
		- 										
		d All other revenue .					660,31	1		0	0	660,311
		e Total. Add lines 11a			•		1,231,85	8				
	12	2 Total revenue. See	Instructions.	•			100,707,67	0	85,685,42	7	753,090	
												Form 990 (2018)

Form	1 990 (2018)				Page 10
	art IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	nizations must comp	olete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	39,399,567	39,399,567		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	460,327	460,327		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,829,888	561,922	792,442	475,524
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	33,558,031	26,266,927	5,785,643	1,505,461
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,403,793	1,098,551	238,535	66,707
9	Other employee benefits	4,186,354	3,104,694	930,360	151,300
10	Payroll taxes	2,325,239	1,793,401	422,292	109,546
11	Fees for services (non-employees):				
а	Management				
b	Legal	91,277		91,277	
C	Accounting	115,465		115,465	
d	Lobbying	14,803		14,803	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,081,427		1,081,427	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,805,559	1,101,526	634,995	69,038
12	Advertising and promotion	384,892	136,403	119,849	128,640
13	Office expenses	2,962,655	2,328,928	410,199	223,528
14	Information technology	997,948	129,608	863,308	5,032
15	Royalties				
16	Occupancy	3,231,502	2,181,130	1,032,179	18,193
17	Travel	1,426,241	1,302,315	31,798	92,128
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	430,699	384,406	31,064	15,229
20	Interest	3,582,421	3,582,421		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,581,882	8,066,969	429,094	85,819
	Insurance	517,073		517,073	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			·	
•	a Food Service Costs	4,885,174	4,885,174	0	0
i	b Study abroad expense	1,492,307	1,492,307	0	0
•	c Food	535,839	398,009	43,045	94,785
•	d Other Administrative	281,920	65,851	214,814	1,255
•	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	115,582,283	98,740,436	13,799,662	3,042,185
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form	990	(2018)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,710,958	1	2,719,233
	2	Savings and temporary cash investments .		(1,130,896	2	1,149,548
	3	Pledges and grants receivable, net			6,764,336	3	2,806,276
	4	Accounts receivable, net			2,329,960	4	2,369,307
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	nployees. Complete	0	5	0	
ts	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L	B(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0	
Assets	8	Inventories for sale or use		_	0	8	0
Ä	9	Prepaid expenses and deferred charges		·	1,333,797	9	1,399,705
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	307,723,178	· '		
	b	Less: accumulated depreciation	10b	118,411,319	183,573,851	10c	189,311,859
	11	Investments—publicly traded securities .			171,030,385	11	148,009,555
	12	Investments—other securities. See Part IV, line	11 .		48,016,240	12	55,107,461
	13	Investments—program-related. See Part IV, line	11 .	5,549,328	13	3,812,300	
	14	Intangible assets	[0	14	0	
	15	Other assets. See Part IV, line 11		[5,772,331	15	5,611,725
	16	Total assets.Add lines 1 through 15 (must equ	ıal line	34)	427,212,082	16	412,296,969

•	1						
A	9	Prepaid expenses and deferred charges			1,333,797	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	307,723,178			
	Ь	Less: accumulated depreciation	10b	118,411,319	183,573,851	10c	189
	11	Investments—publicly traded securities .			171,030,385	11	14
	12	Investments—other securities. See Part IV, line	48,016,240	12	5		
	13	Investments—program-related. See Part IV, line	e 11 .		5,549,328	13	;
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11			5,772,331	15	ļ
	16	Total assets.Add lines 1 through 15 (must equ	ual line 34)	427,212,082	16	41:
	17	Accounts payable and accrued expenses			15,341,034	17	
	18	Grants payable			0	18	

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Liabilities 22

Fund Balances

Assets or

Net

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

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

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

check here > \quad \text{and complete lines 30 through 34.}

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

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

8,584,480

2.384.121

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0

17.255.561

135.882.698

93.537.760

92,716,221

90,160,290

276,414,271

412,296,969

Form **990** (2018)

107,658,536

3.003.866

105,966,172

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16,169,000

140.480.072

95.396.710

102,342,639

88.992.661

286,732,010

427,212,082

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Yes Form 990 (2018)

3a

Yes

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 52-0591613

Name: GOUCHER COLLEGE

Form 990 (2018)

have.

Form 990, Part III, Line 4a:

The College provided an Undergraduate Arts and Sciences education to 1.525 students. Goucher's academic philosophy is focused on 3Rs; relationships, resilience, and reflection, and coursework reflects the core values of a liberal arts education: proficiency in English composition and in a foreign language, solid foundations in history, abstract reasoning, scientific discovery and experimentation, problem-solving, social structures, and environmental sustainability. A highlight of Goucher's unique liberal arts curriculum is the requirement that all undergraduates must study abroad at least once before graduation, making the College the first in the nation to make such a bold move in globalized education. Goucher strives to educate the whole student and promotes a broad education over narrow career training. This gives graduates a wide range of professional options and increased ability to take advantage of new opportunities in developing fields-and even the capability to change careers. Goucher students master a range of knowledge, including the communication, critical thinking, and quantitative reasoning skills that U.S. employers overwhelmingly say they want job candidates to

The College provided a graduate education to 742 students. The Welch Center for Graduate and Professional Studies offers a diverse range of academic programs, including: Master of Arts and Master of Fine Arts degrees in areas such as education, teaching, historic preservation, arts administration, cultural sustainability, digital arts, nonfiction,

management, and environmental sustainability, plus a post-baccalaureate premedical program. These programs are led by industry leaders who help students strengthen their skills, add to their knowledge base, and create professional opportunities wherever their passions lead.

Form 990, Part III, Line 4b:

The College provided credit and non-credit continuing studies course work for 783 participants. Goucher's Educators' Institute provides teachers and administrators innovative training on several new techniques that address issues for a diverse range of learners. Goucher is home to the College Board's Advanced Placement (AP) Summer

Institute, training teachers in AP courses from across the country and around the world. The Advanced Placement Summer Institute allows teachers to earn graduate credit while gaining College Board-certified preparation in most subject areas offered through AP programs.

Form 990, Part III, Line 4c:

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

	any hours	and	a dir	recto		ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Kimara Ahnert-Class of 91 Trustee	3	х						0	0	0
Patricia K Batza-Class of 91 Trustee	3	х						0	0	0
David I Bavar Trustee	3	х						0	0	0
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David I Bavar
Trustee
Robert Lee Bull Jr-Class of 93
Trustee
Michael Bulnes-Class of 18

Trustee

Trustee

Trustee

Trustee

Trustee
Richard J Davis

Trustee

Kara Byrne Bundy-Class of 02

Melinda J Burdette-Class of 72

Geoffrey Clapp-Class of 95

Henry Cubillan Class of 97

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

	ally llouis	and	a un	CCCC	,	usice,	,	organization	organizacions	l lioni the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Elizabeth Ellers-Class of 81 Trustee	3	Х						0	0	0
Lynn Toby Fisher-Class of 71 Trustee, Treasurer	0	х		х				0	0	0
Norma Lynn Fox-Class of 76 Trustee	0	х						0	0	0
Elaine K Freeman-Class of 58	3									

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Norma Lynn Fox-Class of 76
Trustee
Elaine K Freeman-Class of 58
Trustee
Deanna Galer-Class of 17
Trustee

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Beth Himmelstein Goldsmith-Class 72

Linda K Himmelberger-Class of 74

Miriam Brown Hutchins-Class of 73

Miriam E Katowitz-Class of 73

Ruth Shapiro Lenrow-Class of 74

Trustee

Trustee

Trustee, Secretary

Trustee, Vice Chair

Trustee, Chair

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

	any hours)	organization	organizations	from the	
	for related organizations below dotted line)	rganizations 가 집 등 (한 의학생 For MISC) elow dotted (학생 명상 명상 기업		(W- 2/1099- MISC)	organization and related organizations						
John Olszewski Jr-Class of 04 Trustee	0	Х						0	0	0	
Faye Polayes-Class of 73 Trustee	0	Х						0	0	0	
Robert J Proutt Trustee	0	Х						0	0	0	
William E Pugh II-Class of 94 Trustee	5	Х						0	0	0	

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Robert J Proutt
Trustee
William E Pugh II-Class of 94
Trustee
Dr Jocelyn Reader-Class of 02

Jennifer Mitchell Reed-Class of 86

Maxine Roberts-Class of 2016

Lisa Pagliaro Selz-Class of 73

Kim Van Newkirk Shaffir-Class of 83

Trustee

Trustee

Trustee Ralph M Segall

Trustee

Trustee

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

	any hours for related organizations below dotted line) and a director/trustee) organization (W- 2/1099- MISC) organization (W- 2/1099- MISC) organization (W- 2/1099- MISC)	from the organization and								
	organizations below dotted	~ ~	nal Trust		psuedruc	Former			related organizations	
Lisa Lyden Stromberg-Class of 83 Trustee	0	X					0	0	0	
Stewart Thomsen Trustee	0	х					0	0	0	
Theodore Venetoulis	3							_	_	

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67,450

92,756

34,496

346,399

213,692

148,799

Lisa Lyden Stromberg-Class of 83		Х			0	
Trustee	0	,			_	
Stewart Thomsen	3	X			0	
Trustee	0	,			, and the second	
Theodore Venetoulis	3	X			0	
Trustee	0	,				
Craig Watson	3					

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and Independent Contractors

Trustee

Trustee

Trustee

Trustee

President

Toby Wertheim-Class of 68

Wendy S White-Class of 72

Vice President for Advancement

Vice President and Dean of Students

Jon Wexler-Class of 94

Jose' Antonio Bowen

Trishana Bowden

Bryan Coker

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

	any nours	und	u un	CCCC	,, .,	usice,	'	(iv a // aga	organizations	I TOTAL TARE
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
William Leimbach VP for Information Technology and Planning	40			х				166,073	0	21,128
Lynne Lochte Vice President for Finance and Administration	40			х				202,889	0	23,572
Deborah Lupton Vice President for Human Resources	40			х				144,657	0	18,466
Martin Sweidel	40									

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205,862

150,106

131,348

168,179

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163,282

152,926

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33,022

7,928

4,357

29,830

17,286

18,872

20,670

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Deboran Lupton
Vice President for Human Resources
Martin Sweidel
Senior Vice President for Strategic Initiatives
David Grossman

Associate Professor

AVP of Facilities Management Services

Director of International Studies

Terence McCann

Scott Sibley

Eric Singer

Barbara Stob

Leslie Lewis

Provost

General Counsel

Acting Provost

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493195024090 TY 2018 Reasonable Cause Explanation Name: GOUCHER COLLEGE **EIN:** 52-0591613 **Software ID:** 18007995 **Software Version:** v1.00 **Explanation:** Due to the COVID -19 Pandemic, the due date of the 990 was extended to July 15, 2020.

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		ULE A	Pi	ublic (Charity Statu	s and Pub	olic Suppe		OMB No. 1545-0047
orm 0EZ		or	Complete		ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	mpt charitable	trust.	a section	2018
		he Treasury se Service		► Go to g	www.irs.gov/Forms			•	Open to Public Inspection
	of the	e organiza [.]	tion					Employer identific	ation number
art	,	Posson	for Bublic Char	ity Statu	s (All organization	s must complet	to this part \ S	52-0591613	
	_				is (All organization: it is: (For lines 1 thro			see mstructions.	
. [A church, c	onvention of churc	hes, or ass	sociation of churches	described in sect	ion 170(b)(1)	(A)(i).	
	✓	A school de	scribed in section	170(b)(1	L)(A)(ii). (Attach Sch	edule E (Form 9	90 or 990-EZ).)		
		A hospital o	or a cooperative ho	spital serv	ice organization descr	ibed in section	170(b)(1)(A)(iii).	
, [_	A medical r name, city,		on operate	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii). E	nter the hospital's
[ation operated for t (iv). (Complete Pa		of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	ped in section 170
• [A federal, s	tate, or local gove	rnment or	governmental unit de	scribed in sectio	n 170(b)(1)(A)(v).	
' [ation that normally 0(b)(1)(A)(vi). (a substantial part of its Part II.)	s support from a	governmental u	nit or from the gener	al public described in
} [A communi	ty trust described i	in section	170(b)(1)(A)(vi).	(Complete Part II	i.)		
					scribed in 170(b)(1) ee instructions. Enter t				ege or university or
		from activit investment	ies related to its é	xempt fundated busine	(1) more than 331/3% ctions—subject to cert ess taxable income (le mplete Part III.)	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
					exclusively to test for	public safety. S	ee section 509	(a)(4).	
		more public	ly supported organ	nizations d	exclusively for the be escribed in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2)). See <mark>section 509(</mark> a	
		Type I. A sorganization	supporting organiza	ation opera regularly a	ated, supervised, or coppoint or elect a majo	ontrolled by its su	upported organiz	zation(s), typically by	
	_	manageme		g organiza	ervised or controlled in the san and C.				
					upporting organization				ted with, its
		Type III n functionally	on-functionally i	ntegrated rganization	ons). You must comple. A supporting organing generally must satist t IV, Sections A and	zation operated i fy a distribution r	n connection wit	th its supported orgar	
		Check this	box if the organiza	tion receiv	ed a written determin integrated supporting	ation from the IF	RS that it is a Ty	pe I, Type II, Type II	I functionally
E E					· · · · · · · · ·	-		<u> </u>	
					pported organization((v) Amount of	T
((i) Name of supported organization								(vi) Amount of other support (see instructions)
						Yes	No		
tal									
	erw	ork Reduc	tion Act Notice, s	ee the In	structions for	Cat. No. 11285	F S	Schedule A (Form 9	90 or 990-EZ) 201

Р	art II Support Schedule for	Organizations I	Described in Se	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)		- li E 7 0	0 -f D-ut I -u if				
	(Complete only if you ch						to quality	under Part
_	III. If the organization fa	ans to quality unit	ier the tests liste	ed below, please	e complete Part	111.)		
	Calendar year		I					
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total
•	membership fees received. (Do not include any "unusual grant.")	10,265,011	9,926,402	11,817,463	15,901,533	g	,611,723	57,522,13
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	(
3	The value of services or facilities furnished by a governmental unit to	0	0	0	0		0	(
4	Total. Add lines 1 through 3	10,265,011	9,926,402	11,817,463	15,901,533		,611,723	57,522,132
	The portion of total contributions by each person (other than a governmental unit or publicly	10,203,011	3,320,402	11,017,403	13,301,333		,011,723	37,322,13
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							16,120,21
5	Public support. Subtract line 5 from line 4.							41,401,92
S	ection B. Total Support	•	•	•	•			
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e) 2	018	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	10,265,011	9,926,402	11,817,463	15,901,533		,611,723	57,522,13
8	Gross income from interest,	10,203,011	3,320,402	11,017,405	13,301,333		,011,723	37,322,13
	dividends, payments received on securities loans, rents, royalties and	2,672,000	2,717,646	2,271,012	2,826,985	3	3,238,763	13,726,400
9	income from similar sources. Net income from unrelated business activities, whether or not the	235,401	0	51,406	0		0	286,80
10	business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,016,915	1,122,568	890,711	716,269		715,079	4,461,54
11	Total support. Add lines 7 through							75,996,88
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		415,869,99
13	First five years. If the Form 990 is for	or the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	nization,
	check this box and stop here						▶ 🗆	
S	ection C. Computation of Publi							
	Public support percentage for 2018 (li			lumn (f))		14		54.478 %
15	Public support percentage for 2017 Sc	hedule A, Part II, li	ne 14			15		54.166 %
16 a	33 1/3% support test—2018. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or		neck this b	
b	and stop here. The organization qual 33 1/3% support test—2017. If the	ifies as a publicly su le organization did	upported organizat not check a box on	ion line 13 or 16a, ar	 nd line 15 is 33 1/3	 3% or m	 ore, check	. ▶ ☑ this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organizatio in Part VI how the organization meets	t— 2018. If the org in meets the "facts-	anization did not c and-circumstances	heck a box on line s" test, check this	: 13, 16a, or 16b, box and stop her	and line e. Expla	14 in	. ▶□
b	organization				e 13, 16a, 16b, or this box and stop ization qualifies as	 17a, ar here. s a public	 Id line	
18	Private foundation. If the organizati	on did not check a	 box on line 13, 16;	 a, 16b, 17a, or 17	b, check this box a	and see		🗀

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin	15					
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

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

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

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

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

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

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

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

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

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

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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

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

provide detail in Part VI.

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

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

9b

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

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

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

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

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 of 990-E2) 2016		- 1	age 5
Pa	Supporting Organizations (continued)		1	ı
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
5	Section D. All Type III Supporting Organizations		<u> </u>	l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	ganization (see

Page **6**

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

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

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines

See instructions.

d Excess from 2017.e Excess from 2018.

3j and 4c.

8 Breakdown of line 7:

Schedule A (Form 990 c	or 990-EZ) 2018	Page 8					
Section A, Part IV, Se Section D,		ection C, line 1; 1e; Part V					
	Facts And Circumstances Test						
000 Schodulo A. Su	unnlemental Information						
990 Schedule A, St	applemental Information						
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A, Part II, Line 10 Includes income from fundraising events and other revenue.							
Schedule A, Part II, Lir	ne 10 Includes income from fundraising events and other revenue.						

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Political Campaign and Lobbying Activities

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

DLN: 93493195024090

OMB No. 1545-0047

Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** GOUCHER COLLEGE 52-0591613 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

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

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.			
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures			a) Filing anization's totals	(b) Affiliated group totals
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	g)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)				
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount. Enter the amount fro	om the following table in	both			
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	e 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a. If zero or less, enter	r -0				
i	Subtract line 1f from line 1c. If zero or less, enter	-0				
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not h	ave to comple		five
	Lobbying Ex	penditures During 4	-Year Averagiı	ng Period	T	1
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					

		m 990 or 990-EZ) 2018				Р	age 3
Pa	rt II-B		ganization is exempt under section 501(c)(3) and has NOT fil on under section 501(h)).			(b)	
or each "Yes" response on lines 1a thro		response on lines 1a thro	ough 1i below, provide in Part IV a detailed description of the lobbying	(a))
ctiv	ity.			Yes	No	Amou	unt
1			panization attempt to influence foreign, national, state or local legislation,				
	including	any attempt to influence	e public opinion on a legislative matter or referendum, through the use of:				
а	Voluntee	rs?		Yes			
b			e compensation in expenses reported on lines 1c through 1i)?	Yes			
С	Media ad	vertisements?			No		
d	Mailings t	to members, legislators,	or the public?		No		
е	Publicatio	ons, or published or broa	dcast statements?		No		
f	Grants to	other organizations for	lobbying purposes?		No		
g	Direct co	ntact with legislators, th	eir staffs, government officials, or a legislative body?	Yes			2,500
h	Rallies, d	emonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No		
i	Other act	ivities?		Yes			12,303
j		_					14,803
2a			the organization to be not described in section 501(c)(3)?		No		
b			tax incurred under section 4912				
С			tax incurred by organization managers under section 4912				
			a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A		ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n	
		501(c)(6).				Yes	No
1	Were sub	stantially all (90% or m	ore) dues received nondeductible by members?			.	'''
2		, ,	n-house lobbying expenditures of \$2,000 or less?			2	
3			ry over lobbying and political expenditures from the prior year?		📑	3	
Par	rt III-B	<u> </u>	ganization is exempt under section 501(c)(4), section 501(c)			n 501(c)(6)
			OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				, ,
_		answered "Yes."					
1	•		mounts from members	1			
2			bying and political expenditures (do not include amounts of political n 527(f) tax was paid).				
а	-			2a			
b	•			2b			
c	Total			2c			
3	Aggregat	e amount reported in se	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4			unt on line 2c exceeds the amount on line 3, what portion of the excess does				
	_	,	er to the reasonable estimate of nondeductible lobbying and political	,			
5		•	political expenditures (see instructions)	5			
_	art IV	Supplemental Info					
					A 1: 4	12 (
			Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); b, complete this part for any additional information.	Part II	A, lines 1	and 2 (se	ee
		ırn Reference	Explanation				
che		rt II-B, Line 1	Members of Goucher's senior management team, faculty, staff and a select n	umber c	of student	s particip	ated.
CHE	dule C, Fai	t II-D, Line I	in the annual Independent Higher Education Day. The event was sponsored b				
			College and University Association (MICUA), of which Goucher is a member, a				_
			administrators from across the state to Maryland's capital for a briefing and v addition, members of Goucher's staff met with elected officials on behalf of th				ın
			compensation for these activities is reported on line 1g. The organization paid				22 to
			the National Association of Independent Colleges and Universities (NAICU) ar	nd \$73,4	71 to the	Maryland	
			Independent Colleges and Universities Association (MICUA), both of which en NAICU set aside approximately 7% of the dues paid to engage in non-deducti				
			expenditures. MICUA set aside approximately 16% of the dues paid to engage in non-deductive lexibilities.				ıg
			and political expenditures. Accordingly, the College has reported an equal am			,	

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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.

OMB No. 1545-0047

DLN: 93493195024090

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** GOUCHER COLLEGE 52-0591613 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ _{Yes} Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Cat. No. 52283D

Schedule D (Form 990) 2018

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

JCHE	2010 (101111 390) 2010									Page Z
Par	t III Organizations Maintainin	g Collections of	f Art, Histori	cal Tr	easures, o	r Other	Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, ac items (check all that apply):	cession, and other		any of t	he following	that are a	significant use	of its colle	ection	
а	✓ Public exhibition		d	✓	Loan or exch	ange prog	rams			
b	Scholarly research		е	\checkmark	Other Educa	ation				
c	✓ Preservation for future generation	ons								
4	Provide a description of the organization Part XIII.	on's collections and	explain how the	ey furth	er the organi	zation's ex	kempt purpose	in		
5	During the year, did the organization s assets to be sold to raise funds rather							☐ Yes	 N	n
Pa	rt IV Escrow and Custodial Arr Complete if the organization X, line 21.	_	" on Form 990	, Part	IV, line 9, c	or reporte	ed an amount		990,	Part
1a	Is the organization an agent, trustee, of included on Form 990, Part X?						_	Yes	□ N	o
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following	table:			Am	ount		_
c	Beginning balance		_			1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amoun	t on Form 990. Par	t X. line 21. for	escrow	or custodial	account lia	bility? [□м	_
	If "Yes," explain the arrangement in Pa						· -	_		U
	irt V Endowment Funds. Comp									
		(a)Curren		rior year		ears back			our year	rs back
1 a	Beginning of year balance	<u> </u>		209,577,		01,482,000	216,70			559,000
b	Contributions	1	,330,000	845,	000	785,000	2,02	8,000	2,	118,000
c	Net investment earnings, gains, and loss	ses 7	,470,000	16,871,	000	19,455,000	-5,46	0,000	-2,0	073,000
d	Grants or scholarships	4	,547,000	4,785,	000	4,404,000	4,32	4,000	3,0	646,000
е	Other expenditures for facilities and programs	15	,744,000	7,587,	000	7,741,000	7,46	9,000	7,:	251,000
f	Administrative expenses		0		0	0		0		0
g	End of year balance	. 203	,430,000	214,921,	000 2	09,577,000	201,48	2,000	216,	707,000
2	Provide the estimated percentage of th	ne current year end	l balance (line 1	g, colun	nn (a)) held a	as:				
а	Board designated or quasi-endowment	▶ 17.3 %								
b	Permanent endowment ► 42.3 %									
c	Temporarily restricted endowment	40.4 %								
	The percentages on lines 2a, 2b, and 2	c should equal 100	0%.							
3а	Are there endowment funds not in the organization by:	possession of the	organization tha	t are he	ld and admir	nistered for	r the		Yes	No.
	(i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" on 3a(ii), are the related organ		equired on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses	of the organizatio	n's endowment	funds.						
Pa	rt VI Land, Buildings, and Equ								-	
	Complete if the organization	n answered "Yes st or other basis				. See For				
	bescription of property	st or other basis nvestment)	(b) Cost or other	uasis (0	(c) Ac	cumulated d	repreciation	(a) Bo	ook valu	е
1 a	Land	0		12,67	5,450				12	2,675,450
b	Buildings	0		259,789	9,855		93,930,484		165	,859,371
c	Leasehold improvements	0			0		0			0
d	Equipment	0		31.019	9.246		24.480.835			5.538.411

4,238,627

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

4,238,627

189,311,859

Part VII	Investments—Other Securities. Complete if the Securities of Securities o	he or	ganization ansv	vered "Yes" on For	m 990, Part IV, line	11b.
	See Form 990, Part X, line 12. (a) Description of security or category	(I) Book value		Method of valuation:	
(1) Financia	(including name of security) I derivatives			Cost or e	end-of-year market val	ue
(2) Closely-l (3) Other	held equity interests					
(A) Hedge Fu	unds		25,971,552		F	
	partnership interests		29,135,909		F	
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)		55,107,461			
Part VIII	Investments—Program Related.	Form		no 11c Coo Form	000 Dart V line 12	
	Complete if the organization answered 'Yes' on I (a) Description of investment	FORM	(b) Book value	(c)	Method of valuation:	
(1)				Cost or e	end-of-year market val	ue
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)		,			
Part IX	Other Assets. Complete if the organization answered		on Form 990, Pa	rt IV, line 11d. See I		
(1)	(a) Descriptio	n			(b) B	ook value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	answe	ered 'Yes' on Fo	rm 990, Part IV, I	ine 11e or 11f.	
1.	(a) Description of liability		(b) B	ook value		
(1) Federal i				0		
	erm liabilities nder interest rate swap agreement			6,407,679 4,617,734		
	advances from US government			2,234,069		
	nent obligation			2,098,708		
Payables und (6)	der split interest agreements			1,897,371		
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)		 	17,255,561		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text o			ganization's financia text of the footnote		

Schedule D (Form 990) 2018

2

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

а

Page 4

-37,287,157

99,934,157

773,513

100,707,670

73,935,000

-773,513

74,708,513

40,873,770

115.582.283

Schedule D (Form 990) 2018

Donated services and use of facilities b d

Other (Describe in Part XIII.) e

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

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

Net unrealized gains (losses) on investments

3 4 b

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

C 5

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

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

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

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

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

Supplemental Information

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

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

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

Donated services and use of facilities . .

Prior year adjustments

Other losses

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) . . .

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

Total expenses and losses per audited financial statements

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

4a

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

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

773,513

-773,513

40.873.770

2e

3

4c

5

4.696.245

-41.983.402

4c

2e 3

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

Schedule D (Form 990) 2018

Additional Data

Software Version: v1.00

EIN: 52-0591613 Name: GOUCHER COLLEGE

Software ID: 18007995

Supplemental Information

Explanation

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4	The College art collection is comprised of works of fine art, including two-dimensional an d three-dimensional art objects and miscellaneous objects of value, which is owned by the College and housed in buildings or on the campus grounds of the College, or loaned by the College to other institutions. The collections include sculptures, prints, photographs, dr awings, paintings, and other artistic objects. The collection is used for scholarly resear ch, education and public exhibition in furtherance of the exempt purposes of the College.

Supplemental Information	
Return Reference	Explanation
	The endowment of Goucher College generates income to support the College both generally an d in specific ways designated by our generous donors. Income, allocated across approximate ly 720 endowments, supports both merit and need-based scholarships of undergraduate and graduate students; fellowships; internships; professorships; lectureships; the College library; and the College's general operating budget.

upplemental Information					
Return Reference	Explanation				
Schedule D, Part X, Line 2	The College is qualified as a not for profit organization under section 501(c)(3) of the I nternal Revenue Code, as amended. Accordingly, the College is not subject to income taxes except to the extent it has taxable income from activities that are not related to its exe mpt purpose. No provision for income taxes was required for 2019 or 2018. Management has a nalyzed the tax positions taken by the College and has concluded that as of June 30, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would requir e recognition or disclosure in the accompanying financial statements. The College is subject to routine audits by taxing jurisdictions; however, there are currently no audits for a				

ny tax period in progress.

Supplemental Information	
Return Reference	Explanation
. ,	Includes SFA of 39,620,794, cost of study abroad of 1,492,307, unrealized loss of 1,108,94 7, net of reimbursements of expense, reclassified from revenue to expense, of 239,195 and a rounding adjustment of 549.

S

pplemental Information	
Return Reference	Explanation
chedule D, Part XI, Line 4b	Investment fees, less rental expenses and fundraising event expenses reclassified to revenue.

Sui

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2d	Investment fees less rental expenses and fundraising event expenses reclassified from expense to revenue.

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Includes SFA of 39,620,794, cost of study abroad of 1,492,307, net of reimbursement of expense reclassified from revenue to expenses of 239,195 and a rounding adjustment of 136.

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493195024090 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** GOUCHER COLLEGE 52-0591613 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018) Page 2 Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions). Return Reference **Explanation** Schedule E, Part I, Line 3 The racially nondiscriminatory policy is published in the College's academic catalog, student handbook and on the website. Schedule E. Part I. Line 6 The College participates in the following federal programs which provide financial aid to undergraduate and graduate students: Pell Grant Program, Supplemental Educational Opportunity Grant Program, Federal Work Study Program, Perkins Loan Program, Federal Direct Student Loans, and Teacher Education Assistance for College and Higher Education. The College also received grants from the Maryland State Department of Education, Maryland Higher Education Commission and participates in the Maryland Sellinger Program. In addition, the College was awarded sponsored research and other program grants funded by the National Science Foundation, National Institute of Heath, National Endowment for the Humanities, US Department of State and the US Department of Education.

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

Form 1 For grantm other assista to award the	ral Information on Acti 990, Part IV, line 14b. akers. Does the organizationce, the grantees' eligibility grants or assistance? akers. Describe in Part V the	► Attack www.irs.gov/Form990 for ivities Outside the on maintain records to y for the grants or ass	o substantiate the amount	Employer ide 52-0591613 The if the organization and	2018 Open to Public Inspection Intification number answered "Yes" to
Part I Gene Form For grantm other assistato award the For grantm	ral Information on Acti 990, Part IV, line 14b. akers. Does the organizationce, the grantees' eligibility grants or assistance?	ww.irs.gov/Form990 for ivities Outside the on maintain records to for the grants or ass	United States. Complet o substantiate the amount sistance, and the selection	Employer iden 52-0591613 re if the organization and of its grants and	Inspection
Part I Gene Form For grantm other assista to award the For grantm	ral Information on Acti 990, Part IV, line 14b. akers. Does the organization nce, the grantees' eligibility grants or assistance?	on maintain records to	o substantiate the amount sistance, and the selection	52-0591613 te if the organization a of its grants and	
Part I Gene Form 1 For grantm other assista to award the 2 For grantm	ral Information on Acti 990, Part IV, line 14b. akers. Does the organization nce, the grantees' eligibility grants or assistance? .	on maintain records to	o substantiate the amount sistance, and the selection	e if the organization a	answered "Yes" to
Form 1 For grantm other assista to award the 2 For grantm	990, Part IV, line 14b. akers. Does the organization nce, the grantees' eligibility grants or assistance? akers. Describe in Part V the	on maintain records to	o substantiate the amount sistance, and the selection	of its grants and	answered "Yes" to
other assista to award the 2 For grantm	nce, the grantees' eligibility grants or assistance? . akers. Describe in Part V th	for the grants or ass	sistance, and the selection	•	
					✓ Yes 🗆 No
	Inited States.	ne organization's prod	cedures for monitoring the	use of its grants and ot	
3 Activites per l	Region. (The following Part I,	line 3 table can be dup	plicated if additional space is	needed.)	
(a) R	egion (b) Num offices regi	in the employees, agent	ts, region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
See Add'l Dat	a				
3a Sub-total b Total from con	tinuation sheets to				
Part I c Totals (add lir		0	0		7,200,68

chedule F (Form 990) 2018							Page 3
Part III Grants and Oth Part III can be du				ed States. Complete if	the organization ar	nswered "Yes" to Form S	990, Part IV, line 1 6.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							эррэнээ, энгэ

Sched	dule F (Form 990) 2018		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☑ Yes	□No
_		⊡ ≀es	110
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	☑ No

Schedule F (Form 990) 201	g and the state of
Provide the amounts of method); ar any additior	information information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nd Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide nal information (see instructions).
Return Reference	Explanation

Reference	
	The College provides institutional grant funds limited to need-based and merit-based assistance to its students while they participate in study abroad experiences. In general, grants are credited into the student's tuition account. Financial need is determined by subtracting the expected family contribution - as calculated on the Free Application of Federal Student Aid (FAFSA) - from the student's total cost of attendance. Financial aid in awarded for one year only and must be renewed annually. Need-based aid is renewed to continuing students who demonstrate need and who are making satisfactory progress toward their degrees. Institutional merit-based scholarship requirements vary depending on the award. Compliance with those requirements is also overseen by the Office of Student Financial Aid, in cooperation with the Office of Global Education.

990 Schedule F, Supplemental Information

IV. Line 3

Reference	Explanation
Schedule F. Part	The College, through its investment in various alternative assets, has interests in foreign corporations. However, the College's

interest in any single foreign corporation was less than 10 percent. Accordingly, the College is not required to file Form 5471.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part IV, Line 4	The College, through its investment in various alternative assets and common collective trusts, was a direct or indirect shareholder of a passive foreign investment company or qualifying electing fund. In these cases, the investment manager files Form 8621 on its investors' behalf. Accordingly, the College is not required to file Form 8621.

Return Explanation

990 Schedule F, Supplemental Information

Reference	
Schedule F,	The College, through its investment in various alternative assets, has ownership in foreign partnerships. However, the College
Part IV, Line 5	owned less than 10% of any single foreign partnership and it did not directly or indirectly transfer greater than \$100,000 to any

foreign partnership. Accordingly, the College is not required to file Form 8865.

Additional Data

Central America and the

Caribbean

Software ID: 18007995 **Software Version:** v1.00

EIN: 52-0591613

Name: GOUCHER COLLEGE

Tuition,room,board&program

102,754

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	Investments	5,206,123

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 0 | Program Services 188.523 Tuition,room,board&program Europe (including Iceland and 0 Program Services Tuition, room, board&program 1,345,663 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa 0 | Program Services 23.402 Tuition.room.board&programI Russia and the newly 0 |Program Services Tuition,room,board&program 32,100 independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region reaion services, grants to recipients located in the region) South America 0 | Program Services |Tuition,room,board&program| 28.359 South Asia 0 Program Services Tuition,room,board&program 86,232

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of reaion services, grants to service(s) in region region recipients located in the region) Sub-Saharan Africa Tuition,room,board&program 0 Program Services 183.043 4,488 North America (including 0 Program Services Program Canada and Mexico, but not the United States)

(a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance disbursement valuation (book, cash grant non-cash non-cash recipients assistance assistance FMV, appraisal, other) Student Financial Aid Central America 13 25,548 Credit to student Cash value

laccount land the Caribbean 49.749 Credit to student 19 cash value

laccount

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

Student Financial Aid East Asia and

the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Financial Aid Europe (including 346,780 Credit to student Cash value account Iceland and (Greenland) Student Financial Aid Russia and the 3,876 Credit to student Cash value account Inewly lindependent States

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Financial Aid South Asia 7,126 Credit to student Cash value laccount Student Financial Aid Sub-Saharan 17 27,248 Credit to student Cash value laccount Africa

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493195024090 **SCHEDULE G Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** GOUCHER COLLEGE

OMB No. 1545-0047

2018

Inspection

52-0591613

Pa	Fundraising Activi	•	_			orm 990, Part IV, line :	17.
1	Indicate whether the organiza	ation raised funds th	rough an	y of the f	ollowing activities. Check	all that apply.	
а	☐ Mail solicitations			€			
b	☐ Internet and email solicita	ations		f	Solicitation of gov	ernment grants	
c	Phone solicitations			g	Special fundraisin	g events	
d	☐ In-person solicitations						
2a	Did the organization have a wor key employees listed in For	rm 990, Part VII) or	entity in	connection	on with professional fund	raising services?	es 🗆 No
b	If "Yes," list the ten highest p to be compensated at least \$!			ndraisers) pursuant to agreements	s under which the fundrais	ser is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
Tota	al			. ▶			
	List all states in which the organicensing.	nization is registered	l or licens	sed to sol	icit contributions or has l	peen notified it is exempt	from registration or

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and r	ecords:			
	Name						
	Address •						
	revenue?		om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ▶ \$ and tl 	ne			
С	If "Yes," enter name and address	of the third party:					
	Name ►						
	Address►						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation	• \$					
	Description of services provided	·					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required unde retain the state gaming license?		stributions from the gaming proceeds to		☐Yes	□No	
b	Enter the amount of distributions in the organization's own exempt		Ited to other exempt organizations or spent \$				
Pai			ions required by Part I, line 2b, column licable. Also provide any additional info				 s.
	Return Reference		Explanation				

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

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

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

OMB No. 1545-0047

2018

DLN: 93493195024090

Open to Public

Department of the reasury nternal Revenue Service		► Go to <u>ww</u>	<u>vw.irs.gov/Form990</u> for		on.		Inspection
lame of the organization						Employer identific	ation number
GOUCHER COLLEGE						52-0591613	
Part I General	Information on Gran	nts and Assistance					
Does the organiza the selection crite	ition maintain records to s ria used to award the gra	substantiate the amount of nts or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistant	ce, and	☑ Yes ☐ No
_	•	dures for monitoring the u	_		1.104		
that receive	d Other Assistance to D ed more than \$5,000. Par	omestic Organizations a t II can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient
(a) Name and addre organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
[11]							
(12)							
	. , , ,	-					

(Form 990)

20 111 700

2440

requirements is also overseen by the Office of Student Financial Aid.

Explanation

Schedule I (Form 990) 2018

Return Reference

Schedule I, Part I, Line 2

/41

(1) Undergraduate and graduate grants and scholarships	2410	39,114,/86	0	Cash Value	Credits to students' accounts
(2) Prizes, awards, internships and fellowships	191	284,781	0	Cash Value	
(2)					
(3)					

ا برا ما م

Page 2

Schedule I (Form 990) 2018

(4) (5) (6)

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

Goucher College's institutional grant funds are limited to need-based and merit-based financial assistance for attendance at the College. Goucher College's

comprehensive program of need-based and merit-based financial assistance is managed by the Office of Student Financial Aid. Financial need is determined by subtracting the Expected Family Contribution - as calculated on the Free Application for Federal Student Aid (FAFSA) from the student's total cost of attendance. Financial aid is awarded for one year only and must be renewed annually. Need-based aid is renewed to continuing students who demonstrate need and who are making satisfactory progress toward their degrees. Institutional merit-based scholarship requirements vary depending on the award. Compliance with those

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19319	5024	090
Sch	nedule J	C	ompensat	ion Information	10	1B No.	1545-0	0047
(For	m 990)	For certain Offic		Trustees, Key Employees, and Hig	hest	-		
		Complete if the or		ated Employees vered "Yes" on Form 990, Part IV	, line 23.	2 0	18	3
Depar	tment of the Treasury	▶ Go to www.irs.ac		n to Form 990. Tinstructions and the latest inform			to Pul	
Interna	al Revenue Service	-				Insp	ectio	n
	ne of the organiza JCHER COLLEGE	ation			Employer identificat	tion nu	ımber	
					52-0591613			
Pa	rt I Questi	ons Regarding Compensa	ation					
1 a				f the following to or for a person liste by relevant information regarding the			Yes	No_
	☐ First-class	s or charter travel	✓	Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	nal residence			
	✓ Tax idemr	nification and gross-up paymen		Health or social club dues or initiati				
	☐ Discretion	nary spending account	\checkmark	Personal services (e.g., maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all	- 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked in line	e la?			
3				ed to establish the compensation of t	he			
	_	•		not check any boxes for methods CEO/Executive Director, but explain	in Part III.			
	☑ Compensa	ation committee		Written employment contract				
		ent compensation consultant	V	Compensation survey or study				1
		of other organizations	<u></u> ✓	Approval by the board or compensa	ation committee			
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b		• • •		lified retirement plan?		4b		No
C		' '	,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9				
5			· -	the organization pay or accrue any				
	compensation co	ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.						
6	compensation co	ontingent on the net earnings o	f:	the organization pay or accrue any				
a	-	1?				6a		No
b		anization?				6b		No
7	•	·	on A line 15 did	the organization provide any nonfixe	d			
•				rt III		7		No
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d				
9	If "Yes" on line 8	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9		No
For F	<u>``</u>	ction Act Notice, see the In			50053T Schedule J		1 990)	2018

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

]	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	(B)(i)-(D)	column (B)
	1	<u></u>				reported as deferred on prior Form 990
_						1
+						
+						
+						
+						
+						
+						
+						
\perp						1
\perp						
						1

Schedule J (Form 990) 2018	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
	A residence and limited personal services are provided for the convenience of the President of the College. A housing allowance of \$24,000 is included in the President's non-taxable compensation. Travel for the President's spouse was provided on a fundraising tour and is included in the President's taxable income. In

I (Form 990) 2018

Scott Sibley Acting Provost

Studies

Eric Singer Director of International

(i)

(ii)

(i)

(ii)

167,876

148,377

Software ID: 18007995

Software Version: v1.00

EIN: 52-0591613

Name: GOUCHER COLLEGE

(A) Name and Title	,	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
Jose' Antonio Bowen President	(i)	345,109	o'	1,290	17,188	50,262	413,849	0
	(ii)		o'	,о	ol	0	0	0
Trishana Bowden Vice President for Advancement	(i)		o [!]	299	13,522	79,234	306,448	0
	(ii)		0'	0	ol	0	0	0
Bryan Coker Vice President and Dean of	(i)	148,607	0'	192	9,786	24,710	183,295	0
	(ii)	0'	0	, o	,ol	o		0
William Leimbach VP for Information	(i)	165,130	o'	943	10,548	10,580	187,201	0
Talkardan, and Namina	(ii)	//	,	,	,			0
Leslie Lewis Provost	(i)	136,940	0	15,986	9,781	10,889	173,596	0
Piovosc	(ii)	ار				0		0
Barbara Stob General Counsel	(i)	162,387	0	895	10,190	8,682	182,154	0
	(ii)	ا	0		,	0	0	0
Lynne Lochte Vice President for Finance	(i)	202,459	0	430	12,878	10,694	226,461	0
	(ii)	/	0			0	0	О
Deborah Lupton Vice President for Human	(i)	144,483	0	175	9,206	9,259	163,123	0
_	(ii)	o'	0	o		0	0	0
Martin Sweidel Senior Vice President for	(i)	204,594	0	1,267	13,148	19,874	238,883	0
Charles de Taribis bissas	(ii)	//	0		,	0	0	0
David Grossman Associate Professor	(i)	149,976	0	131	7,656	272	158,035	0
	(ii)	//		,	,			0
Terence McCann	(i)		,	97	4,103	254	135,704	0
AVP of Facilities Managment Services	t (ii)	ا ا،	'					0
	<u>'</u>	<u> </u>		1		<u> </u>	<u>_</u>	

304

713

18,974

8,505

198,010

166,376

0

0

0

10,856

8,781

DLN: 93493195024090

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

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2018

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

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

	e of the organization CHER COLLEGE		r do to <u>www.nsiqor/ r c</u>	101	the latest	morma	tioni				mploy 52-059	ver ident 91613	ification	numbe	r	
Pa	rt I Bond Issues									<u>l</u>						
	(a) Issuer name (b) Issuer EIN (c)		(c) CUSIP # (d) Date	e issued	(e) Issue	price	((f) Descripti	on of purpose	(9	g) Def	feased	(h) beha issu	If of		Pool ncing
											Yes	No	Yes	No	Yes	No
A	MD Health and Higher Educational Facilities Authority Series 2012A	52-0936091	574218KW2 08-30-	-2012	22,	315,289			04 Revenue B Aug. 18, 2004			X		Х		Х
В	MD Health and Higher Educational Facilities Authority Goucher College Issue Series 2017A	52-0936091	5742182H5 06-20-	-2017	60,	565,232		fund MHHEFA Series 2012B and 12C bonds, dated 8/2012		and		Х		Х		X
С	MD Health and Higher Education Authority Goucher Issue 2017B	52-0936091	06-20-	-2017	30,	000,000	of cer	finance and refinance the costs certain capital projects to nance residential life on campus				Х		Х		X
Pa	rt II Proceeds									•			•			
						Α		I	3		С				D	
1	Amount of bonds retired						0		1,860,000			1,478,	000			
2	Amount of bonds legally defease						0		0				0			
3	Total proceeds of issue					22,315	,289		60,565,232		30,000,00					
4					1,069	,475	475 1,122,410					0				
5	Capitalized interest from proceed						0	0 0			0					
6	Proceeds in refunding escrows.						0 0			0						
7	Issuance costs from proceeds .					87	7,289		1,068,599				0			
8	Credit enhancement from procee	eds					0		0				0			
9	Working capital expenditures fro						0		0				0			
10	Capital expenditures from proce	eds					0	0 0			30,000,000					
11	Other spent proceeds					22,228	3,000	000 60,488,631			0					
12	Other unspent proceeds						0 0		0				0			
13	Year of substantial completion .				2	012		20	17		201	9				
					Yes	No	,	Yes	No	Yes	;	No		Yes		No
14	Were the bonds issued as part o	f a current refunding	issue?			Х		Χ				Χ				
15	Were the bonds issued as part o	f an advance refundi	ng issue?		Х				Х			Х				
16	Has the final allocation of procee	eds been made?			Х			Х		Х						
17	Does the organization maintain a proceeds?			cation of	Х			Х		Х						
Pa	rt III Private Business Us					•	•						•		•	
						Ą			3		Ç				D	
1	Was the organization a partner i	n a partnership or a	member of an LLC which owns	ed property	Yes	No		Yes	No	Yes	-	No		Yes		No
	financed by tax-exempt bonds?			ed property		Х			Х			Х				
_	Are there any lease arrangemen			nancod												

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

За

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

В

No

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Χ

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

Nο

Χ

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

Yes

Х

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

C

No

Χ

0 %

0 %

0 %

Χ

Χ

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Х

C

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

Are there any management or service contracts that may result in private business use of
bond-financed property?
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?
Are there any research agreements that may result in private business use of bond-financed

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

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

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

a section 501(c)(3) organization or a state or local government 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)

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

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

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

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

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

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2018

period?

Part V

Part VI

Arbitrage (Continued)

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K. Part IV. Line 2c-

Higher Educational Facilities Autho

		•	
	Yes	No	
gross proceeds invested in a guaranteed investment contract		Х	

В

No

Explanation

Yes

Χ

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

08/30/2012 22,315,289 MD Health and BNY Mellon prepared the Goucher College MHHEFA Series 2012A rebate calculation as of 7/1/17 and determined no rebate was due.

No

Χ

Yes

Yes

Nο

No

Yes

Χ

Nο

Yes

Page 3

No

D

D

Nο

Yes

Yes

Schedule L		NOT PROCES	33 AS	Filed Data -					DL	N: 93	4931	9502	<u> 4090</u>
Form 990 or 990	-EZ) ► Con			ons with Ir			_	a, 25	ib, 26		1B No.	1545-	-0047
		27, 28a		28c, or Form 99 ach to Form 990			Юb.				26	11	Q
		▶Go		s.gov/Form990			١.				4	11	
epartment of the Trea ternal Revenue Servi	· I									C		to Pu ectic	
Name of the orga							Emp	oloye	er ide	ntifica	tion r	umbe	er
GOOGNER COLLEGE	-						52-0	5916	513				
				1(c)(3), section 5									
		nization answer qualified person		Form 990, Part : Relationship be					: V, lin scripti		[4	1 Corr	t - d?
1 (a) Name or dis	qualified person	(1	•	rganization	iined person an		,	scripti isactio		of (d) Corrected? Yes No		
											+ •	-	110
							_					+	
							+					+	
Part II Loa	ans to and/	or From Inte	rested P							\$			
(a) Name of	(b) Relation	int on Form 990, ship (c) Purpose	Part X, line (d) Loa	e 5, 6, or 22 n to or from the ganization?	(e)Original principal amount	8a, or Form 99 (f)Balance due	(g) I defaul	n t? A	(h Approv boar comm	ed by d or ittee?	(i) Writt greeme	ten ent?
(a) Name of	(b) Relation	int on Form 990, ship (c) Purpose	Part X, lin	e 5, 6, or 22 n to or from the	(e)Original principal	(f) Balance	(g) I defaul	n t? A	(h \pprov boar	ed by	(i) Writt greeme	ten
(a) Name of	(b) Relation	int on Form 990, ship (c) Purpose	Part X, line (d) Loa	e 5, 6, or 22 n to or from the ganization?	(e)Original principal	(f) Balance	(g) I defaul	n t? A	(h Approv boar comm	ed by d or ittee?	(i) Writt greeme	ten ent?
(a) Name of	(b) Relation	int on Form 990, ship (c) Purpose	Part X, line (d) Loa	e 5, 6, or 22 n to or from the ganization?	(e)Original principal	(f) Balance	(g) I defaul	n t? A	(h Approv boar comm	ed by d or ittee?	(i) Writt greeme	ten ent?
(a) Name of	(b) Relation	int on Form 990, ship (c) Purpose	Part X, line (d) Loa	e 5, 6, or 22 n to or from the ganization?	(e)Original principal	(f) Balance	(g) I defaul	n t? A	(h Approv boar comm	ed by d or ittee?	(i) Writt greeme	ten ent?
(a) Name of	(b) Relation	int on Form 990, ship (c) Purpose	Part X, line (d) Loa	e 5, 6, or 22 n to or from the ganization?	(e)Original principal	(f) Balance	(g) I defaul	n t? A	(h Approv boar comm	ed by d or ittee?	(i) Writt greeme	ten ent?
(a) Name of nterested person	(b) Relation	int on Form 990, ship (c) Purpose	Part X, line (d) Loa	e 5, 6, or 22 n to or from the ganization?	(e)Original principal	(f) Balance	(g) I defaul	n t? A	(h Approv boar comm	ed by d or ittee?	(i) Writt greeme	ten ent?
(a) Name of nterested person otal .	(b) Relation with organiza	int on Form 990, ship (c) Purpose of loan	Part X, line (d) Loa on To	e 5, 6, or 22 n to or from the ganization? From Prom Prested Person	(e)Original principal amount	(f)Balance due	(g) I defaul	n t? A	(h Approv boar comm	ed by d or ittee?	(i) Writt greeme	ten ent?
(a) Name of nterested person otal .	(b) Relation with organization	ship (c) Purpose of loan stance Benefi organization a	Part X, line (d) Loa on To	e 5, 6, or 22 n to or from the ganization? From From Prested Person Yes" on Form 9	(e)Original principal amount \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(f)Balance due	(g) I defaul	n t? A	(hApprov boar comm Yes	yed by d or ittee? No	Yes	i)Writt	ten ent?
(a) Name of nterested person otal .	(b) Relation with organization	int on Form 990, ship (c) Purpose of loan	Part X, line (d) Loa on To To iting Intense 'ip between and the	e 5, 6, or 22 n to or from the ganization? From From Prested Person (Yes" on Form Services of Form Servic	(e)Original principal amount \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(f)Balance due	(g) I defaul	n t? A	(hApprov boar comm Yes	yed by d or ittee? No	Yes	i) Writt greeme	ten ent?
(a) Name of interested person otal Part III Gra Com a) Name of interested person	(b) Relation with organization	stance Benefi organization a (b) Relationsh interested persorganization	Part X, line (d) Loa on To To iting Intense ' ip between on and the	e 5, 6, or 22 n to or from the ganization? From From Prested Person (Yes" on Form Services of Form Servic	(e)Original principal amount \$\\$\\$\$\$ \$\$ \$\\$ \$\\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$ \$\\$ \$\\$ \$	(f)Balance due	(g) I defaul	n t? A	(hApprov boar comm Yes	yed by d or ittee? No	Yes Pose of	i)Writt greeme	ten ent?
(a) Name of interested person otal Part III Gra Com a) Name of interested person	(b) Relation with organization	stance Benefi organization a (b) Relationsh interested persorganization	Part X, line (d) Loa on To To iting Intense ' ip between on and the	e 5, 6, or 22 n to or from the ganization? From From Prested Person (Yes" on Form Services of Form Servic	(e)Original principal amount \$\\$\\$\$\$ \$\$ \$\\$ \$\\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$ \$\\$ \$\\$ \$	(f)Balance due	(g) I defaul	n t? A	(hApprov boar comm Yes	yed by d or ittee? No	Yes Pose of	i)Writt greeme	ten ent?
(a) Name of interested person otal Part III Gra Com a) Name of interested person	(b) Relation with organization	stance Benefi organization a (b) Relationsh interested persorganization	Part X, line (d) Loa on To To iting Intense ' ip between on and the	e 5, 6, or 22 n to or from the ganization? From From Prested Person (Yes" on Form Services of Form Servic	(e)Original principal amount \$\\$\\$\$\$ \$\$ \$\\$ \$\\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$ \$\\$ \$\\$ \$	(f)Balance due	(g) I defaul	n t? A	(hApprov boar comm Yes	yed by d or ittee? No	Yes Pose of	i)Writt greeme	ten ent?
(a) Name of nterested person otal .	(b) Relation with organization	stance Benefi organization a (b) Relationsh interested persorganization	Part X, line (d) Loa on To To iting Intense ' ip between on and the	e 5, 6, or 22 n to or from the ganization? From From Prested Person (Yes" on Form Services of Form Servic	(e)Original principal amount \$\\$\\$\$\$ \$\$ \$\\$ \$\\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$ \$\\$ \$\\$ \$	(f)Balance due	(g) I defaul	n t? A	(hApprov boar comm Yes	yed by d or ittee? No	Yes Pose of	i)Writt greeme	ten ent?

Part V	Supplemental Information		

Return Reference

Schedule I. (Form 990 or 990-F7) 2018.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493195024090 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** GOUCHER COLLEGE 52-0591613 **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 0 Policy Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 685,887 NYSE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 0 Policy Χ 25 Other ▶ (Horse) 26 Other ▶ (. 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2018) Cat. No. 51227J

Schedule M (Form 990) (2018)	Page Z			
Part III Supplemental Info	ormation.			
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Par				
I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.				
Return Reference	Explanation			
Schedule M. Part I	The number reported in column (b) represents the number of items contributed, except for line 9 - securities			
	where all securities donated on one day by the same donor was counted as one contribution.			

Schedule M (Form 990) (2018)

efile GRAPH	IC print - DO NOT PROCESS	DLN	: 93493195024090		
(Form 990 oı EZ)	CHEDULE O Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.				
Plannel of the reastry Plannel of the reastry		Employer ident 52-0591613	ification number		
Return Reference	Explana	ition			
Form 990, Part IV, Line 11b	After review by the Audit Committee, the complete Form 990 and Felectronically to all members of Board of Trustees for a period of reing 7 days. At the conclusion of the periods of comment and review Committee of the Board of Trustees was convened to review and reorm 990 and 990T. The Forms were approved for Filing by the Audi of the Board of Trustees on July 13, 2020.	view and comment last , a meeting of the Audit evise (if necessary) the F			

990 Schedule O, Supplemental Information

of the Board of Trustees on July 13, 2020.

Part VI.

Return Reference	Explanation
Form 990,	After review by the Audit Committee, the complete Form 990 and Form 990T were distributed

electronically to all members of Board of Trustees for a period of review and comment last ing 7 days. At the conclusion of the periods of comment and review, a meeting of the Audit Committee of the Board of Trustees was convened to review and revise (if necessary) the F

Section B. Line 11b orm 990 and 990T. The Forms were approved for Filing by the Audit and Governance Committee

990 Schedule O, Supplemental Information

Return Reference	Explanation	
Form 990, Part VI, Section B, Line 12c	Every trustee, officer and key employee is provided a copy of the Conflict of Interest Pol icy each spring and required to complete an annual disclosure form reporting any known mat erial financial or other interest of the trustee, officer or key employee or a family memb er in any transaction or business relationship the College has or is considering, includin g material financial or other interests in any outside entity involved in such transaction or relationship. General Counsel of the College reviews the disclosure forms and reports any disclosures to the Audit Committee of the Board of Trustees. Committee members then de termine what, if any, action should be taken as to each disclosure and these actions are i mplemented by the General Counsel. The policy directs the committee to review and update the list of the key employees, and the policy itself is reviewed on a regular basis and revised as necessary.	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	Each year the College President distributes to the Board of Trustees the President's Goals and Objectives ("Goals and Objectives") for the upcoming year, as well as provides period ic updates on current year goals. Each spring Goucher receives data from the College and U niversity Professional Association (CUPA) on compensation at comparable institutions, incl uding Goucher's peer group, other local colleges, and prospective overlap institutions. The Vice President for Human Resources Director prepares this information for review by the College President and by the Compensation Committee of the Board. In addition, each spring the Chair of the Board asks Board members to supply the Board Chair and the Chair of the Compensation Committee with any comments a Board member may have on the President's performance with respect to the Goals and Objectives. After reviewing all of these materials, the Compensation Committee meets with the President to review the President's compensation recommendations for senior staff and evaluate the President sperformance. The Compensation Committee's role with respect to compensation for senior staff is to determine whether an y recommendation from the President includes excess benefits. The Compensation Committee then reviews with the President the President's performance with respect to the President's sompensation. This recommendation is then considered by the Executive Committee of the Board of Trustees and final action is taken. Meeting minutes are maintained to document each Committee's review and action. The Compensation Committee Chair provides the General Counsel of the College with a confidential report of the deliberations of the Compensation Committee and the Executive Committee and of the Executive Committee's a ction. This report includes the CUPA comparability data on which the final determinations were based. A copy of this report is maintained in a confidential file kept by the General Counsel to memorialize the review.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI,	The governing documents, conflict of interest policy, and audited financial statements are available to the public upon request. Some policies are also available on the College web
Section C,	site.
Line 19	

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part XI, Line

Changes in fair value of interest rate swap agreement

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493195024090 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GOUCHER COLLEGE 52-0591613 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. **(g)** Section 512(b) (b) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

Schedule R (Form 990) 2018												Pa	ge 2
Part III Identification of Related Or one or more related organizat				e if the org	ganization	answered "Ye	es" on Form	1 990,	Part IV	/, line 34 b	ecaus	e it had	I
(a) Name, address, and related organizat	EIN of ion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(relate unrelate excluded f tax unde sections 5	ated, total incom d, rom er		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) centage nership
					514)			Yes	No		Yes	No	
Part IV Identification of Related On because it had one or more re							swered "Yes	" on F	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EI N of related organization	(b) Primary activity	L doi (state	(c) egal micile or foreign untry)	Direct	(d) t controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) e of end-o year assets	of- Perce owne	ntage	Sectio (13) c	(i) on 512(b) controlled ntity?
(1)Pooled Income Fund (2)	Annuity	l l	MD	N/A	-	Г							No
1021 Dulaney Valley Road Baltimore, MD 21204													
(2)Charitable Remainder Unitrust (4)	Annuity	N	MD	N/A	-	Γ							No
1021 Dulaney Valley Road Baltimore, MD 21204													
(3)Charitable Remainder Unitrust (1)	Annuity		FI	N/A	-	г		\top					No

-												
Part IV Identification of Related Organization because it had one or more related o	tions Taxable as a C	orporation or True a corporation or t	ust Comple rust during	ete if the or the tax year	ganization an ar.	swered "Yes"	on Form	990,	Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreig		(d) rect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end year assets		(h Percer owner	ntage	Section (13) co en	(i) n 512(b) ontrolled tity?
(1)Pooled Income Fund (2)	Annuity	country) MD	N/.	Α	Т			\dashv			Yes	No No
1021 Dulaney Valley Road Baltimore, MD 21204												
(2)Charitable Remainder Unitrust (4)	Annuity	MD	N/.	A	Т							No
1021 Dulaney Valley Road Baltimore, MD 21204												
(3)Charitable Remainder Unitrust (1)	Annuity	FL	N/.	A	Т							No
1021 Dulaney Valley Road Baltimore, MD 21204												
	ı				l		1	Sch	edule R	(Forr	n 990) 2	018

Page **3**

art V	iransactions with Related Organizations Complete if the organization answered "Ye	es" on Form 990, Part IV, line 34, 35b, or 36.
Note	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	

1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No		
b	Gift, grant, or capital contribution to related organization(s)	1 b		No		
c	Gift, grant, or capital contribution from related organization(s)	1c		No		
d	Loans or loan guarantees to or for related organization(s)	1 d		No		
e	Loans or loan guarantees by related organization(s)	1e		No		
f	Dividends from related organization(s)	1f		No		
g	Sale of assets to related organization(s)	1 g		No		
h	Purchase of assets from related organization(s)	1h		No		
i	Exchange of assets with related organization(s)	1 i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No		
I	l Performance of services or membership or fundraising solicitations for related organization(s)					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No		
0	Sharing of paid employees with related organization(s)	10		No		
р	Reimbursement paid to related organization(s) for expenses	1 p		No		
q	Reimbursement paid by related organization(s) for expenses	1 q		No		
r	Other transfer of cash or property to related organization(s)	1r		No		
s	Other transfer of cash or property from related organization(s)	1s	Yes			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	or I (related I 501(c)(3) I income I assets I		(h) Disproprtiona allocations?	ı	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership		
			314)	Yes	No		Yes	No		Yes	No	
									Schedul	e R (Form	990	0) 2018

Schedule R (Form 990) 2018						
Part VII Supplemental Information						
Provide additional information for responses to questions on Schedule R (see instructions).						
Return Reference	Explanation					
Schedule R, Part V, Line 1s	The College received a remainder amount from a pooled income fund.					