efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493086008180 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organizatio STERLING COLLEGE D Employer identification number B Check if applicable ☐ Address change 03-0197728 \square Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (802) 586-7711 City or town, state or province, country, and ZIP or foreign postal code CRAFTSBURY COMMON, VT $\,$ 05827 **G** Gross receipts \$ 10,360,268 Name and address of principal officer H(a) Is this a group return for MATTHEW DERR ☐Yes ☑No subordinates? PO BOX 72 H(b) Are all subordinates CRAFTSBURY COMMON, VT 05827 ☐ Yes ☐No included? I Tax-exempt status 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW STERLINGCOLLEGE EDU K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1958 M State of legal domicile VT Summary 1 Briefly describe the organization's mission or most significant activities STERLING COLLEGE USES EDUCATION AS A FORCE TO ADVANCE ECOLOGICAL THINKING AND ACTION THROUGH AFFORDABLE EXPERIENTIAL LEARNING THAT PREPARES PEOPLE TO BE KNOWLEDGEABLE, SKILLED, AND RESPONSIBLE LEADERS IN THE COMMUNITIES IN WHICH THEY LIVE WE ADDRESS CRITICAL ECOLOGICAL PROBLEMS CAUSED BY UNLIMITED GROWTH AND CONSUMPTION THAT IS DESTROYING THE PLANET AS WE HAVE KNOWN IT, SUCH AS FOSSIL FUEL DEPENDENCE AND RAPID CLIMATE CHANGE, DESTRUCTION OF BIODIVERSITY AND LOSS OF WILD PLACES, PROMOTION OF HARMFUL AGRICULTURAL PRACTICES THAT THREATEN HUMAN AND Activities & Governance NATURAL COMMUNITIES, PERSISTENCE OF STRUCTURAL OPPRESSION THAT IMPACTS HUMAN AND ECOLOGICAL WELLBEING, AND THE DETERIORATION OF CIVIL SOCIETY THROUGH ESTRANGEMENT FROM COMMUNITY, NATURE, AND PLACE Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 17 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 10 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,836,308 4,406,002 9 Program service revenue (Part VIII, line 2g) . 6,758,492 5,891,369 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -43,317 22,656 30,800 40,241 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,360,268 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,582,283 3,377,821 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 3,126,294 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,725,181 2,695,279 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶394,819 2,535,466 2,535,796 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,638,468 8,357,369 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) -56,185 2,002,899 19 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . 5,533,693 8,003,819 21 Total liabilities (Part X, line 26) . 2,362,046 2,731,968 Net assets or fund balances Subtract line 21 from line 20 . 3,171,647 5,271,851 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-03-26 Signature of officer Sign Here MATTHEW DERR PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00497283 Paid self-employed Firm's name DAVIS & HODGDON ASSOCIATES CPAS PLC Firm's EIN ▶ 03-0325875 Preparer Use Only Firm's address ► 33 BLAIR PARK RD STE 201 Phone no (802) 878-1963 WILLISTON, VT 05495 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)				Page 2
Pa	statement of Program	Service Accomplis	shments		
	Check if Schedule O contains	s a response or note to	any line in this Part III		🗹
1	Briefly describe the organization's r	nission			
LEAR WE A HAVE PLAC STRU	ELING COLLEGE USES EDUCATION AS NING THAT PREPARES PEOPLE TO BE ADDRESS CRITICAL ECOLOGICAL PROE KNOWN IT, SUCH AS FOSSIL FUELES, PROMOTION OF HARMFUL AGRICULTURAL OPPRESSION THAT IMPACTS ANGEMENT FROM COMMUNITY, NAT	E KNOWLEDGEABLE, SK DBLEMS CAUSED BY UN DEPENDENCE AND RAI CULTURAL PRACTICES T S HUMAN AND ECOLOG	(ILLED, AND RESPONSIE LIMITED GROWTH AND PID CLIMATE CHANGE, I THAT THREATEN HUMAN	BLE LEADERS IN THE COMMUNITIE CONSUMPTION THAT IS DESTROY DESTRUCTION OF BIODIVERSITY A AND NATURAL COMMUNITIES, PE	ES IN WHICH THEY LIVE /ING THE PLANET AS WE AND LOSS OF WILD ERSISTENCE OF
2	Did the organization undertake any	significant program se	rvices during the year w	hich were not listed on	
	the prior Form 990 or 990-EZ? .	🗌 Yes 🗹 No			
	If "Yes," describe these new service				
3	Did the organization cease conducti				
	services?				🗌 Yes 🗹 No
	If "Yes," describe these changes on	Schedule O			
4	Describe the organization's program Section 501(c)(3) and 501(c)(4) or expenses, and revenue, if any, for e	ganizations are required	d to report the amount o		
4a	(Code) (Expense	es \$ 5,117,555	including grants of \$	3,126,294) (Revenue \$	4,655,175)
	See Additional Data				
46	(Codo) (Europe	es \$ 552,488	moluding grants of c	\ (Payamua #	20 F60 \
4b	(Code) (Expense See Additional Data	55 552,466	including grants of \$) (Revenue \$	29,568)
	See Additional Data				
4c	(Code) (Expense	es \$ 433,834	including grants of \$) (Revenue \$	1,206,626)
	See Additional Data		, , , , , , , , , , , , , , , , , , ,	, (,	_,,,
	(Code) (Expense	s \$ 75,974	including grants of \$) (Revenue \$)
	COSTS TO OPERATE AND MAINTAIN FAC	ILITIES, INCLUDES A LIBRA	ARY FOR THE CONTINUED E	DUCATION AND USE OF STUDENTS	
4d	Other program services (Describe ii	n Schedule O)			
	(Expenses \$ 75,97		\$) (Revenue \$)
4e	Total program service expenses	6,179,	851		
					Form 990 (20)

Form	orm 990 (2018)								
Par	Part IV Checklist of Required Schedules								
			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	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		No					
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 $98-19^{\circ}$ 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 2	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	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No					
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 2	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						
Ь	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 2	11b		No					
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its	11c		No					

	11 Tes, complete senedate b, Farem 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		
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	
Ь	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 2	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	11d		No

11e

11f

12a

12b

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14a

14b

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20a

20b

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Yes

Form 990 (2018)

Yes

Yes

Yes

Nο

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Νo

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔀

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

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

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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12a Did the organization obtain separate, independent audited financial statements for the tax year?

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

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

valued at \$100,000 or more? Īf "Yes," complete Schedule F, Parts I and IV

Form	990 (2018)			Page 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <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		No
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</i> "Yes," complete Schedule R, Part V, line 2	36		No

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V .

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

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

Nο

No

37

38

37

0

1a

1b

Yes

Yes

Form **990** (2018)

37

38

Part V

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

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

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

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

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

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

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

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

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

12b

13b

13c

13a

14a

14b

15

No

No

Form **990** (2018)

Pa	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	onse to	lines								
	Check if Schedule O contains a response or note to any line in this Part VI			✓								
Section A. Governing Body and Management												
_			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1	,										
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	,										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	\vdash		No								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No								
6	Did the organization have members or stockholders?	6		No								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following											
а	The governing body?	8a	Yes	l								
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No								
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code	⊋.)									
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	140-1										
	-	10a		No								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		No								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	No								
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	No								
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes	No								
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No								
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	No								
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes	No								
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c	Yes Yes	No								
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No								
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No								
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No								
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No								
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No								
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes									
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes									
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes									
b 11a b 12a c 13 14 15 a b T6a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for publi	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes									
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the States with which a copy of this Form 990 is required to be filed Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes									
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for publi	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes									

Part VII

(17) JULIE WORMSER

TRUSTEE

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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

\square Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any hours for related	perso and	an ònd on is	e bo both	ot che ox, u :h an or/tru	unless office rustee)	er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	Former Highest compensated emiclovee Officer Institutional Trustee or director		MISC)	related organizations						
(1) PETER CHEHAYL CHAIR	2 00	×		х				0	0	0
(2) KENNETH GIBBONS VICE CHAIR	2 00	×		х				0	0	0
(3) RICHARD DETWEILER TREASURER	2 00	Х		х				0	0	0
(4) MARGO BALDWIN SECRETARY	2 00	X		x				0	0	0
(5) DEBORAH ALFOND TRUSTEE	2 00	×						0	0	0
(6) ERIC BECKER TRUSTEE	2 00	X						0	0	0
(7) MARY BERRY TRUSTEE	2 00	X						0	0	0
(8) MARIAN BURROS TRUSTEE	2 00	X						0	0	0
(9) CATHERINE DONNELLY TRUSTEE	2 00	×						0	0	0
(10) JUDY GEER TRUSTEE	2 00	X						0	0	0
(11) CLAIRE GOLDMAN TRUSTEE	2 00	X						0	0	0
(12) THADDEUS GULDBRANDSEN TRUSTEE	2 00	X						0	0	0
(13) ALLISON HOOPER TRUSTEE	2 00	×						0	0	0
(14) WENDY KOENIG TRUSTEE	2 00	X						0	0	0
(15) JON LARSEN TRUSTEE	2 00	X						0	0	0
(16) SHERILYN PETERSON TRUSTEE	2 00	×						0	0	0

2 00

0

0

0

Form 990 (2018) Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che unle: ficer	ss pers	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations	
(18) MATTHEW DERR PRESIDENT	40 00			х				110,495	0	21,072	
(19) PETER MERRILL VICE PRESIDE	40 00			х				60,577	0	7,269	
1b Sub-Total		• •	· .	•	•		<u> </u>				
d Total (add lines 1b and 1c)					•	•		171,072		28,341	

		-+-					
c.	Total from continuation sheets to Part VII, Section A ▶						
d	Total (add lines 1b and 1c)			28,341			
2	Total number of individuals (including but not limited to those listed above) who received more than $$100,000$ of reportable compensation from the organization \triangleright 1						
			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
	Francisco and and the bank of the state of the same of an analysis of the same						

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		No

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

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensorganization and related organizations greater than \$150,000? If "Yes," complete Schedule Jundividual		No				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 7 If "Yes," complete Schedule J for such person		No				
Se	ction B. Independent Contractors						
1							
	(A) Name and business address	(B) Description of services	(C) Compensation				

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 7 If "Yes," complete Schedule J for such person		5	No				
Se	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A) Name and business address	(B) Description of services		(C) Compensation				

Name and business address	Description of services	Compensation		
		1		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►				
		Form 990 (2018)		

. s	, [1a	Federated campaigns	1a						•			
ant unt		b	Membership dues	1 b									
9 10 10 10 10 10 10 10 10 10 10 10 10 10		С	Fundraising events	1c									
<u>\$</u> `₹		d	Related organizations	1d									
<u>::</u>	!	e	Government grants (contributions)	1e		202,325							
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above	1f		4,203,677							
ntrib d Oth		g	Noncash contributions included in lines 1a - 1f \$	17	,703								
ರಿ ಕ	;	h	Total. Add lines 1a-1f			. •		4,406,002					
	Γ					Business	Code						
Service Revenue	2	a ¯	TUITION AND FEES				611600		55,175	4,655,			
3		b	AUXILIARY SERVICES				611600	1,20	16,626	1,206,	626		
2€		c (OTHER PROGRAM SERVICE REVENUE				611600	2	9,568	29,	568		
ž		d -											
		- е -											
Program		f ,	All other program service revenu	e									
ΔŤ		gТ	otal. Add lines 2a-2f		>	5,8	391,369						
	3		nvestment income (including div	dends,	ınterest,	and other		22.656					22.656
	L		mılar amounts) ncome from ınvestment of tax-ex			• • • • • • • • • • • • • • • • • • •	-	22,656					22,656
	1		oyalties	•			\vdash						
	-		(ı) Re			Personal	<u> </u>						
	ε	ia (Gross rents				1						
		h	Less rental expenses	40,241			-						
		_											
		С	Rental income or (loss)	40,241									
		d	Net rental income or (loss) .]	40,241					40,241
	7	- f	Gross amount from sales of assets other than inventory	rities	(11)) Other							
			Less cost or other basis and sales expenses										
			Gain or (loss) Net gain or (loss)			•	-						
Other Revenue	8	a (Gross income from fundraising e (not including \$ contributions reported on line 1c See Part IV, line 18	vents of)		<u> </u>							
Rev			Less direct expenses				1						
ıer			Net income or (loss) from fundra		ents .	· •	-						
₽ O	٩		Gross income from gaming activ See Part IV, line 19										
		ь	Less direct expenses	a b			-						
			Net income or (loss) from gamin		Les .	· •	_						
	1		Gross sales of inventory, less returns and allowances										
		b i	Less cost of goods sold	a b			-						
			Net income or (loss) from sales o	of inven	tory .	. •	_						
	Ļ	1 a	Miscellaneous Revenue		Busir	ess Code	-						
	-	. La											
		b											
		c ·											
		ď	All other revenue										
		e ·	Total. Add lines 11a-11d			>							
	1	2	Total revenue. See Instructions					10,360,268		5,891,369			62 207
	_					-		10,360,268		2,091,369		Form 99	62,897 0 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	• •	_
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,126,294	3,126,294		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,166	156,513	52,257	18,396
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	2,170,204	1,517,663	474,174	178,367
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	106,198	59,132	40,117	6,949
9 Other employee benefits	17,331	12,120	3,787	1,424
10 Payroll taxes	174,380	121,947	38,101	14,332
11 Fees for services (non-employees)				
a Management				
b Legal	16,291	1,716	14,575	
c Accounting	38,917		38,917	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	9,330		9,330	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	271,124	147,173	88,143	35,808
12 Advertising and promotion	44,441	1,309		43,132
13 Office expenses	157,570	116,485	6,040	35,045
14 Information technology	35,566		35,566	
15 Royalties				
16 Occupancy	349,014	3,233	345,781	
17 Travel	398,933	368,086	17,814	13,033
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	12,484	3,084	727	8,673
20 Interest	102,122		102,122	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	214,045	5,625	208,420	

195,406

297,127

87,228

83,637

65,728

156,833

8,357,369

71,662

280,833

46,590

75,040

65,346

6,179,851

123,744

7,577

21,114

8,597

65,728

80,068

1,782,699

8,717

19,524

11,419

394,819

Form **990** (2018)

23 Insurance .

a FOOD

expenses on Schedule O)

b MISCELLANEOUS

c COURSE COSTS

e All other expenses

d SUPPLIES

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

142.008

531,825

189.773

2,010,370

2.731.968

775.111

3,860,343

636.397

5,271,851

8,003,819

Form **990** (2018)

8.003.819

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31 32

33

34

110.935

515,424

198.411

1,648,211

2.362.046

1.295.594

1,239,656

636.397

3,171,647

5,533,693

5.533.693

Form 990 (2018)

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16

17 18

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27

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32

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

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

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

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,

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

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

Investments-program-related See Part IV, line 11

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	7,853	1	243,145
2 Savings and temporary cash investments	94,564	2	208,599
3 Pledges and grants receivable, net	738,422	3	2,919,545
4 Accounts receivable, net	178,172	4	152,453
5 Loans and other receivables from current and former officers, directors,			

	4	Accounts receivable, net		178,172	4	152,453	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L		5			
Assets	6 7	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and f section 501(c)(9) structions) Complete		6		
SS	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			30,780	9	5,040
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,505,441			
	b	Less accumulated depreciation	10 b	3,212,708	3,393,027	10 c	3,292,733
	11	Investments—publicly traded securities .	979,940	11	1,040,296		

3b

Yes (2018)

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

Additional Data

Software ID: Software Version:

EIN: 03-0197728

Name: STERLING COLLEGE

Form 990 (2018)

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDED POST-SECONDARY EDUCATION AND CONTINUING EDUCATION ACADEMIC INSTRUCTION TO COLLEGE STUDENTS

Form 990, Part III, Line 4b: COSTS INCURRED FOR RECRUITING, ENROLLING, AND PROVIDING HEALTH AND COUNSELING SERVICES TO STUDENTS

Form 990, Part III, Line 4c: PROVIDED DINING SERVICES, HOUSING, AND WORKING FARM OPPORTUNITIES FOR STUDENTS

SCHEDULE A Form 990 or 90EZ)	990 or Complete if the organization is a section 501(c)(3) organization or a section				a section	2018	
epartment of the Treasu ternal Revenue Service		► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
ame of the organ ERLING COLLEGE	ization					Employer identific	ation number
Part I Reas	n for Public	Charity Stat	us (All organization	s must comple	ete this part.) S	03-0197728 See instructions.	
			e it is (For lines 1 thro				
A churc	n, convention of	churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
A school	described in s e	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
A hospi	al or a cooperat	ive hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).	
name,	ity, and state	·	ed in conjunction with	·			
	nızatıon operate A)(iv). (Compl		it of a college or univei	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
		•	r governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
	nızatıon that no 170(b)(1)(A)		a substantial part of it Part II)	s support from a	a governmental u	nıt or from the gener	al public described ir
A comm	unity trust desc	ribed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	ΙΙ)		
			escribed in 170(b)(1) See instructions Enter				ege or university or
from ac investm	civities related to ent income and	o its exempt fur unrelated busir	(1) more than 331/3% actions—subject to cert ness taxable income (le complete Part III)	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
·			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
more p	blicly supported	dorganizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Type I organiz	A supporting or	rganızatıon opei ver to regularly	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
manage		porting organiz	pervised or controlled i ation vested in the sar and C.				
			supporting organizatio ions) You must com				ited with, its
Type I function	I non-function	nally integrate The organization	d. A supporting organi in generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported organ	
	•	•	ved a written determir	•		pe I, Type II, Type II	I functionally
_	ed, or Type III i ber of supporte	•	integrated supporting	organization	,		
			upported organization(Γ΄			1
				anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)	
				Yes	No		
tal							-
	luction Act No	tice, see the T	l nstructions for	L Cat No 1128!	<u>1</u> 5F !	Schedule A (Form 9	90 or 990-EZ) 201

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in)

1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
_	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						
_	Section B. Total Support				•		
_	Calendar year		(1.)2045	()2016	(1)2047	()2040	(OT)
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Tota
7	Amounts from line 4						
8							
٥	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
_	Not income from unrelated business						

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3)	organization,

Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

Page 2

14 15

▶□

15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, .			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	(1)
1	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						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f))	17	
	Investment income percentage from 20	D17 Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

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

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

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

the organization had excess business holdings)

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

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations							
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,						

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
describe the designation If historic and continuing relationship, explain	1
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described	
in section 509(a)(1) or (2)	

	describe the designation If historic and continuing relationship, explain					
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described					
	ın section 509(a)(1) or (2)	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)					
	below	3a				

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?		

	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	determination	3b	'	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	_	$\overline{}$	

U	Did the organization have ditimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	
		_	

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in		

6	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	section 4958(c)(3)(c)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		\vdash
	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		
	ection B. Type I Supporting Organizations			
_	cetton 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 of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
_	action C. Tuna II Summarting Organizations			
3	ection 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	103	110
	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		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	1		
		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 tayyear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_				
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otions)		
	The organization satisfied the Activities Test. Complete line 2 below	Ctions)		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee 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? Provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		, 55	1	i

instructions)

	Type 111 Non-1 directionally integrated 309(a)(3) Supporting of	,ı gaiii	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		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

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

See instructions

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

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

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

Additional Data

Software ID: Software Version:

EIN: 03-0197728

Name: STERLING COLLEGE

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

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493086008180 OMB No 1545-0047

Inspection Employer identification number

STE	ERLING COLLEGE				03-0197728		
Pa	art I Organizations Maintaining Donor Advis						
	Complete if the organization answered "Ye						
	Tabel number at and of year	(a) Dono	or adv	sed funds	(b)Fund	s 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						
	,			ata hald in danar a	l durand funda ara	. th.	
,	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets neid in donor a	uvised luilds are		Yes 🗌 No
,	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						Yes □ No
Pa	rt II Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on For	m 990, Part I\		res 🗀 No
	Purpose(s) of conservation easements held by the organ				,		
	Preservation of land for public use (e.g., recreation	or education)		Preservation of ar	historically imi	oortant land a	area
	Protection of natural habitat	,	П	Preservation of a			
				r reservation or a	certified mistoric	. structure	
	☐ Preservation of open space		h		6		
4	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	ntribution in the fo		ation at the End o	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	c structure include	d ın (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and r	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	juishe	d, or terminated by	the organizatio	n during the	
ŀ	Number of states where property subject to conservation	n easement is loca	ted ►				
5	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds		ıng, ır	ispection, handling	of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	iolatio	ns, and enforcing c	onservation eas	ements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violati	ons, a	nd enforcing consei	rvation easemer	nts during the	e year
1	Does each conservation easement reported on line 2(d)	above satisfy the	reauir	ements of section 1	70(h)(4)(B)(ı)		
•	and section 170(h)(4)(B)(II)?	,			., -()(.)(-)(.)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "Ye				ner Similar A	ssets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition,	educat	ion, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to re	port II	ı ıts revenue stater			
((i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	ii)Assets included in Form 990, Part X				· <u> </u>		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ancial gain, prov	ride the	
а	Revenue included on Form 990, Part VIII, line 1	,	٠ ,	-	▶ \$		
b	Assets included in Form 990, Part X				· <u> </u>		
_					· ~ _		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t II	Organizations Ma	aintaining Coll	lections of	f Art, Hi	storic	al Tr	eası	ires, o	r Other :	Similar A	ssets (co	ntınued)	
3		ing the organization's acq ms (check all that apply)	uisition, accession	n, and other	records, c	heck a	ny of	the fo	llowing t	hat are a	sıgnıfıcant ı	use of its c	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	rams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4		ovide a description of the ortinate	organızatıon's coll	ections and	explain ho	w they	/ furth	er the	e organiz	zation's ex	empt purpo	ose in		
5		ring the year, did the orga sets to be sold to raise fur									ılar	☐ Yes		lo .
Pa	rt I	Escrow and Cust Complete if the org X, line 21.			on Form	1 990,	Part	IV, lı	ne 9, o	r reporte	d an amou	unt on Fo	rm 990,	Part
1 a		the organization an agent cluded on Form 990, Part X		an or other Ir	ntermedia	ry for d	contrib	oution	s or oth	er assets r	not	☐ Yes		lo
ь	If	"Yes," explain the arrange	ement in Part XIII	and complet	te the follo	owina t	able				A	mount		_
c		ginning balance								1c				_
d		ditions during the year								1d				_
е		stributions during the year	r							1e				_
f		ding balance								1f				_
3 -		-	F	000 Dt	. V. l 24						L.J.L.O			_
2a		d the organization include										_	∐ r	10
b		"Yes," explain the arrange												
Pa	rt V	Endowment Fund	as. Complete if								(d)Three yea		• VEour vo	re back
1 a	Rea	inning of year balance .		(a)Current	018,241	(U)PII	or year 940	,672	(C) I WO y	ears back 1,035,414		,104,836	e) Four yea 1	,040,895
	_	tributions		-/-	,			,358		5,250		32,200		
		investment earnings, gair	ne and losses	:	109,993			,211		101,008		-38,559		119,590
		nts or scholarships			•					-201,000		-63,063		-55,649
	Oth	er expenditures for facilitie programs						\top						
f	Adn	ninistrative expenses .												
g	End	of year balance		1,0	078,597		1,018	,241		940,672	1,	,035,414	1	,104,836
2	Pro	ovide the estimated percei	ntage of the curre	nt year end	balance (I	ine 1a	, colur	nn (a)) held a	ıs				
а		ard designated or quasi-e	=	41 000 %	,			•						
Ь	Pe	rmanent endowment 🕨	59 000 %											
c	Te	mporarily restricted endov	wment ▶											
٠		e percentages on lines 2a,		ld equal 100	%									
3а	Ar	e there endowment funds ganization by		•		n that	are he	eld an	d admın	istered for	the		Yes	No
	(i)	unrelated organizations										3a(i)	No
	(ii) related organizations .										3a(i	ii)	No
b		"Yes" on 3a(II), are the rel	-		•			٠.				3b		
4	De	scribe in Part XIII the inte	ended uses of the	organızatıon	ı's endown	nent fu	ınds					-		
Pa	rt V	Land, Buildings, Complete if the ord			on Form	990,	Part	IV, lı	ne 11a	. See For	m 990, Pa	ırt X, lıne	10.	
	Des	scription of property	(a) Cost or oth (Investmen		(b) Cost or	other b	oasis (d	ther)	(c) Acc	umulated d	epreciation	(d)	Book valu	ıe
1a	Lan	1					44	2,037						442,037
b	Buil	dings					4,85	3,568			2,401,211			2,452,357
		sehold improvements												
		pment		+			78	9,005			445,473			343,532

54,807

3,292,733

366,024

420,831

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

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13)					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities

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

Donated services and use of facilities . . .

Prior year adjustments

Subtract line **2e** from line **1**

Supplemental Information

Other (Describe in Part XIII) . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

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

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

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

Schedule D (Form 990) 2018

Part XI

2

а

b

d

c 5

1

2

а

c

d

e 3

> b c

5

Part XIII

4

Part XII

Page 4

97,305

7,224,644

3,135,624

5,221,745

5,221,745

3,135,624

8.357.369

Schedule D (Form 990) 2018

10,360,268

Add lines 2a through 2d e 3 4 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 . 4a 4h b Other (Describe in Part XIII) 3.135.624

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

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

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

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2a

2b

2c

2d

4a 4h

Explanation

2e 3

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

2e

3

4c

5

3.135.624

1

97,305

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

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 03-0197728

Name: STERLING COLLEGE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE COLLEGE ANNUALLY FILES AN IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, TAX RETURN IN THE U S FEDERAL JURISDICTION THE COLLEGE IS NO LONGER SUBJECT TO U S FED ERAL INCOME TAX EXAMINATION BY TAX AUTHORITIES FOR THE YEARS PRIOR TO JUNE 30, 2016 IN THE NORMAL COURSE OF BUSINESS, THE COLLEGE IS SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES ALTHOUGH THE OUTCOME OF TAX AUDITS IS ALWAYS UNCERTAIN, THE MANAGEMENT OF THE COLLEGE BELIEVES THAT THERE ARE NO SIGNIFICANT UNRECOGNIZED TAX LIABILITIES AT JUNE 30, 2019 A ND 2018

Supplemental Information		
Return Reference	Explanation	
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INVESTMENT EXPENSES 9,330 STUDENT FINANCIAL AID 3,126,294	

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upplemental Information			
Return Reference	Explanation		
SCHEDULE D, PAGE 4, PART XII, LINE 4B	INVESTMENT EXPENSES 9,330 STUDENT FINANCIAL AID 3,126,294		

Sı

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493086008180 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-► Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** STERLING COLLEGE 03-0197728 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Nο f Use of facilities? 5f Nο g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Nο If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

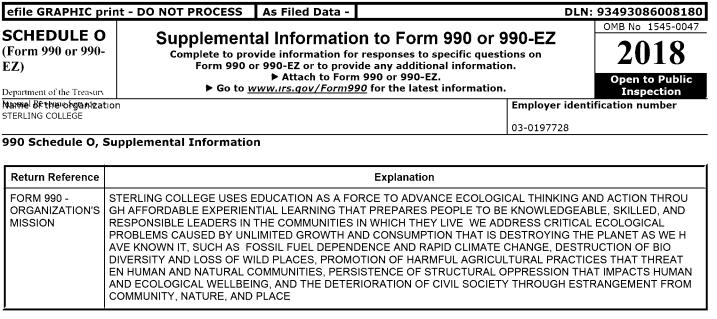
Schedule E (Form 990 or 990EZ) (2018)	Page 2
Part II Supplemental Information. Provide the exp any other additional information (see instructions)	lanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide
Return Reference	Explanation
SCHEDULE E, LINE 3	STERLING RECRUITS ITS STUDENTS NATIONALLY AND THE RACIALLY NONDISCRIMINATORY POLICY OF THE INSTITUTION IS CLEARLY STATED IN ALL RECRUITING MATERIALS MANAGEMENT BELIEVES THAT THE PLACEMENT OF ADS IN LOCAL NEWSPAPERS OR IN THE LOCAL BROADCAST MEDIA WOULD NOT SERVE THE PURPOSE OF NOTIFYING PROSPECTIVE STUDENTS OF SUCH POLICIES AND THAT COMPLIANCE WITH SECTION 403 IS SATISFIED
SCHEDULE E, LINE 6	COLLEGE RECEIVES FEDERAL AID AS TUITION REIMBUSEMENT FOR STUDENTS ELIGIBLE TO RECEIVE AID

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

DLN: 93493086008180 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number STERLING COLLEGE 03-0197728 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
Part IIII Grants and Other Assistance to Part III can be duplicated if addition			inization answered "Yes'	on Form 990, Part IV, line 22	-
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GRANTS PAID TO INDIVIDUAL		3,126,294			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Information	on. Provide the in	formation required in I	Part I, line 2; Part III	, column (b); and any other a	additional information.

Schedule I (Form 990) 2018



Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PAGE 2, PART III, LINE 4D

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE MANAGEMENT TEAM REVIEWS THE RETURN AND COMPARES IT TO THE AUDIT IN DETAIL BEFORE FILIN PAGE 6, G THE RETURN THE RETURN IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO IT BEING FIL LINE 11B

990 Schedule O, Supplemental Information

Return Explanation

Reference

Kelefellee	
FORM 990,	BOARD MEMBERS PROVIDE BIOGRAPHIES AND COMPLETE A CONFLICT OF INTEREST STATEMENT. THE STATE
PAGE 6,	MENTS ARE REVIEWED AND MEMBERS ARE ASKED TO UPDATE OR CORRECT THEIR CONFLICT OF INTEREST S
PART VI,	TATEMENT IF BASED ON THE BIOGRAPHIES, AND OTHER INFORMATION THAT MAY BE AVAILABLE, A CONFL
LINE 12C	ICT IS FOUND THAT IS NOT NOTED CORRECTLY IN THE STATEMENT

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE BOARD REVIEWS THE PRESIDENT'S PERFORMANCE ANNUALLY AND DETERMINES APPROPRIATE SALARY B
PAGE 6, ASED ON COMPARABLE ORGANIZATIONS, THE SPECIFIC MARKET AREA, AND THE ORGANIZATION'S GENERAL
PART VI, RATE OF COMPENSATION
LINE 15A

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, SALARIES ARE REVIEWED ANNUALLY BY THE PRESIDENT AND COMPENSATIO IS SET BASED ON COMPARABLE ORGANIZATIONS, THE SPECIFIC MARKET AREA, AND THE ORGANIZATION'S GENERAL RATE OF COMPENSAT ION AND/OR GENERAL EQUITY BUMPS AND ACCROSS THE BOARD INCREASES

Return Explanation

FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC BY PROVIDING PAGE 6, COPIES UPON REQUEST PART VI.

990 Schedule O, Supplemental Information

LINE 19

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990,	INVESTMENT EXPENSES -9,330 STUDENT FINANCIAL AID -3,126,294 INVESTMENT EXPENSES 9,330 STUDENT
PART XI,	FINANCIAL AID 3,126,294
LINE 9	