

Form <b>990</b>
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## \*\* PUBLIC DISCLOSURE COPY \*\* **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.

OMB No. 1545-0047 Ō Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of the freasury	•					•
Internal Revenue Service	Go to	www.irs.gov/Form9	990 for instructions	and the late	est inform	ation.
A For the 2018 calend	ar year, or tax year be	ginning JUL 1,	2018	and ending	JUN 30	2019

В	Check if applicable:	C Name of organization		D Employer identif	ication number
	Address	BELOIT COLLEGE			
F	Name change	Doing business as	39-0	808497	
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
F	Final	700 COLLEGE ST.		53-2250	
	lreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	188,351,658.
Г	Amendeo			H(a) Is this a group r	
F	Applica-	F Name and address of principal officer: DR. H. SCOTT BIERMAN		for subordinate	
	pending	SAME AS C ABOVE		H(b) Are all subordinates	
1	Tax-exen	npt status: $X = 501(c)(3) = 501(c) ( ) = (insert no.) = 4947(a)(1)$	or 527		a list. (see instructions)
		WWW.BELOIT.EDU		H(c) Group exemption	
		rganization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year		M State of legal domicile: WI
		Summary	1 - · · · ·		
	<b>1</b> B	riefly describe the organization's mission or most significant activities: BELOIT	COLLEGE	IS A RESIDENTIAL	',
Governance	11	NDEPENDENT, NATIONAL LIBERAL ARTS COLLEGE AND WISCONSIN'S O			
nai	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ver	3 N	umber of voting members of the governing body (Part VI, line 1a)			30
		umber of independent voting members of the governing body (Part VI, line 1b)			30
s So	<b>5</b> To	otal number of individuals employed in calendar year 2018 (Part V, line 2a)			1513
/itie	6 To	otal number of volunteers (estimate if necessary)			165
Activities &	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12			11,612.
_<	b N	et unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
Ð	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		18,501,057.	7,607,074.
Revenue	9 Pi	rogram service revenue (Part VIII, line 2g)		70,553,902.	66,097,264.
eve	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		15,555,490.	17,622,268.
α.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-536,878.	3,064,566.
	<b>12</b> To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		104,073,571.	
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		36,645,953.	36,980,091.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	<b>15</b> Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		31,162,540.	27,950,806.
Expenses	<b>16a</b> Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	<b>b</b> To	otal fundraising expenses (Part IX, column (D), line 25)			
Ш	1 1 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,512,116.	21,686,736.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		89,320,609.	
		evenue less expenses. Subtract line 18 from line 12		14,752,962.	7,773,539.
s or			Be	ginning of Current Year	End of Year
Assets	<b>д 20</b> Та	otal assets (Part X, line 16)		255,528,681.	225,318,936.
	1	otal liabilities (Part X, line 26)		69,474,615.	47,074,970.
Net		et assets or fund balances. Subtract line 21 from line 20		186,054,066.	178,243,966.
- Pa	art II 🛛	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer									
Here	STACIE T. SCOTT, TREAS./VP FINANCE & PLANNING									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check	] PTIN						
Paid	REBEKUH ELEY		self-employed	P01247672						
Preparer	Firm's name 🕞 RSM US LLP		Firm's EIN 🕨	42-0714325						
Use Only	Firm's address 👞 1 S WACKER DR, STE 800									
	CHICAGO, IL 60606 Phone no.(312)									
May the I	RS discuss this return with the preparer shown abov	ve? (see instructions)		X Yes No						
				- 000 (22.12)						

LHA For Paperwork Reduction Act Notice, see the separate instructions. 832001 12-31-18 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$71,414,850. including grants of \$36,980,091. ) (Revenue \$         ACADEMIC AND STUDENT PROGRAM: BELOIT COLLEGE, A LIBERAL ARTS COLLEGE	66,097,264.
	FOUNDED ON THE WISCONSIN FRONTIER IN 1846, WAS BORN OUT OF A BELIEF	
	THAT A PARTICULAR BRAND OF EDUCATION COULD ENERGIZE AND TRANSFORM	
	LIVES, AND BY EXTENSION, THE WORLD. BELOIT CONTINUES TO BELIEVE THIS	
	AND DELIVERS IT THROUGH A UNIQUE, INTEGRATED CURRICULUM THAT ENGAGES	
	STUDENTS IN AN EXPLORATION OF IDEAS, COMPELS STUDENTS TO DEEPLY KNOW	
	THEIR SUBJECTS, AND REQUIRES THEM TO DEMONSTRATE THAT THEY DO BY DEEPLY	
	CONNECTING EDUCATION AND EXPERIENCE TO STUDENTS' FUTURE CAREERS AND	
	LIVES. THAT FOCUS ON PROVIDING A RIGOROUS AND REWARDING EDUCATION AND PREPARATION HAS LONG SET THE COLLEGE AND ITS GRADUATES APART.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c		
4c 4d		

Form	990 (2018) BELOIT COLLEGE 39-08084	97	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	Schedule D, Part III	8	Х	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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	11c		X
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		<u> </u>
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x	$\vdash$
		13 14a		x
14a		148		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.45	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	А	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
	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		x
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		x
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? <i>If</i> "Yes."			
	complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
51		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<b>–</b>		
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		<u> </u>
34		34	х	1
35 0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
U		35b	х	1
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330		<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
30		38	х	
Par		1 30		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 156	,	169	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(analytical) advantages to advance Q	1c	х	
83200	(gambling) winnings to prize winners?			(2018)
002002	-			(-5.0)

Form	990 (2018) BELOIT COLLEGE 39-080849	7	Р	<sub>age</sub> 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-							
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 1513										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х								
b	If "Yes," enter the name of the foreign country:  ITALY										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x							
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		x							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
	Enter the amount of reserves on hand			X							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^							
. –	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	40		x							
	excess parachute payment(s) during the year?	15									
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		x							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16									
	If "Yes," complete Form 4720, Schedule O.	_	000	(0010)							

Form **990** (2018)

832005 12-31-18

Form	990 (2018) BELOIT COLLEGE	39-08084			age <b>6</b>								
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for a	a "No" re	espons	e								
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in												
	Check if Schedule O contains a response or note to any line in this Part VI				X								
Sec	tion A. Governing Body and Management												
				Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3	0										
	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	<b>3</b>												
2													
	officer, director, trustee, or key employee?		2		X								
3	Did the organization delegate control over management duties customarily performed by or under the direct	t supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х								
4													
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х								
6	Did the organization have members or stockholders?		6		Х								
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		X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	olders, or											
	persons other than the governing body?		7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	e following:											
а	The governing body?		<u>8a</u>	Х									
b	Each committee with authority to act on behalf of the governing body?		8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>; Code.)</u>											
				Yes	No								
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		<u> </u>								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	s, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?	11a		X								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10	х									
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con		12b	~									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of		10-	x									
40	in Schedule O how this was done		12c	X									
13	Did the organization have a written whistleblower policy?		13	X									
14 15	Did the organization have a written document retention and destruction policy?		14										
15	Did the process for determining compensation of the following persons include a review and approval by in	dependent											
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	х									
	The organization's CEO, Executive Director, or top management official		15a 15b	X									
b	Other officers or key employees of the organization		150										
160		with a											
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w taxable entity during the year?		16a	х									
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p		104										
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization												
	exempt status with respect to such arrangements?		16b	х									
Sec	tion C. Disclosure	<u></u>											
17	List the states with which a copy of this Form 990 is required to be filed  NONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990		)s only) ;	availat	ble								
	for public inspection. Indicate how you made these available. Check all that apply.		,e e,,										
	X       Own website       Another's website       X       Upon request       Other (explain in Sc	hedule ()											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict o		d financ	ial									
-	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books an	d records											
-	STACIE T. SCOTT - 608-363-2250	F											
	700 COLLEGE ST., BELOIT, WI 53511												
832006	12-31-18		Form	990	(2018)								
-	8				. /								
202	19 148922 3793311-3793311 2018.05050 BELOIT COLL	EGE		37	933								

Form 990 (2018)	BELOIT COLLEGE	39-0808497	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employe	ees, and Independent Contractors										
Check if So	chedule O contains a response or note to any line in t	his Part VII									
Section A. Officers,	Directors, Trustees, Key Employees, and Highest	Compensated Employees									
1a Complete this table	ofor all persons required to be listed. Report compen	sation for the calendar year ending with or within the organization's t	ax 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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title         Average hours per list any results         Person results         Person results         Reportable compensation from organization (W2/1099/MISC)         Estimated compensation from organization (W2/1099/MISC)         Estimated compensation from organization (W2/1099/MISC)           (1) MR. CERISTOPHER D. BARTOL         1.00         x         0         0.         0.           (2) MR. TRACE BMORDOSE         1.00         x         0         0.         0.         0.           (3) MR. CERISTOPHER D. BARTOL         1.00         x         0         0.         0.         0.           (1) MR. CERISTOPHER D. CARDONA, JR.         1.00         x         0         0.         0.         0.           (3) MR. OSCAR E. CARDONA, JR.         1.00         x         0         0.         0.         0.           TRUSTEE         x         0         0.         0.         0.         0.         0. <td< th=""><th>(A)</th><th>(B)</th><th>l</th><th>nn∠a</th><th></th><th></th><th>iper</th><th>Joan</th><th>(D)</th><th>(E)</th><th>(F)</th></td<>	(A)	(B)	l	nn∠a			iper	Joan	(D)	(E)	(F)
hour sper work (ist any four and a carcination organization provide and a carcination (ist any form and a carcination organization and related organization (W2/1099-MISC)         compensation form related organization and related organization (W2/1099-MISC)         anount of other compensation from the organization and related organization and related organizations           (1) MR. CHRISTOPHER D. BARTOL TRUSTEE         1.00         x         0         0.         0.         0.           (2) MR. CHRISTOPHER D. BARTOL TRUSTEE         1.00         x         0         0.         0.         0.         0.           (3) MR. OSCAR E. CARDONA, JR. TRUSTEE         1.00         x         0         0.         0.         0.         0.           (4) MR. DONALD P. CARSON         1.00         x         0         0.         0.         0.         0.         0.           (6) MR. FETER CHATILOVICZ         1.00         x         0         0.         0.         0.         0.         0.           TRUSTEE         x         0         0.         0.         0.         0.         0.         0.         0.           TRUSTEE         x         0         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.					Pos	itior					
under and arcital values         under arcital values         from organizations pelow         from big         from values         from organizations (W-2/1099-MISC)         from organizations (W-2/1099-MISC)         from organizations (W-2/1099-MISC)         from organizations           (1) MR. CHRISTOPHER D. BARTOL         1.00         x         0         0.         0.         0.           (2) MR. CHRISTOPHER D. BARTOL         1.00         x         0         0.         0.         0.         0.           (2) MR. SCAR E. CARDONA, JR.         1.00         x         0         0.         0.         0.         0.           (3) MR. OSCAR E. CARDONA, JR.         1.00         x         0         0.         0.         0.         0.           (4) MR. DONALD P. CARSON         1.00         x         0         0.         0.         0.         0.           (7) MR. NICHAEL D. DOYLE         1.00         x         0         0.         0.         0.         0.         0.         0.           (9) MS. ARALA B. MAGANA FIGUEROA         1.00         x         0         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.										·	
(1)         MR. CHRISTOPHER D. BARTOL         1.00         x         0         0. <th< td=""><td></td><td>· · ·</td><td>offi</td><td>cer ar</td><td>nd a d</td><td>irecto</td><td>or/trus</td><td>tee)</td><td>· ·</td><td>·</td><td>other</td></th<>		· · ·	offi	cer ar	nd a d	irecto	or/trus	tee)	· ·	·	other
(1) MR. CHRISTOPHER D. BARTOL       1.00       x       0.			ector							J J	•
(1)         MR. CHRISTOPHER D. BARTOL         1.00         x         0         0. <th< td=""><td></td><td></td><td>or dir</td><td>e</td><td></td><td></td><td>ated</td><td></td><td>-</td><td>(W-2/1099-MISC)</td><td></td></th<>			or dir	e			ated		-	(W-2/1099-MISC)	
(1)         MR. CHRISTOPHER D. BARTOL         1.00         x         0         0. <th< td=""><td></td><td></td><td>ustee</td><td>truste</td><td></td><td>e</td><td>bens</td><td></td><td>(W-2/1099-MISC)</td><td></td><td>e e</td></th<>			ustee	truste		e	bens		(W-2/1099-MISC)		e e
(1)         MR. CHRISTOPHER D. BARTOL         1.00         x         0         0. <th< td=""><td></td><td>-</td><td>ual tri</td><td>ional</td><td></td><td>ploye</td><td>t com</td><td></td><td></td><td></td><td></td></th<>		-	ual tri	ional		ploye	t com				
(1)         MR. CHRISTOPHER D. BARTOL         1.00         x         0         0. <th< td=""><td></td><td></td><td>ndivid</td><td>stitut</td><td>fficer</td><td>ey em</td><td>ighes</td><td>ormei</td><td></td><td></td><td>organizations</td></th<>			ndivid	stitut	fficer	ey em	ighes	ormei			organizations
TRUSTEE         x         0         0.         0.         0.           (2) MR. ISAAC BAMGBOSE         1.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           (4) MR. DONALD P. CARSON         1.00         X         0.         0.         0.         0.           (5) MR. PETER CHATILOVICZ         1.00         X         0.         0.         0.         0.           (6) MR. STEVEN H. COHEN         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (6) MR. STEVEN H. COHEN         1.00         X         0. </td <td>(1) MR. CHRISTOPHER D. BARTOL</td> <td>,</td> <td>-</td> <td></td> <td>0</td> <td>×</td> <td><u> </u></td> <td><u>ш</u></td> <td></td> <td></td> <td></td>	(1) MR. CHRISTOPHER D. BARTOL	,	-		0	×	<u> </u>	<u>ш</u>			
(2)         MR. ISAAC BAMGBOSE         1.00         X         0. <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			х						0.	0.	0.
(3) MR. OSCAR E. CARDONA, JR.       1.00       X       0.       0.       0.         (4) MR. DONALD P. CARSON       1.00       X       0.       0.       0.       0.         (4) MR. DONALD P. CARSON       1.00       X       0.       0.       0.       0.         (5) MR. PETER CHATILOVICZ       1.00       X       0.       0.       0.       0.         (6) MR. STEVEN H. COHEN       1.00       X       0.       0.       0.       0.         (7) MR. MICHAEL D. DOYLE       1.00       X       0.       0.       0.       0.         (7) MR. MICHAEL D. DOYLE       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (8) MS. KARLA B. MAGANA FIGUEROA       1.00       X       0. <td>(2) MR. ISAAC BAMGBOSE</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) MR. ISAAC BAMGBOSE	1.00									
TRUSTEE         x         0.         0.         0.         0.           (4) MR. DONALD P. CARSON         1.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (6) MR. STEVEN H. COHEN         1.00         x         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (7) MR. MICHAEL D. DOYLE         1.00         x         0.         0.         0.         0.           (8) MS. KARLA B. MAGANA FIGUEROA         1.00         x         0.         0.         0.         0.           (9) MS. JO FROMAN         1.00         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         <			х						٥.	0.	0.
(4) MR. DONALD P. CARSON       1.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.         (5) MR. PETER CHATILOVICZ       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (6) MR. STEVEN H. COHEN       1.00       x       0.       0.       0.       0.         (7) MR. MICHAEL D. DOYLE       1.00       x       0.       0.       0.       0.         (7) MR. MICHAEL D. DOYLE       1.00       x       0.       0.       0.       0.         (7) MR. MICHAEL D. DOYLE       1.00       x       0.	(3) MR. OSCAR E. CARDONA, JR.	1.00									
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(5) MR. PETER CHATLLOVICZ       1.00       x       0.       0.       0.       0.         (6) MR. STEVEN H. COHEN       1.00       x       0.       0.       0.       0.         (70) MR. MICHAEL D. DOYLE       1.00       x       0.       0.       0.       0.         (71) MR. MICHAEL D. DOYLE       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (8) MS. KARLA B. MAGANA FIGUEROA       1.00       x       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0. <td< td=""><td>(4) MR. DONALD P. CARSON</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(4) MR. DONALD P. CARSON	1.00									
(5) MR. PETER CHATLLOVICZ       1.00       x       0.       0.       0.       0.         (6) MR. STEVEN H. COHEN       1.00       x       0.       0.       0.       0.         (70) MR. MICHAEL D. DOYLE       1.00       x       0.       0.       0.       0.         (71) MR. MICHAEL D. DOYLE       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (8) MS. KARLA B. MAGANA FIGUEROA       1.00       x       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0. <td< td=""><td>TRUSTEE</td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	TRUSTEE		х						0.	0.	0.
(6)         MR. STEVEN H. COHEN         1.00         x         0. </td <td>(5) MR. PETER CHATILOVICZ</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5) MR. PETER CHATILOVICZ	1.00									
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(7) MR. MICHAEL D. DOYLE       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (8) MS. KARLA B. MAGANA FIGUEROA       1.00       x       0.       0.       0.       0.         TRUSTEE (THRU 6/28/2019)       x       0.       0.       0.       0.       0.         TRUSTEE       TRUSTEE       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         (10) MS. DIANE HENDRICKS       1.00       x       0. </td <td>(6) MR. STEVEN H. COHEN</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) MR. STEVEN H. COHEN	1.00									
TRUSTEE         X         I         O.         O.         O.           (8) MS. KARLA B. MAGANA FIGUEROA         1.00         X         0.         0.         0.           TRUSTEE (THRU 6/28/2019)         X         0.         0.         0.         0.           (9) MS. JO FROMAN         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (10) MS. DIANE HENDRICKS         1.00         X         0.         0.         0.         0.           (11) MR. GREG L. HOPPER         1.00         X         0.         0.         0.         0.           (12) MR. PHEE BOON KANG         1.00         X         0.         0.         0.         0.           (13) MR. DONALD P. KENT         1.00         X         0.         0.         0.         0.           (14) MS. JOANNA M. KUTTER         1.00         X         0.         0.         0.         0.           (15) MR. STEPHEN H. MAHLE         1.00         X         0.         0.         0.         0.           (16) MS. CECILY MAJERUS         1.00         X         0.	TRUSTEE		х						٥.	0.	0.
(8)         MARANA FIGUEROA         1.00         x         0.         0.         0.           TRUSTEE (THRU 6/28/2019)         x         0.	(7) MR. MICHAEL D. DOYLE	1.00									
TRUSTEE (THRU 6/28/2019)       X       0.       0.       0.       0.         (9) MS. JO FROMAN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (10) MS. DIANE HENDRICKS       1.00       X       0.       0.       0.       0.       0.         (11) MR. GREG L. HOPPER       1.00       X       0.       0.       0.       0.       0.         (12) MR. PHEE BOON KANG       1.00       X       0.	TRUSTEE		х						0.	0.	0.
(9)       MS. JO FROMAN       1.00       x       0.       0.       0.         TRUSTEE       x       1.00       x       0.       0.       0.         (10)       MS. DIANE HENDRICKS       1.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (11)       MR. GREG L. HOPPER       1.00       x       0.       0.       0.       0.         (12)       MR. PHEE BOON KANG       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       x       0.	(8) MS. KARLA B. MAGANA FIGUEROA	1.00									
TRUSTEE         x         x         0         0.         0	TRUSTEE (THRU 6/28/2019)		х						0.	0.	0.
(10) MS. DIANE HENDRICKS       1.00       x       0.       0.       0.       0.         TRUSTEE       x       1.00       x       0.       0.       0.       0.         (11) MR. GREG L. HOPPER       1.00       x       0.       0.       0.       0.       0.         (12) MR. PHEE BOON KANG       1.00       x       0.       0.       0.       0.       0.         (13) MR. DONALD P. KENT       1.00       x       0.       0.       0.       0.       0.         (14) MS. JOANNA M. KUTTER       1.00       x       0.       0.       0.       0.       0.         (15) MR. STEPHEN H. MAHLE       1.00       x       0.       0.       0.       0.       0.         (16) MS. CECILY MAJERUS       1.00       x       0.       0.       0.       0.       0.         (17) MR. JONATHAN P. MASON       1.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.	(9) MS. JO FROMAN	1.00									
TRUSTEE         X         X         0         0.         0	TRUSTEE		Х						0.	٥.	٥.
(11) MR. GREG L. HOPPER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (12) MR. PHEE BOON KANG       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) MR. DONALD P. KENT       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) MS. JOANNA M. KUTTER       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (15) MR. STEPHEN H. MAHLE       1.00       X       0.       0.       0.       0.       0.       0.         (16) MS. CECILY MAJERUS       1.00       X       0.       0.       0.       0.       0.       0.         (17) MR. JONATHAN P. MASON       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0. <td>(10) MS. DIANE HENDRICKS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) MS. DIANE HENDRICKS	1.00									
TRUSTEE         X         0         0.	TRUSTEE		Х						٥.	0.	0.
(12) MR. PHEE BOON KANG         1.00         x         0         0.	(11) MR. GREG L. HOPPER	1.00									
TRUSTEE       x       0       0.       0.       0.       0.         (13) MR. DONALD P. KENT       1.00       x       0       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.         (14) MS. JOANNA M. KUTTER       1.00       X       0       0.       0.       0.         TRUSTEE       X       X       0       0.       0.       0.       0.         (15) MR. STEPHEN H. MAHLE       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.       0.         (16) MS. CECILY MAJERUS       1.00       X       0       0.       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.       0.       0.         (17) MR. JONATHAN P. MASON       1.00       X       0       0.       0.       0.       0.         TRUSTEE       X       0       0       0       0.       0.       0.       0.	TRUSTEE		X						0.	0.	0.
(13) MR. DONALD P. KENT       1.00       x       0       0.	(12) MR. PHEE BOON KANG	1.00									
TRUSTEE       x       x       0       0.       <	TRUSTEE		Х						0.	0.	0.
(14) MS. JOANNA M. KUTTER       1.00       X       0       0.		1.00									
TRUSTEE       x       x       0       0.       <			Х						0.	0.	0.
(15) MR. STEPHEN H. MAHLE       1.00       X       0       0.		1.00									
TRUSTEE     X     0     0.     0.       (16) MS. CECILY MAJERUS     1.00     X     0     0.       TRUSTEE     X     0     0.     0.       (17) MR. JONATHAN P. MASON     1.00     X     0.     0.       TRUSTEE     X     0.     0.     0.			х						0.	0.	0.
(16) MS. CECILY MAJERUS     1.00     x     0.     0.     0.       TRUSTEE     x     1.00     x     0.     0.     0.       (17) MR. JONATHAN P. MASON     1.00     x     0.     0.     0.       TRUSTEE     x     0.     0.     0.     0.		1.00									
TRUSTEE         x         0. <th< td=""><td></td><td></td><td>х</td><td></td><td></td><td><u> </u></td><td></td><td><u> </u></td><td>0.</td><td>0.</td><td>0.</td></th<>			х			<u> </u>		<u> </u>	0.	0.	0.
(17) MR. JONATHAN P. MASON         1.00         X         0. </td <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
TRUSTEE         X         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td><u> </u></td><td></td><td><u> </u></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х			<u> </u>		<u> </u>	0.	0.	0.
		1.00							_	_	
	TRUSTEE		X						0.	0.	<sup>0</sup> . Form <b>990</b> (2018)

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832007 12-31-18

Form 990 (2018)

Form 990 (2018) BELOIT COLLEG	E								39-08	0849	7	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C)								(D)	(E)	I		(F)	
Name and title	Average	(do		Pos heck i		l than c	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss per	son i	s both r/trus	n an	compensation	compensatio		ar	nount	of
	week					1/1/1/1/1/1/1		- from	from related			other	
	(list any hours for	irecto						the	organization				
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizati	
	organizations	ruste	l trus		ee	mpen		(00-2/1033-10130)			Ŭ Ŭ	d relate	
	below	Individual trustee or director	Institutional trustee	-	ƙey employee	Highest compensated employee	er					anizatio	
	line)	Indivi	Instit	Officer	Key el	Highe	Former			I			
(18) MR. HAROLD F. MAYER	1.00												
TRUSTEE		х						0.		0.			0.
(19) MR. CHARLES P. MCQUAID	1.00												
TRUSTEE		х						0.		٥.			Ο.
(20) MS. JUDITH A. MILLER	1.00												
TRUSTEE		Х						0.		٥.			0.
(21) MR. DICK NIEMIEC	1.00												
CHAIR		х		х				0.		٥.			Ο.
(22) MR. THOMAS J. O'NEILL	1.00												
TRUSTEE		Х						0.		٥.			0.
(23) MR. JAMES L. PACKARD	1.00												
TRUSTEE		х						0.		٥.			Ο.
(24) MS. SUDHA PAVULURI QUAMME, M.D.	1.00												
TRUSTEE		х						0.		٥.			Ο.
(25) MS. MARGARET L. ROBINSON	1.00												
TRUSTEE		Х						0.		٥.			0.
(26) MR. JAMES R. SANGER	1.00												
TRUSTEE		Х						0.		٥.			0.
1b Sub-total								0.		٥.			٥.
c Total from continuation sheets to Part VI								2,596,068.		0.		420,	473.
d Total (add lines 1b and 1c)								2,596,068.		0.		420,	473.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													19
												Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for su	ich individual										3	Х	
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization	ſ			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services	ſ			
rendered to the organization? If "Yes, " com	plete Schedule	e J fe	or sı	ich r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	bensat	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		~	(0		_
Name and business	address							Description of s	ervices		ompe	nsatior	1
BON APPETIT												~	<b>6 - 0</b>
P.O. BOX 91337, CHICAGO, IL 60693								FOOD SERVICES			3	,344,	659.
TERESA E. COWDREY												2.04	
P.O. BOX 241, DEERFIELD, NH 03037								ENROLLMENT CONSULT	ING SERVICES			301,	345.
BOELTER LANDMARK, 7120 NORTHLAND TERF	ACE						l		NEWE DEGIS			200	074
N, MINNEAPOLIS, MN 55428	1 1						-	RESTAURANT & EQUIP	MENT DESIGN			300,	0/4.
ASSOCIATED COLLEGES OF THE MIDWEST, 1									ng l			207	
ADAMS STREET, SUITE 800, CHICAGO, IL	00003						_	EDUCATIONAL SERVIC	63			297,	55/.
FURMAN BROS, LLC	- 53535								FC			20 <i>6</i>	910
13447 E. LAKE SHORE ROAD, CLINTON, WI		- 4 - 12	. 11				-	MAINTENANCE SERVIC				286,	940.
2 Total number of independent contractors (ir	•	ot lin	niteo	i to i	thos 29		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz SEE PART VII, SECTION A CONTINU		тc			23	,					<b>Fa</b>	<b>990</b> (2	2010
SEE THAT VIT, SECTION A CONTINU		- 0										JJJ (2	-uið)

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				loyee		the	organizations	compensatio
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or (	stee			nsated		(00-271033-10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	idual	tution	er	Key employee	est co	ıer			U U
	line)	Indiv	Insti	Officer	Key	High	Former			
27) MR. ROBERT G. SHAW	1.00									
RUSTEE		х						0.	0.	
28) MR. THOMAS S. WALCOTT	1.00									
RUSTEE		х						0.	0.	
29) MS. NINA V. WEISSBERG	1.00									
RUSTEE		х						0.	0.	
30) MR. DON J. WYATT	1.00									
RUSTEE	1 00	Х						0.	0.	
31) MR. ROBERT H. YOUNG RUSTEE	1.00	х						0.	0.	
32) DR. H. SCOTT BIERMAN	40.00	л						•••	0.	
PRESIDENT	40.00			x				427,656.	0.	45,51
33) DR. CHRISTINA P. KLAWITTER	40.00							127,000.	••	10,01
DEAN OF STUDENTS (THRU 9/14/2018)				x				124,315.	0.	14,18
34) DR. ROBERT MIRABILE	40.00									/ =
P OF ENROLLMENT (THRU 8/17/2018)				х				186,696.	0.	27,79
35) MR. DANIEL SCHOOFF	40.00							,		
SECRETARY/CHIEF OF STAFF				х				151,144.	0.	31,76
36) MS. STACIE T. SCOTT	40.00									
REAS/VP FIN & PLAN				х				200,256.	0.	21,31
37) MS. LORI RHEAD	40.00									
P OF HR & OPERATIONS				х				153,221.	0.	32,91
38) MS. AMY WILSON	40.00									
YP OF DEVELOPMENT & ALUMNI RELATIONS				х				93,535.	0.	8,45
39) MR. CECIL YOUNGBLOOD	40.00									
DEAN OF STUDENTS				X				90,951.	0.	17,46
40) MR. ERIC BOYNTON	40.00									
ROVOST & DEAN OF THE COLLEGE				Х				0.	0.	
41) MR. TIMOTHY P. JONES	40.00									
CHIEF COMMUNICATIONS & MARKETING OFF					x			156,485.	0.	36,47
42) DR. PAMELA MCQUESTEN	40.00									
CHIEF INFORMATION OFFICER					Х			151,144.	0.	36,42
43) DR. RANJAN ROY	40.00								_	
PROFESSOR OF MATH & COMPUTER SCIENCE						X		110,078.	0.	28,14
44) DR. KEN YASUKAWA	40.00	1						110 654		
PROFESSOR OF BIOLOGY	40.00					X		113,671.	0.	9,40
45) YAFFA GROSSMAN	40.00							110 196	<u>_</u>	10 55
PROFESSOR OF BIOLOGY, ASSOCIATE DEAN	40.00					X		113,176.	0.	19,75
46) ROBERT ELDER ROFESSOR OF ECONOMICS	40.00							108,486.	0.	18,68
		•				X		LUO 400.	U. 1	I TO DC

832201 04-01-18

	n 990BELOIT_COLLEGE39-0808497						197			
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee			ligh	est (		es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(Cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week							from the	from related	other
	(list any	tor				plo ye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(1127 1000 11100)	organization
	related	ee or	stee			nsate				and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest com pen sated em ployee				organizations
	below	vidual	tutior	er	Key employee	lest c	ner			-
	line)	Indi	Insti	Officer	Key	High	Former			
(47) MS. DONNA OLIVER	40.00									
PROFESSOR OF MODERN LANGUAGE & LIT.						x		106,136.	0.	27,569.
(48) DR. ANN C. DAVIES	0.00									
FORMER PROVOST & DEAN OF THE COLLEGE							х	168,128.	0.	24,179.
(49) MS. BETH MONTEIRO, J.D.	0.00							1.10.000		00.444
FORMER VP OF DEVELOPMENT & ALUMNI RE							Х	140,990.	0.	20,441.
					<u> </u>					
					-	-				
	I					I				
Total to Part VII, Section A, line 1c								2,596,068.		420,473.
								_,,		,

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t VII	I Statement of Rever	nue					
	Check if Schedule O cont	ains a response o	or note to any line				
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
1 a	Federated campaigns	1a					
b	Membership dues	1b					
с	Fundraising events	1c					
d	Related organizations	1d					
е	Government grants (contribut	ions) <b>1e</b>	1,354,212.				
f	All other contributions, gifts, gran	ts, and					
	similar amounts not included abo	ve <b>1f</b>	6,252,862.				
g	Noncash contributions included in lines	1a-1f: \$	154,827.				
h	Total. Add lines 1a-1f		🕨	7,607,074.			
			Business Code				
_	TUITION AND FEES		812900	57,535,729.	57,535,729.		
b	ROOM, BOARD, & OTHER		812900	8,561,535.	8,561,535.		
С							
d	l						
e							
	All other program service reve			66 007 264			
	Total. Add lines 2a-2f			66,097,264.			
3	Investment income (including			3 536 204		Q 107	3 5 2 0 0
	other similar amounts)			3,536,204.		8,107.	3,528,0
4	Income from investment of ta		· · · ·				
5	Royalties						
<b>c</b> -	Cross root-	(i) Real	(ii) Personal				
	Gross rents						
	Less: rental expenses						
	Rental income or (loss)						
7 a	Gross amount from sales of	(i) Securities 107,570,679.	(ii) Other 475,871.				
L	assets other than inventory						
α	Less: cost or other basis	93,301,629.	658,857.				
-	and sales expenses	14,269,050.	-182,986.				
	Gain or (loss)		,	14,086,064.			14,086,0
	Net gain or (loss)     Gross income from fundraisin			,000,004.			
od	including \$						
	contributions reported on line						
	Part IV, line 18	-					
h	Less: direct expenses						
	Net income or (loss) from fund						
	Gross income from gaming a						
Ja	Part IV, line 19						
h	Less: direct expenses						
	Net income or (loss) from gam						
	Gross sales of inventory, less						
.5 u	and allowances						
h	Less: cost of goods sold						
	Net income or (loss) from sale						
	Miscellaneous Revenu		Business Code				
11 a		-	721000	3,505.		3,505.	
b				, , , , , , , , , , , , , , , , , , , ,		,	
с С							
_			900099	3,061,061.			3,061,0
d				3,064,566.			5,001,0
е 12	• Total. Add lines 11a-11d Total revenue. See instructions			94,391,172.	66,097,264.	11,612.	20,675,2
	INTELLEVENDE, SEE INSTRUCTIONS			,,-,-,-	~~,~~,~~~.	···, ····.	1 20,010,2

BELOIT COLLEGE

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	30,585,632.	30,585,632.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,394,459.	6,394,459.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,415,722.	708,535.	1,523,442.	183,745.
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	20,203,549.	15,479,650.	3,629,742.	1,094,157.
8	Pension plan accruals and contributions (include				· ·
-	section 401(k) and 403(b) employer contributions)	974,270.	667,346.	258,425.	48,499.
9	Other employee benefits	2,747,847.	1,785,950.	825,442.	136,455.
10	Payroll taxes	1,609,418.	1,058,919.	452,999.	97,500.
11	Fees for services (non-employees):	_,,-201	_,,-20	,	
	-				
	Management	215,541.		215,541.	
		267,682.		267,682.	
	Accounting	207,002.		207,002.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	374,614.		374,614.	
f	Investment management fees	574,014.		5/4,014.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4,264,706.	2 002 122	1 247 275	111 100
	column (A) amount, list line 11g expenses on Sch 0.)	4,204,708.	2,803,133.	1,347,375. 9,715.	<u> </u>
12	Advertising and promotion	,	10,031.		
13	Office expenses	2,198,739.	1,529,614.	551,651.	117,474.
14	Information technology	412,625.	143,600.	268,965.	60.
15	Royalties	2,220.	2,220.	1 200 000	
16	Occupancy	1,432,649.	71,751.	1,360,898.	12.000
17	Travel	1,117,319.	997,764.	105,735.	13,820.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	348,392.	303,249.	42,396.	2,747.
20	Interest	2,128,407.	2,082,923.	45,484.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,685,336.	2,911,290.	774,046.	
23	Insurance	291,179.	45,280.	245,899.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	FOOD SERVICE	3,315,505.	3,224,226.	60,428.	30,851.
b	REPAIRS & MAINTENANCE	1,115,394.	112,707.	1,002,687.	
с	COLLECTIONS	496,571.	496,571.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	86,617,633.	71,414,850.	13,363,166.	1,839,617.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	cuucational campaign and fundraising solicitation.				

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

		Check il Schedule O contains a response or not	e to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			144,927.	1	296,671.
	2	Savings and temporary cash investments			12,795,779.	2	55,635,073.
	3	Pledges and grants receivable, net		8,157,374.	з	6,030,315.	
	4	Accounts receivable, net			1,472,243.	4	1,994,134.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emp	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ts		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		15,483,435.	7	16,120,926.	
Ä	8	Inventories for sale or use			19,248.	8	16,223.
	9	Prepaid expenses and deferred charges			378,366.	9	613,357.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	139,550,540.			
	b	Less: accumulated depreciation	10b	78,914,715.	63,776,901.	10c	60,635,825.
	11	Investments - publicly traded securities			130,727,651.	11	59,819,549.
	12	Investments - other securities. See Part IV, line 1	18,504,430.	12	20,055,117.		
	13	Investments - program-related. See Part IV, line		16,300.	13	16,300.	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,052,027.	15	4,085,446.
	16	Total assets. Add lines 1 through 15 (must equa			255,528,681.	16	225,318,936.
	17	Accounts payable and accrued expenses	3,008,754.	17	2,990,062.		
	18	Grants payable		1 525 050	18	2 5 9 7 0 9 7	
	19	Deferred revenue	1,525,959.	19	2,587,987.		
	20			53,812,864.	20	28,479,458.	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee Complete Part II of Schedule L				00	
Lial	22	• • • • • • • • • • • • • • • • • • • •				22 23	
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated				23 24	
	24 25	Other liabilities (including federal income tax, pa				24	·
	25	parties, and other liabilities not included on lines	•				
		O de a dada D			11,127,038.	25	13,017,463.
	26	<b>-</b> • • • • • • • • • • • • • • • • • • •			69,474,615.	26	47,074,970.
		Organizations that follow SFAS 117 (ASC 958			, ,		, ,
s		complete lines 27 through 29, and lines 33 an					
Ce	27	Unrestricted net assets			41,477,634.	27	43,379,018.
alar	28	Temporarily restricted net assets			144,576,432.	28	134,864,948.
d B	29					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
orF		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ec				31	
et A	32	Retained earnings, endowment, accumulated in	come, o	r other funds		32	
ž	33	Total net assets or fund balances			186,054,066.	33	178,243,966.
	34	Total liabilities and net assets/fund balances			255,528,681.	34	225,318,936.

. Form 990 (2018)

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Form 990 (2018) Part X Balance Sheet

BELOIT COLLEGE

Part XI       Reconciliation of Net Assets       X         Check If Schedule O contains a response or note to any line in this Part XI       X         1       Total revenue (must equal Part VIII, column (A), line 22)       1       94,317,172         2       766,617,633.       2       86,617,633.         3       Revenue less expenses. Subtract line 2 from line 1       3       7,773,733.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       186,054,065.         5       0.12,816,488.       6       6       7         7       0.00 rated services and use of facilities       7       7         7       10 sestes or fund balances (explain in Schedule O)       8       9       -2,767,151.         10       Net assets or fund balances (explain in Schedule O)       8       9       -2,767,151.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       178,243,966.         Part XII       Financial Statements and Reporting       10       178,243,966.       178         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       1         1       Accounting method used to prepare the Form 990:	Form	990 (2018) BELOIT COLLEGE	39-08084	97	Pad	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       94, 391, 172, 2         2       Total expenses (must equal Part IX, column (A), line 25)       2       86, 617, 633, 3         3       Revenue less expenses. Subtract line 2 from line 1       3       7, 773, 533, 3         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       186, 054, 066, 5         5       Net unrealized gains (losses) on investments       6       6         7       7       7       7         8       Prior period adjustments       6       6         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -2, 767, 151, 10         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       178, 243, 966, 10         Part XII       Financial Statements and Reporting       1       178, 243, 966, 10         Column (B)       Check if Schedule 0 contains a response or note to any line in this Part XII       1       178, 243, 966, 20         2a       X       Mee the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X         2a       X       Mee the organization financial statements compiled or reviewed by an independent accountant?       <						
2       Total expenses (must equal Part IX, column (A), line 25)       2       86, 617, 633.         3       Revenue less expenses. Subtract line 2 from line 1       3       7, 773, 539.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       186, 054, 066.         5       Net unrealized gains (losses) on investments       6       -12, 816, 488.         6       Investment expenses       7       -         8       Prior period adjustments       8       -         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -2, 767, 151.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       178, 243, 966.         Part XII       Financial Statements and Reporting       -         Check if Schedule O contains a response or note to any line in this Part XII       -         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other," explain in Schedule O.         2a       X       -       -       2a       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other," explain in Schedule O.         2a       Ware the organization changed its method of accounting from a prior year or chec		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       86, 617, 633.         3       Revenue less expenses. Subtract line 2 from line 1       3       7, 773, 539.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       186, 054, 066.         5       Net unrealized gains (losses) on investments       6       -12, 816, 488.         6       Investment expenses       7       -         8       Prior period adjustments       8       -         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -2, 767, 151.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       178, 243, 966.         Part XII       Financial Statements and Reporting       -         Check if Schedule O contains a response or note to any line in this Part XII       -         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other," explain in Schedule O.         2a       X       -       -       2a       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other," explain in Schedule O.         2a       Ware the organization changed its method of accounting from a prior year or chec						
3       Revenue less expenses. Subtract line 2 from line 1       3       7,773,539.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       186,054,066.         5       Net unrealized gains (losses) on investments       5       -12,816,488.         6       7       7         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -2,767,151.         10       Itra, 243,966.       9       -2,767,151.         10       Itra, 243,966.       178,243,966.         Part XIII       Financial Statements and Reporting       10       178,243,966.         Check if Schedule O contains a response or note to any line in this Part XII       1       178,243,966.         9       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         15       Periation changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         16       Press, check a box below to indicate whether the financial statements for the year were compiled or revie	1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,	391,	172.
3       Revenue less expenses. Subtract line 2 from line 1       3       7,773,539.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       186,054,066.         5       Net unrealized gains (losses) on investments       5       -12,816,488.         6       0       6         7       7       7         8       7       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -2,767,151.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       178,243,966.         Part XII       Financial Statements and Reporting       10       178,243,966.         Check if Schedule O contains a response or note to any line in this Part XII       1       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate	2	Total expenses (must equal Part IX, column (A), line 25)	2	86,	617,	633.
4       186, 054, 065.         5       Net unrealized gains (losses) on investments       5         6       -12, 816, 488.         6       -12, 816, 488.         6       -12, 816, 488.         6       -12, 816, 488.         7	3		3	7,	773,	539.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -2,767,151.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E))       10       178,243,966.         Part XII       Financial Statements and Reporting       10       178,243,966.         Check if Schedule O contains a response or note to any line in this Part XII       10       178,243,966.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization s' financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       S       Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were adited on a separate basis, consolidated basis, or both: <td>4</td> <td></td> <td>4</td> <td>186,</td> <td>054,</td> <td>066.</td>	4		4	186,	054,	066.
7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -2,767,151.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       178,243,966.         Part XII       Financial Statements and Reporting       10       178,243,966.         Check if Schedule O contains a response or note to any line in this Part XII       10       178,243,966.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Imancial statements and selection of an independent accountant?       2b	5	Net unrealized gains (losses) on investments	5	-12,	816,	488.
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li> <li>9 -2,767,151.</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other</li> <li>If the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both:</li> <li>Separate basis X Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements and ide by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis X Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit able or such audits?</li> </ul>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 -2,767,151.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10   11 Check if Schedule O contains a response or note to any line in this Part XII   12 Check if Schedule O contains a response or note to any line in this Part XII   14 Accounting method used to prepare the Form 990:   15 Cash   16 Yes   17 Accounting method used to prepare the Form 990:   18 Accrual   19 Other, "explain in Schedule O.   29 Were the organization's financial statements compiled or reviewed by an independent accountant?   18 Yes   19 Were the organization's financial statements audited basis   20 Separate basis   20 Consolidated basis, or both:   20 Separate basis   21 Consolidated basis   22 X   19 Yes" to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   19 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   20 3a   21 As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       178, 243, 966.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)       10       178,243,966.         Part XII       Financial Statements and Reporting       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis       2b       X       I	9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,	767,	151.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled on reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain in Schedule O.       2c       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b <t< td=""><td>10</td><td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,</td><td></td><td></td><td></td><td></td></t<>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Check if Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       S       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," to kick a box below to indicate whether the financial statements and selection of an independent accountant?       2c       X         If "Yes" to line 2a or 2b, does			10	178,	243,	966.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash in the prepare the form 990:       Cash in the prepare the prepare the form 990:       Cash in the prepare the prepare the form 990:       Cash in the prepare the prepare the prepare the form 990:       Cash in the prepare the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis in the prepare the financial statements for the year were compiled or a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis in the prepare the		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements outled by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Image: the organization of the organization is financial statements audited by an independent accountant?       Image: the organization of the organization is financial statements audited by an independent accountant?       Image: the organization of the organization is financial statements audited by an independent accountant?       Image: the organization of the organization is financial statements audited by an independent accountant?       Image: the organization of the organization is financial statements audited basis       Image: the organization of the organization is financial statements and selection of an independent accountant?       Image: the organization of its financial statements and selection of an independent accountant?       Image: the organization of the organization is financial statements and selection of an independent accountant?       Image: the organization of the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: the organization changed either its oversight process or selection process during the tax year, explain in the Single Audit Act and OMB Circular A-133?       Image: 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       Image: the organization change of the required audit or audits?         If "Yes," did the organization undergo the required audit or		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Separate basis   X   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   Separate basis   Separate basis   X   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   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	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
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b       Were the organization of manofal outerheads backford by durindependent decodinant.       20         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       20         Separate basis       X       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       X		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Separate basis       X       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Consolidated basis       Image: Consolidated basis<	b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>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</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       X						
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If the organization changed either its oversight process or selection or an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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	С					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits.       3b       X				2c	X	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits.       3b       X         or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       X						
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits.       3b       X	3a		gle Audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a	Х	
	b					
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

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(Form 990 or 990-EZ)

# Public Charity Status and Public Support

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

OMB No. 1545-0047
2018
Open to Public

		nue Service			Attach to Form 990 or F v/Form990 for instructio			nformation.		Inspection
Nam	e of t	the organizati	-	0					Employer	identification number
			BELOIT	COLLEGE						39-0808497
Pa	rt I	Reason	for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions		
The	organ				For lines 1 through 12, cl					
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2	X	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	i).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
				Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersh	ip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.
		See section	<b>509(a)(2).</b> (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusion	ively to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 5	<b>09(a)(3).</b> (	Check the box in
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	pporting
		¬ -		complete Part IV, Se						
b				-	l or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		¬ ~	. ,	t complete Part IV,						
с			-		g organization operated				y integrate	d with,
	_	-	-		). You must complete F					
d			-	• · ·	oorting organization oper				•	. ,
				с с	zation generally must sati			•	an attentiv	eness
		- ·			nplete Part IV, Sections				. Ture e III	
е			•		written determination from			турет, турет	і, туре ш	
f	Ento	er the number			nally integrated supportir					
י מ				about the supporte	nd organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 17

#### Schedule A (Form 990 or 990-EZ) 2018 BELOIT COLLEGE Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 12,968,357 18,938,022 7,607,074 16,497,877 18,501,057. 74,512,387. 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 16 497 877. 12,968,357, 18,938,022, 18 501 057. 7 607 074. 74,512,387. 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) 2,970,132. 71,542,255. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2016 <u>(e) 20</u>18 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (f) Total 16,497,877, 12,968,357, 18,938,022, 18,501,057. 7,607,074, 74,512,387. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2,894,646 4,497,735. 5,796,078 4,186,733. 3,536,204 20,911,396. and income from similar sources 9 Net income from unrelated business activities, whether or not the 59,685. 59,685. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 973,232. 300,139 731,100 944,422. 3,061,061. 6,009,954. 101,493,422. **11 Total support.** Add lines 7 through 10 329,393,240. 12 **12** Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 70.49 14 % 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 69.22 15 % 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 ► X b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orga	nization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from			en line 14 and lin		<b>18</b>	%
198	<b>33 1/3% support tests - 2018.</b> If the	-					
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	-	-				►∟
N	line 18 is not more than 33 1/3%, che	•					·
20	<b>Private foundation.</b> If the organization						
	23 10-11-18			,, ee.			990 or 990-EZ) 2018
			10	<b>)</b>			

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

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Yes No

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Par	t 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		
b	A family member of a person described in (a) above?	11b		
с	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	)0-EZ)	2018

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 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 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2018

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

	rt V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	39-0808497 Page 7
	tion D - Distributions		nizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		Current rour
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			(Form 000 or 000 EZ) 0018

Schedule A (Form 990 or 990-EZ) 2018

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39-0808497	Page 8
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Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, S	explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 10-11-18	Schedule A (Form 990 or 990-EZ) 2018
20219 148922 3793311-3793311	24 2018.05050 BELOIT COLLEGE 37933

## **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** P	UBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

BEI	OIT COLLEGE	39-0808497
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	

	527	political	organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions  $e_{xclusively}$  for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an  $e_{xclusively}$  religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an  $e_{xclusively}$  religious, charitable, etc.,  $e_{xclusively}$  religious,  $e_{x$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

	rganization	Empl	oyer identification number
BELOIT C	COLLEGE		39-0808497
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$860,283.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$183,256.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$181,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

26 2018.05050 BELOIT COLLEGE

13020219 148922 3793311-3793311

## Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **2** 

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2018)
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Employer identification number

BELOIT COLLEGE

Name of organization

39-0808497

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	150 SHARES OF GENESEE & WYOMING INC.		
		\$	03/07/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	44 SHARES OF LENNOX INTERNATIONAL INC.		
		\$	03/07/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	50 SHARES OF ITURAN LOCATION AND CONTROL LTD		
		\$1,834.	03/07/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	42 SHARES OF PEMBINA PIPELINE CORPORATION		
		\$1,538.	03/08/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	670 SHARES OF APPLE INC.		
		\$\$	03/13/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20 SHARES OF COSTCO WHOLESALE CORPORATION		

823453 11-08-18

13020219 148922 3793311-3793311

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\$

03/13/19

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

4,704.

37933111

Name of c	rganization		Employ	er identification number
BELOIT (	COLLEGE		39	-0808497
Part II	Noncash Property (see instructions). Use duplicate copies of Par	II if additional space is need	led.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
	25 SHARES OF EPR PROPERTIES			
4		\$	1,893.	03/13/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		\$		
823453 11-08	3-18	Schedu	le B (Form 9	90, 990-EZ, or 990-PF) (2018)

13020219 148922 3793311-3793311

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37933111

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

ame of organ	nization			Employer identification number
ELOIT COLL	JEGE			39-0808497
fr co	xclusively religious, charitable, etc., contributi om any one contributor. Complete columns (a ompleting Part III, enter the total of exclusively religious, lse duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of <b>\$1,000</b>	entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
<u>Part I</u> —				
-		(e) Transfer of	 jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
		(e) Transfer of	jift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
a) No				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
		(e) Transfer of	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	f transferor to transferee
454 11-08-18		29	Schee	dule B (Form 990, 990-EZ, or 990-PF) (20

2018.05050 BELOIT COLLEGE

SCHEDULE D

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



	nent of the Treasury Revenue Service	Go to www.irs.gov/Form9	Attach to Form 99 90 for instructions	0. and the latest inform	nation.	Inspec	tion
Nam	e of the organization	on				loyer identification	
Dee		BELOIT COLLEGE				39-080849	
Par		ations Maintaining Donor Advise		ier Similar Funds	s or Account	<b>IS.</b> Complete if 1	the
	organization	n answered "Yes" on Form 990, Part IV, lin		advised funds	(b) [	do and other acco	
			(a) Donors	advised funds	(D) Fund	ds and other acco	unis
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year on inform all donors and donor advisors in v					
5	-	on's property, subject to the organization's	-			Yes	No
6	-	on inform all grantees, donors, and donor a	-				
Ū		oses and not for the benefit of the donor o					
	impermissible priva				0	🏼 Yes	No
Par		ation Easements. Complete if the org					
1		servation easements held by the organization			,		
-		of land for public use (e.g., recreation or e	`	Preservation of a his	storically import	ant land area	
		f natural habitat	,	Preservation of a ce			
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation c	ontribution in the form	of a conservati	ion easement on f	the last
	day of the tax year					Held at the End of t	the Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage restr	ricted by conservation easements			2b		
с	Number of conserv	vation easements on a certified historic stru	ucture included in (	a)	2c		
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and r	ot on a historic struct	ure		
	listed in the Nation	al Register			2d		
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguishe	d, or terminated by th	e organization o	Juring the tax	
	year 🕨						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per		spection, handling of			
•		orcement of the conservation easements it					No No
6		r hours devoted to monitoring, inspecting,	nandling of violatic	ins, and enforcing cor	servation easer	nents during the y	year
7		 es incurred in monitoring, inspecting, hanc	lling of violations	nd onforcing concorr	tion opportunit	o during the year	
'	► \$	es incurred in monitoring, inspecting, nanc	ining of violations, a		allon easements	s during the year	
8		vation easement reported on line 2(d) abov	e satisfy the requir	ements of section 170	(h)(4)(B)(i)		
Ŭ	and section 170(h)					Yes	No
9		be how the organization reports conservation					
-		ble, the text of the footnote to the organizat		-			
	conservation ease	ments.			-	-	
Par	t III   Organiza	ations Maintaining Collections of	<sup>•</sup> Art, Historica	Treasures, or O	ther Similar	Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8	l.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to repo	ort in its revenue state	ment and balan	ce sheet works of	f art,
	historical treasures	s, or other similar assets held for public ext	nibition, education,	or research in further	ance of public s	ervice, provide, in	ı Part XIII,
	the text of the foot	note to its financial statements that descri	bes these items.				
b	-	elected, as permitted under SFAS 116 (AS					
		similar assets held for public exhibition, ed	ducation, or resear	ch in furtherance of pu	iblic service, pro	ovide the following	g amounts
	relating to these ite						
		ded on Form 990, Part VIII, line 1			🕨 🖇	§	700 570
_		ed in Form 990, Part X				S	722,579.
2	e e	received or held works of art, historical tre			al gain, provide		
_	-	unts required to be reported under SFAS 1		-	•		
a h		on Form 990, Part VIII, line 1				§	
		Form 990, Part X eduction Act Notice, see the Instructions				Schedule D (Form	m 000\ 2010

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2018.05050	BELOIT	COLLEGE

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued.         a       Uname the organization's accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):       a         a       Imple the organization's accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):       b         b       Scholarly research       0       Chan or exchange programs         c       D'record accession on the organization's collections and exclain how they further the organization's collection?       Yes       X       No         Part III       Escholarly research       0       Other       Yes       X       No         Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche	dule D (Form 990) 2018 BELOIT COLI						39-080		Pa	age <b>2</b>
click all that apply:       d       Loan or exchange programs         b       Scholarly research       o       Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, o	r Other	Similar	Assets	(contin	ued)	
a ≧ Public exhibition d	3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	following that	t are a sig	nificant u	se of its c	ollection	items	
b       Scholarly research       e       Other         c       Main Preservation for future generations       Provide a description of the organization scillctor receive donations of art, historical treasures, or other similar assets       to be soft or other similar assets         3       Drovide a description of the organization scillctor art, historical treasures, or other similar assets       to be soft or other similar assets         4       Provide a description of the organization science art in the organization answered 'Yes' on Form 990, Part X, line 21.       Ta is the organization and provide if the organization science are article of the organization answered 'Yes' on Form 990, Part X, line 21.         1a       Is the organization and provide an amount on Form 990, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1e         c       Beginning balance       Int       Int       Int       Int         2       Dotter organization include an amount on Form 990, Part X, line 21, for secree or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Intervents hak       (e) Four years back       (e)		(check all that apply):									
c       X       Preservation for future generalizans         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       During the year, did the organization solic of receive donations of art, histocial treasures, or other similar assets         to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K. line 9.       Yes       X No         Part IV       Escrew and Custocial Arrangements.       Compete fithe organization answered "Yes" on Form 990, Part K. line 9.       Yes       No         1a is the organization anget, trustee, custocial or other intermediary for contributions or other assets not included on Form 990, Part X.       Yes       No         b if "Yes," explain the arrangement in Part XIII and complete the tollowing table:	а	X Public exhibition	d	Loan or exc	hange progra	ams					
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maritained as part of the organization answered "Yes" on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X?</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X?</li> <li>1b If Yes, "explain the arrangement in Part XIII and complete the tollowing table:</li> <li>Candidions during the year</li> <li>1c Id Id</li></ul>	b	X Scholarly research	е	Other							
5       During the year, did the organization solitot or receive donations of art, historical ressures, or other similar assets         10       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.         11       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ite account (an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Ite account (an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes', explain the arrangement in Part XIII and complete the following table:       Ite account (an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes', explain the arrangement in Part XIII account year       (a) Dirity was back (d) Iterw was	с										
tops        Tops       Tops	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b if 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete the complication answerd 'Yes' or Form 990, Part IV, line 10.       Image: Complete the complication answerd 'Yes' or Form 990, Part IV, line 10.       Image: Complete the complication answerd 'Yes' or Form 990, Part IV, line 10.       Image: Complete the complication answerd 'Yes' or Form 990, Part IV, line 10.       Image: Complete the complication answerd 'Yes' or Form 990, Part IV, line 10.       Image: Complete the complication answerd 'Yes' or Form 990, Part IV, line 10.       Image: Complete the complication answerd 'Yes' or Form 990, Part V, line 10.       Image: Complete the complication answerd 'Yes' or Form 990, Part V, line 10.       Image: Complete the	5	During the year, did the organization solicit of	r receive donations of	fart, historical treas	sures, or othe	er similar a	assets				
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         Part V       Endowment Funds: Complete if the organization nanswered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for years back (0) Free years back (0) Four yea											
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No       b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII (Differe years back (e) Four years back (e)	Par			te if the organizatio	n answered	"Yes" on I	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (d) Current years back       (e) Four years back         1a       Beginning of year balance       (f) 0, 322, 873, 159, 514, 047, 145, 155, 229, 145, 348, 605, 154, 496, 518, 500, 122, 177, 500, 122, 177, 500, 122, 177, 500, 122, 177, 500, 122, 173, 309, 3, 326, 7, 552, 437, 7, 299, 424, 145, 348, 605, 154, 498, 518, 200, 100, 043, 18, 262, 968, -3, 506, 129, -9, 148, 013, 120, 010, 643, 18, 262, 968, -3, 506, 129, -9, 148, 013, 120, 010, 643, 18, 262, 968, 1-3, 506, 129, -9, 148, 013, 120, 010, 643, 18, 262, 968, 1-3, 506, 129, -9, 148, 013, 120, 010, 643, 18, 262, 968, 1-3, 506, 129, -9, 148, 013, 120, 010, 044, 18, 120, 010, 044, 022, 150, 1140, 010, 044, 022, 010, 010, 044, 023, 010, 014, 023, 010, 014, 014, 023, 010, 014, 014, 023, 010, 014, 014, 014, 014, 014, 014, 014	1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contribution	s or other as	sets not ir	ncluded				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Armount          c       Beginning balance          1c          d       Additions during the year          1e          2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," scylain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.          Part V        Findowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.           1a       Beginning of year balance          (10 Current vers) (10) from year (10) If we years back (10) If the years back (10) If the years back (10) Four years back				•					Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       ft "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Image: Complete if the organization answered Yes' on Form 990, Part X, line 10.         Part V       Enclowment Funds. Complete if the organization answered Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       Image: Complete if the organization answered Yes' on Form 990, Part X, line 21, 100, 0, 10, 121, 200, 3, 658, 287, 10, 10, 10, 121, 200, 3, 658, 287, 10, 10, 10, 121, 200, 3, 658, 287, 10, 10, 10, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 287, 10, 10, 12, 121, 200, 3, 658, 243, 10, 10, 12, 121, 200, 3, 658, 243, 10, 10, 12, 121, 200, 3, 658, 243, 10, 10, 121, 200, 200, 200, 200, 200,	b										-
c       Beginning balance       10         d       Additions during the year       11         d       Additions during the year       11         d       Ending balance       11         d       Distributions during the year       11         d       Distributions       12       No         b       f *res*, explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       11         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       145, 155, 229.         d       Gartas or scholarships       160, 323, 073.       159, 514, 047.       145, 155, 229.         d       Gartas or scholarships       29, 235, 139.       9, 803, 326.       7, 562, 437.       7, 299, 424.         f       Administrative expenditures for facilities       136, 744, 982.       160, 932, 973.       159, 514, 047.       145, 155, 229.       145, 348, 605.         g       End of year balance       136, 744, 982.       160, 932, 973. <t< th=""><th></th><th></th><th></th><th>5</th><th></th><th></th><th></th><th></th><th>Amount</th><th>:</th><th></th></t<>				5					Amount	:	
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII Check here if the organization answered 'Yes' on Form 990. Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990. Part X, line 10.         Part V       Endowment FundS. Complete if the organization answered 'Yes' on Form 990. Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990. Part X, line 10.         1a Beginning of year balance       (0) Drior year       (0) Foir years back (0) Time years back (0) Time years back (0, 10 fuz, 145, 348, 605.         1b Contributions       753.090. 1, 211, 399. 3, 658, 287.       10, 612, 177.         c Net investment earnings, gains, and losses       4, 294, 158.       10, 010, 843.       18, 262, 968.       -3, 506, 129.       -9, 148, 013.         d Grants or scholarships       29, 235, 139.       9, 803, 326.       7, 562, 437.       7, 299, 424.       -         f Administrative expenses       136, 744, 982.       160, 932, 973.       159, 514, 047.       145, 155, 229.       145, 348, 605.         2 Provide the estimated percentage of the current year end balance (line 10, column (a)) held as:       a Board designated or quasizations </th <th>с</th> <th>Beginning balance</th> <th></th> <th></th> <th></th> <th></th> <th>1c</th> <th></th> <th></th> <th></th> <th></th>	с	Beginning balance					1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on part XIII.       Image: the arrangement in Part XIII. Check here is the arrangement in Part XIII. Check here is the arrangement in Part XIII. Check here is the arrangement is the arrangement if part XII. Arrange arrangement is the arrangement if part XII. Arrange arrangement is the arrangement is the arrangemenet if part XII. Arrange arrangement is the arrangement											
f Ending balance       11         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (d) Three years back.       (d) Four years back.       (e) Two years back.       (d) Three years back.       (e) Four years back.       (d) Three years back.       (e) Four years back.       (f) Three years back.       (e) Four years back.       (f) Three years back.       f) f, f, f, f, f, f, f, f, f,											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       753,090.       1,211,309.       3,568,227.       10,612,177.       -         c       No thir expenditures for facilities       10,010,843.       18,262,968.       -3,506,129.       -9,148,013.         and programs       29,235,139.       9,803,326.       7,562,437.       7,299,424.       -         f       Administrative expenses       136,744,982.       160,932,873.       159,514,047.       145,55,229.       145,348,605.         g       End of year balance       136,744,982.       160,932,873.       159,514,047.       145,155,229.       145,348,605.         g       Provide the estimated percentage of the current year       <	f										
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back         (e) Four years back         (f) Three years back         (e) Four years back         (f) Two years back         (f) Tw	2a						y?		Yes		No
Image: fill a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       160, 932, 873.       159, 514, 047.       145, 155, 229.       145, 348, 605.       154, 496, 618.         b Contributions       753, 090.       1, 211, 309.       3, 658, 287.       10, 612, 177.         c Net investment earnings, gains, and losses       4, 234, 158.       10, 010, 843.       18, 262, 968.       -3, 506, 129.       -9, 148, 013.         d Grants or scholarships       29, 235, 139.       9, 803, 326.       7, 562, 437.       7, 299, 424.       -         f Administrative expenses       136, 744, 982.       160, 932, 873.       159, 514, 047.       145, 155, 229.       145, 348, 605.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasiendowment ▶       44.45       %         b Permanent endowment ▶       55, 55       %       .       .       .       .       .         i(i) urelated organizations       .	b										]
1a       Beginning of year balance       160,932,873       159,514,047       145,155,229       145,348,605       154,496,618         b       Contributions       753,090       1,211,309       3,658,287       10,612,177         c       Net investment earnings, gains, and losses       4,294,158       10,010,843       18,262,968       -3,506,129       -9,148,013         d       Grants or scholarships       1       10,010,843       18,262,968       -3,506,129       -9,148,013         e       Other expenditures for facilities and programs       10,010,843,326       7,562,437       7,299,424       -         f       Administrative expenses       136,744,982       160,932,873       159,514,047       145,155,229       145,348,605         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       44.45       %         b       Permanent endowment ▶       55.55       %       S       Temporarily restricted endowment ▶       58,55       %         ii)       unrelated organizations	Par	t V Endowment Funds. Complete	if the organization and	wered "Yes" on Fo	orm 990, Part	IV, line 1	0.				
b       Contributions       753,090.       1,211,309.       3,658,287.       10,612,177.         c       Net investment earnings, gains, and losses       4,294,158.       10,010,843.       18,262,968.       -3,506,129.       -9,148,013.         d       Grants or scholarships       29,235,139.       9,803,326.       7,562,437.       7,299,424.       -         f       Administrative expenditures for facilities       29,235,139.       9,803,326.       7,562,437.       7,299,424.       -         g       End of year balance       136,744,982.       160,932,873.       159,514,047.       145,155,229.       145,348,605.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       Board designated or quasi-endowment ▶			(a) Current year			rs back 🚺			(e) Four	years	back
c       Net investment earnings, gains, and losses       4,294,158.       10,010,843.       18,262,968.       -3,506,129.       -9,148,013.         e       Other expenditures for facilities and programs       29,235,139.       9,803,326.       7,562,437.       7,299,424.         f       Administrative expenses       136,744,982.       160,932,873.       159,514,047.       145,155,229.       145,348,605.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a         a Board designated or quasi-endowment ▶	1a	Beginning of year balance	160,932,873.				145,34	48,605.	154,	496,	618.
d Grants or scholarships	b	Contributions	, ,					-			
e       Other expenditures for facilities and programs       29,235,139.       9,803,326.       7,562,437.       7,299,424.         f       Administrative expenses       136,744,982.       160,932,873.       159,514,047.       145,155,229.       145,348,605.         g       End of year balance       136,744,982.       160,932,873.       159,514,047.       145,155,229.       145,348,605.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       44.45       %         b       Permanent endowment ▶      %      %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       unrelated organizations       3a(i)       X         ii)       related organizations       iii related organizations       3a(ii)       X       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.	с	Net investment earnings, gains, and losses	4,294,158.	10,010,843.	18,262	2,968.	-3,50	06,129.	-9,	148,	013.
and programs       29,235,139.       9,803,326.       7,562,437.       7,299,424.         f Administrative expenses       136,744,982.       160,932,873.       159,514,047.       145,155,229.       145,348,605.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       44.45       %         b Permanent endowment ▶       55.55       %       %       ************************************	d	Grants or scholarships									
f       Administrative expenses	е	Other expenditures for facilities									
g End of year balance       136,744,982.       160,932,873.       159,514,047.       145,155,229.       145,348,605.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       44.45       %         b Permanent endowment ▶       55.55       %       %       %         c Temporarily restricted endowment ▶      %       %       %         in the percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       iii nelated organizations       3a(i)       x         iii) in related organizations		and programs	29,235,139.	9,803,326.	7,562	2,437.	7,29	99,424.			
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶44.45%         b       Permanent endowment ▶55.55%         c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment Images of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>116, 921, 240.</li> <li>63, 708, 203.</li> <li>53, 213, 037.</li> <li>c Leasehold improvements</li> <ul> <li>75, 744.</li> <li>75, 744.</li> <li>75, 744.</li> <li>76, 744.</li></ul>	f	Administrative expenses									
a Board designated or quasi-endowment ▶       44.45 %         b Permanent endowment ▶       55.55 %         c Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations         (ii) related organizations       3a(i)       x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)       x         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       4         Part VI       Land, Buildings, and Equipment.       (a) Cost or other       (b) Cost or other       (c) Accumulated         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       1,907, 266.       1,907, 266.       1,907, 266.         b Buildings       116,921,240.       63,708,203.       53,213,037.         c Leasehold improvements       9,407,426.       8,042,058.       1,365,368.         e Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (a) must equal Form 990, Part X, column (B), line 10c.)       60,635,825.	g					4,047.	145,1	55,229.	145,	348,	605.
b Dear and endowment ▶	2		•	(line 1g, column (a)	)) held as:						
c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а			_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>1a Land         <ul> <li>1,907,266.</li> <li>1,90</li></ul></li>			%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organization's endowment funds.       3a(ii)       X         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b Buildings       11,907,266.       1,907,266.       1,907,266.         b Buildings       116,921,240.       63,708,203.       53,213,037.         c Leasehold improvements       75,744.       75,744.       0.         d Equipment       9,407,426.       8,042,058.       1,365,368.         e Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.       60,635,825.	С										
by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment e Other Column (d) must equal Form 990, Part X, column (B). line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) (i) unrelated organizations (ii) unrelated organizations (iii) related organ			-								
(i)       unrelated organizations       3a(i)       X         (ii)       related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       1,907,266.         1       Land       1,907,266.       1,907,266.       1,907,266.         b       Buildings       116,921,240.       63,708,203.       53,213,037.         c       Leasehold improvements       75,744.       75,744.       0.         d       Equipment       9,407,426.       8,042,058.       1,365,368.         e       Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)       60,635,825.       60,635,825.	3a		ssion of the organizat	ion that are held ar	nd administer	red for the	e organiza	tion	ſ		
(ii) related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       9         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1,907,266.       1,907,266.       1,907,266.         b Buildings       116,921,240.       63,708,203.       53,213,037.         c Leasehold improvements       75,744.       75,744.       0.         d Equipment       9,407,426.       8,042,058.       1,365,368.         e Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       60,635,825.       60,635,825.		-								Yes	
(ii) rotated organizations       isted as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1,907,266.       1,907,266.       1,907,266.         b Buildings       116,921,240.       63,708,203.       53,213,037.         c Leasehold improvements       75,744.       75,744.       0.         d Equipment       9,407,426.       8,042,058.       1,365,368.         e Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       60,635,825.		<b>6-13</b>									
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         basis (other)       (c) Accumulated depreciation         1a Land       1,907,266.         b Buildings       116,921,240.         c Leasehold improvements       75,744.         d Equipment       9,407,426.         8,042,058.       1,365,368.         e Other       11,238,864.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       60,635,825.		•									
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1,907,266.       1,907,266.       1,907,266.         b Buildings       116,921,240.       63,708,203.       53,213,037.         c Leasehold improvements       75,744.       75,744.       0.         d Equipment       9,407,426.       8,042,058.       1,365,368.         e Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       60,635,825.	D								30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1,907,266.       1,907,266.       1,907,266.         b Buildings       116,921,240.       63,708,203.       53,213,037.         c Leasehold improvements       75,744.       75,744.       0.         d Equipment       9,407,426.       8,042,058.       1,365,368.         e Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       60,635,825.	Par			ment tunds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land1,907,266.1,907,266.1,907,266.b Buildings116,921,240.63,708,203.53,213,037.c Leasehold improvements75,744.75,744.0.d Equipment9,407,426.8,042,058.1,365,368.e Other11,238,864.7,088,710.4,150,154.Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)60,635,825.	1 41			Dort IV line 110 S	oo Form 000		ina 10				
basis (investment)         basis (other)         depreciation           1a Land         1,907,266.         1,907,266.           b Buildings         116,921,240.         63,708,203.         53,213,037.           c Leasehold improvements         75,744.         75,744.         0.           d Equipment         9,407,426.         8,042,058.         1,365,368.           e Other         11,238,864.         7,088,710.         4,150,154.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)         60,635,825.		· · · · · · · · · · · · · · · · · · ·								( Volum	
b Buildings       116,921,240.       63,708,203.       53,213,037.         c Leasehold improvements       75,744.       75,744.       0.         d Equipment       9,407,426.       8,042,058.       1,365,368.         e Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)       ▶       60,635,825.		Description of property		ent) basis	(other)			a	( <b>a)</b> BOOI	( value	•
c       Leasehold improvements       75,744.       75,744.       0.         d       Equipment       9,407,426.       8,042,058.       1,365,368.         e       Other       11,238,864.       7,088,710.       4,150,154.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       60,635,825.	1a	Land									
d Equipment         9,407,426.         8,042,058.         1,365,368.           e Other         11,238,864.         7,088,710.         4,150,154.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)         60,635,825.				116			, ,		53,	213,	
e Other         11,238,864.         7,088,710.         4,150,154.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)         60,635,825.	с	Leasehold improvements					,				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)         60,635,825.	d	Equipment									
	-							710.			
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>, column (B), line 1</u>	0c.)						

Schedule D (Form 990) 2018

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T art VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.	
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1) Financia	al derivatives				
(2) Closely	v-held equity interests				
(3) Other					
(A) ALT	TERNATIVE INVESTMENTS	20,055,117	. END-OF-YEAR	MARKET VALUE	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨	20,055,117			
Part VIII	Investments - Program Related.	, ,			
	Complete if the organization answered "Yes"	on Form 990 Part IV lin	a 11c. See Form 990 I	Part X line 13	
	(a) Description of investment	(b) Book value			l-of-year market value
(1)					,
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)	(b) must aqual Form 000 Dart V asl (D) line 10 )				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.				
	Complete if the organization answered "Ves"	on Form 000 Part IV lin	11d See Form 990	Dart V line 15	
	Complete if the organization answered "Yes" (a)		e 11d. See Form 990,	Part X, line 15.	(b) Book value
(1)		on Form 990, Part IV, lin Description	e 11d. See Form 990,	Part X, line 15.	<b>(b)</b> Book value
(1)			e 11d. See Form 990,	Part X, line 15.	<b>(b)</b> Book value
(2)			e 11d. See Form 990,	Part X, line 15.	<b>(b)</b> Book value
(2) (3)			e 11d. See Form 990,	Part X, line 15.	(b) Book value
(2) (3) (4)			e 11d. See Form 990,	Part X, line 15.	(b) Book value
(2) (3) (4) (5)			e 11d. See Form 990,	Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)			e 11d. See Form 990,	Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7)			e 11d. See Form 990,	Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8)			e 11d. See Form 990,	Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description		Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	(a)	Description		Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) <u>umn (b) must equal Form 990, Part X, col. (B) line</u> Other Liabilities.	Description			
(2) (3) (4) (5) (6) (7) (8) (9) Total. ( <u>Coll</u> <b>Part X</b>	(a) <u>umn (b) must equal Form 990, Part X, col. (B) line</u> <b>Other Liabilities.</b> Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form		
(2) (3) (4) (5) (6) (7) (8) (9) Total. ( <u>Colu</u> <b>Part X</b>	(a) <i>Imn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability	Description			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	(a) <i>Imn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" ( (a) Description of liability deral income taxes	Description	e 11e or 11f. See Form (b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) STU	(a) <i>umn (b) must equal Form 990. Part X. col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" ( (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI	Description	e 11e or 11f. See Form ( <b>b)</b> Book value 361,941.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) STU (3) ANN	(a) <i>umn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI NUITIES PAYABLE	Description	e 11e or 11f. See Form (b) Book value 361,941. 3,629,136.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll) Part X 1. (1) Fec (2) STU (3) ANN (4) SW2	(a) <i>Jumn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI NUITIES PAYABLE AP LIABILITY	Description	e 11e or 11f. See Form (b) Book value 361,941. 3,629,136. 7,165,259.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. Part X 1. (1) Fec (2) STU (2) STU (3) ANN (4) SW2 (5) REE	(a) <i>Jmn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI NUITIES PAYABLE AP LIABILITY FUNDABLE ADVANCES	Description	e 11e or 11f. See Form (b) Book value 361,941. 3,629,136. 7,165,259. 1,706,832.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. Part X 1. (1) Fec (2) STU (2) STU (3) ANN (4) SW2 (5) REE	(a) <i>Jumn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI NUITIES PAYABLE AP LIABILITY	Description	e 11e or 11f. See Form (b) Book value 361,941. 3,629,136. 7,165,259.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) STU (2) STU (3) ANN (4) SW2 (5) REH	(a) <i>Jmn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI NUITIES PAYABLE AP LIABILITY FUNDABLE ADVANCES	Description	e 11e or 11f. See Form (b) Book value 361,941. 3,629,136. 7,165,259. 1,706,832.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) STU (3) ANN (4) SW2 (5) REE (6) OTH	(a) <i>Jmn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI NUITIES PAYABLE AP LIABILITY FUNDABLE ADVANCES	Description	e 11e or 11f. See Form (b) Book value 361,941. 3,629,136. 7,165,259. 1,706,832.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) STU (2) STU (3) ANN (4) SW2 (5) REE (6) OTH (7)	(a) <i>Jmn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability deral income taxes UDENT DEPOSITS AND DEFERRED GRANT RI NUITIES PAYABLE AP LIABILITY FUNDABLE ADVANCES	Description	e 11e or 11f. See Form (b) Book value 361,941. 3,629,136. 7,165,259. 1,706,832.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 BELOIT COLLEGE		39-0808497 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	ements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	)	5
Pa	rt XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
PART	III LINE 4:		

THE COLLEGE MAINTAINS AN ANTHROPOLOGICAL MUSEUM AND AN ART MUSEUM. THE

COLLECTIONS ARE DISPLAYED FOR PUBLIC VIEWING. HOWEVER, SPACE LIMITATIONS

REQUIRE THAT ONLY PORTIONS OF THE COLLECTION ARE DISPLAYED AT A GIVEN

TIME. THE COLLECTIONS AND THEIR PRESERVATION ARE USED IN THE CLASSROOM

SETTING FOR INSTRUCTIONAL PURPOSES IN AREAS OF STUDY SUCH AS ANTHROPOLOGY,

ART AND MUSEUM STUDIES.

PART V, LINE 4:

THE PURPOSE OF THE COLLEGE'S ENDOWMENT FUND IS TO PROVIDE A CONTINUOUS

SOURCE OF FUNDING TO SUPPORT THE MISSION OF THE INSTITUTION. ENDOWMENT

FUND EXPENDITURES PROVIDE FUNDING FOR SCHOLARSHIPS, FACULTY SALARIES,

832054 10-29-18

Schedule D (Form 990) 2018

## Part XIII Supplemental Information (continued)

LIBRARY RESOURCES, AND OTHER PROGRAM ACTIVITIES.

PART X, LINE 2:

THE COLLEGE QUALIFIES AS A SECTION 501(C)(3) NOT-FOR-PROFIT EDUCATIONAL

INSTITUTION UNDER THE INTERNAL REVENUE CODE (THE CODE) AND, THEREFORE, IS

EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE.

THE COLLEGE IS, HOWEVER, SUBJECT TO FEDERAL INCOME TAXES ON ANY UNRELATED

BUSINESS INCOME UNDER THE PROVISIONS OF SECTION 511 OF THE CODE. THE

COLLEGE IS EXEMPT FROM STATE INCOME TAXES UNDER SECTION 71.26 OF WISCONSIN

STATUTES.

Schedule D (Form 990) 2018

832055 10-29-18

13020219 148922 3793311-3793311

34 2018.05050 BELOIT COLLEGE SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Schools

OMB No. 1545-0047

**Open to Public** 

Inspection

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

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

on.

Name of the organization

BELOIT COLLEGE

Employer identification number

39-0808497

			YES	NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	х	
	SEE PART II			
ŀ	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?		X	┢
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	┢
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		x
а	Students' rights or privileges?	5a 5b		+
a b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?			x
a b c d	Students' rights or privileges?         Admissions policies?         Employment of faculty or administrative staff?         Scholarships or other financial assistance?	5b		X X
a b c d	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		X X X X
a b c d e	Students' rights or privileges?         Admissions policies?         Employment of faculty or administrative staff?         Scholarships or other financial assistance?	5b 5c 5d		X X X X X X
a b d f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X X X X
a b d f g	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X X X X
a b d f g	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X X X X X
a b d f g	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X X X
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	×	X X X X X X X
abcdefgh a	Students' rights or privileges?         Admissions policies?         Employment of faculty or administrative staff?         Scholarships or other financial assistance?         Educational policies?         Use of facilities?         Athletic programs?         Other extracurricular activities?         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h a	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	x	
abcdefgh ab	Students' rights or privileges?         Admissions policies?         Employment of faculty or administrative staff?         Scholarships or other financial assistance?         Educational policies?         Use of facilities?         Athletic programs?         Other extracurricular activities?         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.         Does the organization receive any financial aid or assistance from a governmental agency?         Has the organization's right to such aid ever been revoked or suspended?         If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	x	
abcdefgh	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		

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Schedule E (Form 990 or 990 EZ) 2018 BELOIT COLLEGE	39-0808497	Page <b>2</b>
Part II Supplemental Information. Provide the explanations r	required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.	
Also provide any other additional information.		
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:		
BELOIT COLLEGE IS A FOUR YEAR PRIVATE LIBERAL ARTS		
INSTITUTION THAT DRAWS STUDENTS NOT ONLY NATIONWIDE BUT		
WORLDWIDE. MATERIALS USED IN PROMOTIONAL ACTIVITIES AND		
RECRUITING EFFORTS INCLUDE STATEMENTS THAT BELOIT COLLEG	GE	
DOES NOT DISCRIMINATE AGAINST STUDENTS, APPLICANTS FOR		
ADMISSION, APPLICANTS FOR FINANCIAL ASSISTANCE, APPLICAN	NTS FOR EMPLOYMENT,	
OR EMPLOYEES ON THE BASIS OF SEX, RACE, COLOR, RELIGION,	, NATIONAL ORIGIN,	

ANCESTRY, AGE, SEXUAL ORIENTATION, OR PHYSICAL OR MENTAL DISABILITIES

UNRELATED TO INSTITUTIONAL JOBS, PROGRAMS, OR ACTIVITIES.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

BELOIT COLLEGE DID RECEIVE FEDERAL FUNDS, WHICH WERE USED FOR STUDENT

PROGRAMS/ENTITLEMENTS SUCH AS PELL GRANTS, SEOG GRANTS, AND WORKSTUDY

PROGRAMS.

Schedule E (Form 990 or 990-EZ) 2018

832062 10-15-18

832071 10-3	1-18	
13020219	148922	3793311-37933

#### 37 311 2018.05050 BELOIT COLLEGE

Statement of	Activities	Outside	the U	nited St	ates

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

BELOIT COLLEGE 39-0808497 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region independent gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC 0 0 PROGRAM SERVICES EDUCATIONAL SERVICES 102,716. EUROPE (INCLUDING 487,794. ICELAND & GREENLAND) 0 0 PROGRAM SERVICES EDUCATIONAL SERVICES SOUTH AMERICA 0 0 EDUCATIONAL SERVICES PROGRAM SERVICES 113,080. CENTRAL AMERICA AND THE CARIBBEAN 0 SCHOLARSHIPS 236,692. 0 EAST ASIA AND THE PACIFIC 0 0 SCHOLARSHIPS 3,589,740. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 SCHOLARSHIPS 197,564. MIDDLE EAST AND NORTH AFRICA 0 0 SCHOLARSHIPS 35,000. NORTH AMERICA 0 0 SCHOLARSHIPS 24,732. 0 0 4,787,318. 3 a Subtotal **b** Total from continuation 0 0 2,353,696. sheets to Part I Totals (add lines 3a С 0 0 7,141,014. and 3b)

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

Schedule F (Form 990) 2018

37933111

ĺ	OMB No. 1545-0047
	2010
	<b>ZU 10</b>
	Open to Public
	Inspection

Employer identification number

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

(a) Region	(b) Number of offices	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising,	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents in region	program services, grants to recipients located in the region)	describe specific type of service(s) in region	for region
RUSSIA AND					
NEIGHBORING STATES	0	0	SCHOLARSHIPS		82,564
	0	0	COUCH ADOUT DO		102 120
SOUTH AMERICA	0	U	SCHOLARSHIPS		183,128
SOUTH ASIA	0	0	SCHOLARSHIPS		1,669,017
SUB-SAHARAN AFRICA	0	0	SCHOLARSHIPS		259,445
EAST ASIA AND THE					
PACIFIC	0	0	GRANTS		42,499
		_			
SOUTH ASIA	0	0	GRANTS		54,310
SUB-SAHARAN AFRICA	0	0	GRANTS		4,000
MIDDLE EAST AND NORTH AFRICA -					
ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS		5,500
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED					
STATES	0	0	GRANTS		8,268
SOUTH AMERICA - ARGENTINA, BOLIVIA,					
BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTS		2,000

832181 04-01-18

	BELOIT COLLE		• (Schedule F (Form 990), Part I, line 3	39-0808497	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
USSIA AND					
EIGHBORING STATES -					
RMENIA, AZERBIJAN,					
ELARUS,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	15,80
OUTH ASIA -					
FGHANISTAN,					
SANGLADESH, BHUTAN,					
NDIA, MALDIVES,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	7,52
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	EDUCATIONAL SERVICES	19,64
					<u> </u>
otals					2,353,69

832181 04-01-18

**3** Enter total number of other organizations or entities

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)

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

(d) Purpose of

(e) Amount

Schedule F (Form 990) 2018

1

(b) IRS code section

(f) Manner of

(g) Amount of

(h) Description

Page 2

(i) Method of

Schedule F (Form 990) 2018

Schedule F	(Form	990)	2018
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Part III	Grants and Other Assistanc	e to Individuals Outside	e the United Stat	tes. Complete i	if the organization	answered "	Yes" o	n Form 990, Part	IV, line 16.
	Part III can be duplicated if ac	dditional space is needed	ł.						

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
SCHOLARSHIP	PACIFIC	126	3,589,740.	SEE PART V	0.		
SCHOLARSHIP	EUROPE	6	197 564	SEE PART V	0		
SCHOLARSHIP	LURUPE	0	197,504.	SEE FARI V	0.		
	MIDDLE EAST AND						
SCHOLARSHIP	NORTH AFRICA	1	35,000.	SEE PART V	0.		
	RUSSIA AND						
	NEIGHBORING						
SCHOLARSHIP	STATES	2	82,564.	SEE PART V	0.		
SCHOLARSHIP	SOUTH AMERICA	3	183 128	SEE PART V	0.		
	SUB-SAHARAN						
SCHOLARSHIP	AFRICA	5	259,445.	SEE PART V	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN						
	- ANTIGUA &						
SCHOLARSHIP	BARBUDA, ARUBA,	6	236,692.	SEE PART V	0.		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT						
SCHOLARSHIP	THE UNITED STATES	1	24,732.	SEE PART V	0.		
	SOUTH ASIA -						
	AFGHANISTAN,						
	BANGLADESH,						
SCHOLARSHIP	BHUTAN, INDIA,	30	1,669,017.	SEE PART V	ο.		

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Page 3

Schedule F (Form 990) 2018

Schedule F (Form 990)	BELOIT COLLEGE				39-0808497		Page :
Part III Continuation of Grants a	and Other Assistance to Ir	ndividuals Outsi	de the United S	tates. (Schedule F (Form 990),	Part III)		
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SOUTH ASIA -						
	AFGHANISTAN,						
	BANGLADESH,						
GRANT	BHUTAN, INDIA,	16	54,310.	SEE PART V	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
GRANT	BURKINA FASO,	1	4,000.	SEE PART V	0.		
	EAST ASIA AND THE						
GRANT	PACIFIC	10	42,499.	SEE PART V	0.		
	MIDDLE EAST AND						
GRANT	NORTH AFRICA	1	5,500.	SEE PART V	0.		
	NORTH AMERICA -		,				
	CANADA AND						
	MEXICO, BUT NOT						
GRANT	THE UNITED STATES	1	8,268.	SEE PART V	0.		
GRANT	SOUTH AMERICA	2	2,000.	SEE PART V	0.		

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

Schedule F (Form 990) 2018

# Part V Supplemental Information

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

PART I, LINE 2:

GRANT FUNDS AWARDED IN THE FORM OF STUDENT FINANCIAL ASSISTANCE IS

CREDITED TO THEIR TUITION ACCOUNT TO ASSIST IN COVERING THE COST OF

TUITION.

IN CASES WHERE FUNDS ARE SPENT AWAY FROM CAMPUS, APPROPRIATE

DOCUMENTATION IS REQUIRED TO BE SUBMITTED AND APPROVED TO SUBSTANTIATE

THE EXPENSE.

Schedule F (Form 990) 2018

832075 10-31-18

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		·····	Attach to For		,		Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of the organization	COLLEGE						Employer identification number 39-0808497
Part I General Information on	Grants and Assistance						•
<b>1</b> Does the organization maintair	n records to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	ion
criteria used to award the gran	ts or assistance?						X Yes No
2 Describe in Part IV the organiz	ation's procedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assis	stance to Domestic Organi	zations and Domestic	c Governments.	Complete if the org	anization answered "א	res" on Form 990, Par	t IV, line 21, for any
recipient that received m	ore than \$5,000. Part II can	be duplicated if additi	ional space is need	led.	(f) Mathad of	1	I
<b>1 (a)</b> Name and address of organ or government	nization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 5</li> <li>3 Enter total number of other org</li> <li>4 Enter total number of other org</li> </ul>	ganizations listed in the line	1 table					

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

Schedule I (Form 990) (2018)

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUDENT FINANCIAL ASSISTANCE	998	30,585,632.	0.		

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

PART I, LINE 2:

GRANTS ARE AWARDED IN THE FORM OF FINANCIAL ASSISTANCE TOWARDS THE PAYMENT

OF TUITION AND FEES IN WHICH CASE THE GRANT AMOUNTS ARE APPLIED DIRECTLY TO

THE STUDENT'S ACCOUNT. OTHER GRANTS ARE AWARDED FOR VARIOUS REASONS TO

STUDENTS, FACULTY AND STAFF FOR EDUCATIONAL OR WORK RELATED ACTIVITIES. IN

THESE CASES EXPENSE VERIFICATION IS REQUIRED IN THE FORM OF RECEIPTS AND

OTHER APPROPRIATE DOCUMENTATION.

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees		20	10	)
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organizatio			identificatio	on nu	mber
		BELOIT COLLEGE	39-0	808497		
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	i i i i i i i i i i i i i i i i i i i				
	Travel for com					
	_	cation and gross-up payments Health or social club dues or initiation fee				
	X Discretionary	spending account X Personal services (such as maid, chauffer	ir, chet)			
	If any of the house					
D	,	on line 1a are checked, did the organization follow a written policy regarding payment or		41	х	
~				<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	any of the following the filing exception used to establish the companyation of the exception	tion's			
3		ny, of the following the filing organization used to establish the compensation of the organiza ector. Check all that apply. Do not check any boxes for methods used by a related organizati				
			JITLO			
	·	ation of the CEO/Executive Director, but explain in Part III.				
			ommittaa			
		ther organizations X Approval by the board or compensation of	Ommillee			
4	During the year di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-		lated organization:				
а	•	e payment or change-of-control payment?		4a	х	
b		ceive payment from, a supplemental nonqualified retirement plan?				x
		ceive payment from, an equity-based compensation arrangement?				x
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
-	contingent on the r					
а	0			5a		x
		ration?				x
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а				6a		x
		ration?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2018

832111 10-26-18

### 39-0808497

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. H. SCOTT BIERMAN	(i)	412,656.	0.	15,000.	26,600.	18,916.	473,172.	0.
	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) DR. ROBERT MIRABILE	(i)	132,075.	Ο.	54,621.	13,465.	14,331.	214,492.	0.
	(ii)	Ο.	0.	٥.	0.	0.	0.	0.
(3) MR. DANIEL SCHOOFF	(i)	151,144.	0.	0.	9,333.	22,428.	182,905.	0.
	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) MS. STACIE T. SCOTT	(i)	200,256.	0.	٥.	0.	21,316.	221,572.	0.
TREAS/VP FIN & PLAN	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(5) MS. LORI RHEAD	(i)	153,221.	0.	0.	14,259.	18,658.	186,138.	0.
VP OF HR & OPERATIONS	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(6) MR. TIMOTHY P. JONES	(i)	156,485.	0.	0.	14,438.	22,033.	192,956.	0.
CHIEF COMMUNICATIONS & MARKETING OFF	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(7) DR. PAMELA MCQUESTEN	(i)	151,144.	0.	0.	14,000.	22,428.	187,572.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. ANN C. DAVIES	(i)	166,461.	0.	1,667.	14,748.	9,431.	192,307.	0.
FORMER PROVOST & DEAN OF THE COLLEGE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) MS. BETH MONTEIRO, J.D.	(i)	97,973.	0.	43,017.	10,200.	10,241.	161,431.	0.
FORMER VP OF DEVELOPMENT & ALUMNI RE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

#### Part III Supplemental Information

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

PART I, LINE 1A:

DISCRETIONARY SPENDING ACCOUNT: THE PRESIDENT HAS A DISCRETIONARY SPENDING

ACCOUNT OF \$15,000. THIS BENEFIT IS TREATED AS OTHER TAXABLE COMPENSATION

TO H. SCOTT BIERMAN.

THE COLLEGE PAID \$1,667 TO ANN C. DAVIES IN 2018 FOR ENDOWED PROFESSOR

EDWIN F WILDE, JR. THIS BENEFIT IS TREATED AS OTHER TAXABLE COMPENSATION TO

ANN DAVIES.

THE COLLEGE PAID \$2,348 TO DR. CECIL YOUNGBLOOD IN 2018 AS A DISCRETIONARY

SPENDING ACCOUNT. THIS BENEFIT IS TREATED AS OTHER TAXABLE COMPENSATION TO

CECIL YOUNGBLOOD.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/PERSONAL SERVICES: AS A

CONDITION OF EMPLOYMENT, THE PRESIDENT OF BELOIT COLLEGE IS REQUIRED TO

RESIDE IN THE PRESIDENT'S HOUSE. THE PRESIDENT'S HOUSE SERVES BOTH AS A

PERSONAL RESIDENCE AS WELL AS A VENUE FOR THE CARRYING ON OF COLLEGE

BUSINESS REGULARLY. THE COLLEGE HAS DETERMINED THAT THE VALUE OF THE USE OF

THIS PERSONAL RESIDENCE IS NOT CONSIDERED TAXABLE INCOME TO THE PRESIDENT

Part III Supplemental Information

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

AS PROVIDED FOR IN INTERNAL REVENUE CODE SECTION 119. CONSISTENT WITH THE

USE OF THE RESIDENCE AS A VENUE FOR COLLEGE BUSINESS, A PART-TIME

HOUSEKEEPER IS ASSIGNED TO CLEAN UP AND ASSIST WITH SUCH USE. THE VALUE OF

THIS BENEFIT WAS \$25,552 IN 2018. THE VALUE OF THE HOUSING ALLOWANCE WAS

\$43,007 IN 2018.

PART I, LINE 4A:

ROBERT MIRABILE RECEIVED SEVERANCE PAY OF \$54,621.

Department of the Treas Internal Revenue Service	explanations, and any additional information in Part VI. ternal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.									Jpen 1 nspec	tion	lic		
Name of the organ	nization BELOIT COLLEGE									-	identif 30849		n num	ıber
Part I Bond I	ssues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	l (e) Issu	e price	(f) Descripti	on of purpose	<b>(g)</b> De	efeased	( <b>h)</b> On	behalf	(i) Po	oled
											of is	suer	finar	ncing
									Yes	No	Yes	No	Yes	No
WISC. HEAL	TH & EDUCATIONAL					CI	URRENT REFU	ND BONDS						
A FACILITIES	AUTHORITIES	39-1337855	NONEAVAIL	05/09/14	29,7	75,500.I	SSUED APRIL	28, 2010		х		х		х
WISC. HEAL	TH & EDUCATIONAL					CI	URRENT REFU	ND BONDS						
B FACILITIES	AUTHORITIES	39-1337855	97712DSK3	09/14/16	26,7	46,813.I	SSUED APRIL	28, 2010		х		х		Х
С														
D														
Part II Proce	eds													
				A	۱		В	С	;			D		
1 Amount of b	oonds retired			2	2,866,662.	2	25,301,813.							
2 Amount of b	oonds legally defeased													
3 Total proceeds of issue		29	,775,500.	2	26,746,813.									
4 Gross proce	eds in reserve funds													
5 Capitalized	interest from proceeds													
6 Proceeds in	refunding escrows													
7 Issuance co	sts from proceeds				75,500.		317,465.							
8 Credit enha	ncement from proceeds													
9 Working ca	bital expenditures from proceeds													
10 Capital expe	enditures from proceeds													
11 Other spent	proceeds			29	,700,000.	2	26,429,348.							
12 Other unspe	ent proceeds													
13 Year of sub	stantial completion				2014		2016							
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bo	onds issued as part of a refunding	issue of tax-exempt	bonds (or,											
if issued prie	or to 2018, a current refunding iss	sue)?		Х			X							
	onds issued as part of a refunding													
issued prior	to 2018, an advance refunding is	sue)?			Х	Х								
16 Has the fina	l allocation of proceeds been mad	de?		X		Х								
17 Does the or	ganization maintain adequate boo	oks and records to su	upport the											
final allocati	on of proceeds?			х		Х								

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

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

Schedule K (Form 990) 2018

OMB No. 1545-0047

2018

SCHEDULE K

(Form 990)

## Schedule K (Form 990) 2018 BELOIT COLLEGE

39-0808497

Page 2

Par	t III Private Business Use								
			Α		В		С		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		x				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		x		x		·		
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		х		х		·		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?						·		
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		x		x				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by				-				
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another						ļ		
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		х		х				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under						·		
	Regulations sections 1.141-12 and 1.145-2?		х		Х				
Par	t IV Arbitrage								
			A		B		ç		<u>p</u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х				
_2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		Х					
b	Exception to rebate?		X		x				
	No rebate due?		Х		Х				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х			X				

## Schedule K (Form 990) 2018 BELOIT COLLEGE

Page 3

Par	t IV Arbitrage (Continued)								
		Α		В		С		C	)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?		х	х					
b	Name of provider	CHASE BANK	K						
	Term of hedge	2	21.9800000						
	Was the hedge superintegrated?		Х		Х				
е	Was the hedge terminated?		Х		Х				
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
	Name of provider								
	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	Were any gross proceeds invested beyond an available temporary period?		Х		Х				
	Has the organization established written procedures to monitor the requirements of								
	section 148?	x		х					
Par	t V Procedures To Undertake Corrective Action								
		L A	4	E	3	0	;	C	)
	Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
	federal tax requirements are timely identified and corrected through the voluntary								
	closing agreement program if self-remediation isn't available under applicable								
	regulations?	x		х					
Par	t VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instru	uctions					

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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



Name of the organization

Employer	identification	number

39-0808497

BELOIT COLLEGE

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	7	154 827	FAIR MARKET VALU	<b>r</b>		
9	Securities - Publicly traded		,	154,027.	FAIR MARKEI VALO	E		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	jement			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties	•	-	-				
	contributions?						х	1
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	r for which column (a) is cheo	ked.			
	describe in Part II.		-,		- ,			
	ueschue in Fait II.							,

13020219 148922 3793311-3793311

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING A COMBINATION OF THE NUMBER OF

CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32B:

IT IS THE GENERAL POLICY OF THE COLLEGE TO SELL OR OTHERWISE DISPOSE OF

ALL GIFTS OF PERSONAL PROPERTY IN ORDER TO USE THE PROCEEDS TO ADVANCE

ITS ACTIVITIES, UNLESS THE PROPERTY ITSELF FURTHERS THE MISSION OF THE

COLLEGE SUCH AS CERTAIN ARTWORK, PIECES OF INTEREST FOR THE LOGAN

MUSEUM, VALUABLE MANUSCRIPTS, ETC. ONCE THE PROPERTY IS TRANSFERRED A

KNOWLEDGEABLE AGENT IS SOUGHT TO EFFICIENTLY DISPOSE OF THE PROPERTY

FOR MAXIMUM PROCEEDS.

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 39–0808497

BELOIT COLLEGE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTINUOUS INSTITUTION OF HIGHER LEARNING. THE COLLEGE IS A NATIONAL

LEADER IN DELIVERING A RIGOROUS, TIME-TESTED LIBERAL ARTS EXPERIENCE

THAT STUDENTS ARE REQUIRED TO APPLY AND TEST IN THEIR CHOSEN FIELDS OF

STUDY, LOCAL COMMUNITY, SOCIAL ORGANIZATIONS AND AROUND THE WORLD. THE

COLLEGE'S COMMITMENT TO ITS STUDENTS, FACULTY, STAFF, NAMESAKE CITY AND

WORLD ARE CALLED OUT IN ITS MISSION STATEMENT, A STUDENT-RATIFIED

STATEMENT OF CULTURE, AS WELL AS ITS PUBLIC COMMITMENTS TO INCLUSIVITY

AND DIVERSITY, ACCESS, AND THE PUBLIC GOOD. TO LEARN MORE ABOUT BELOIT,

VISIT WWW.BELOIT.EDU/MOREBELOIT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BELOIT COLLEGE ENGAGES THE INTELLIGENCE, IMAGINATION, AND CURIOSITY OF

ITS STUDENTS, EMPOWERING THEM TO LEAD FULFILLING LIVES MARKED BY HIGH

ACHIEVEMENT, PERSONAL RESPONSIBILITY, AND PUBLIC CONTRIBUTION IN A

DIVERSE SOCIETY. OUR EMPHASIS ON INTERNATIONAL AND INTERDISCIPLINARY

PERSPECTIVES, THE INTEGRATION OF KNOWLEDGE WITH EXPERIENCE, AND CLOSE

COLLABORATION AMONG PEERS, PROFESSORS, AND STAFF EQUIPS OUR STUDENTS TO

APPROACH THE COMPLEX PROBLEMS OF THE WORLD ETHICALLY AND THOUGHTFULLY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(SEE SCHEDULE O FOR CONTINUATION)

HAILED AS ONE OF 40 "COLLEGES THAT CHANGE LIVES" BY FORMER NEW YORK

TIMES EDUCATION EDITOR LOREN POPE, BELOIT OFFERS STUDENTS ACCESS TO

MORE THAN 50 ACADEMIC PROGRAMS, 100 PLUS STUDENT CLUBS, 18 VARSITY

#### SPORTS, AND COUNTLESS OTHER OPPORTUNITIES THAT RANGE FROM HANDS-ON

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O	(Form 990	or 990-EZ	) (2018)
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BELOIT COLLEGE

Employer identification number 39-0808497

FIELD AND INTERNSHIP EXPERIENCES BOTH LOCALLY AND GLOBALLY, TO

COLLEGE-FUNDED STUDENT BUSINESS STARTUPS.

DURING THE 2018-19 ACADEMIC YEAR, THE COLLEGE SERVED 1,275 STUDENTS,

FROM 34 COUNTRIES, 43 STATES, AND THE DISTRICT OF COLUMBIA. THE COLLEGE

OFFERED COURSES IN FALL, SPRING, AND SUMMER SESSIONS AND PROVIDED

EDUCATIONAL SERVICES BOTH DOMESTICALLY AND THROUGH STUDY ABROAD

PROGRAMS. THE COLLEGE GRADUATED 262 STUDENTS DURING THE YEAR, WHILE

PROVIDING FINANCIAL ASSISTANCE TO 98 PERCENT OF DEGREE-SEEKING

STUDENTS.

ENROLLMENT AND DEVELOPMENT: DURING THE 2018-19 RECRUITMENT CYCLE, THE

COLLEGE RECEIVED 4,200 APPLICATIONS FROM FIRST-TIME, DEGREE-SEEKING

STUDENTS. THE 266 STUDENTS WHO ENROLLED WILL GRADUATE AS THE CLASS OF

2022.

THE COLLEGE CONTINUES TO RECEIVE RECOGNITION FROM EXTERNAL EVALUATORS

AND PEERS ACROSS THE COUNTRY FOR THE QUALITY OF ITS UNDERGRADUATE

TEACHING, CURRICULAR INNOVATIONS, ENTREPRENEURIAL AND STUDY ABROAD

PROGRAMS, AND MORE. THESE REPUTATIONAL MEASURES, WHICH REFLECT THE

COLLEGE'S INCREASING VISIBILITY, INCLUDE LANDING ON THE U.S. NEWS &

WORLD REPORT SHORT LISTS OF "MOST INNOVATIVE" SCHOOLS WITH "BEST

UNDERGRADUATE TEACHING, " AND A "BEST VALUE." U.S. NEWS & WORLD REPORT

RANKS BELOIT COLLEGE NATIONALLY AT #68 AMONG LIBERAL ARTS COLLEGES.

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

BELOIT COLLEGE'S FORM 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC

ACCOUNTING FIRM. A DRAFT OF THE FORM 990 WAS PROVIDED ELECTRONICALLY TO THE

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization BELOIT COLLEGE	Employer identification number 39-0808497
BOARD OF TRUSTEES' AUDIT COMMITTEE FOR REVIEW AT THE FEBRUARY AUDIT	
COMMITTEE MEETING. THE FEBRUARY MEETING AGENDA INCLUDED DISCUSSION OF	
QUESTIONS OR CONCERNS REGARDING THE INFORMATION CONTAINED IN THE FORM 990.	
ONCE ALL ISSUES AND QUESTIONS REGARDING THE RETURN WERE RESOLVED, THE FORM	
990 WAS FINALIZED TO INCORPORATE ANY NECESSARY CHANGES. AN UPDATED VERSION	
WAS PROVIDED ELECTRONICALLY TO THE CONTROLLER TO DISTRIBUTE TO THE AUDIT	
COMMITTEE FOR ADDITIONAL MATTERS TO BE ADDRESSED AND RESOLVED. THE	
FINALIZED VERSION OF FORM 990 WAS FILED WITH THE IRS ON OR BEFORE THE MAY	
15TH FILING DEADLINE.	
TO RESPECT THE WISHES OF CERTAIN DONORS TO REMAIN ANONYMOUS, WE HAVE CHOSEN	
NOT TO PROVIDE A FULL DISCLOSURE COPY OF THE 990 TO THE FULL GOVERNING	
BOARD OF BELOIT COLLEGE. THE BOARD DOES, HOWEVER, RECEIVE A FULL REPORT	
LESS THE DONOR NAMES AND ADDRESSES TO REVIEW. A FULL DISCLOSURE COPY, WITH	
ALL DONOR INFORMATION, WILL BE FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TRUSTEES AND OFFICERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST	
DOCUMENTS ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF	
INTEREST, ANY PERSON COVERED BY THIS POLICY MUST DISCLOSE THE EXISTENCE OF	
THE CONFLICT ISSUE AND ALL MATERIAL FACTS CONCERNING THE ISSUE. THE BOARD	
OF TRUSTEES MUST REVIEW AND APPROVE ALL SUBSTANTIAL CONFLICTING ACTIVITIES	
OF ALL TRUSTEES. THE AUDIT & RISK MANAGEMENT COMMITTEE MUST REVIEW AND	
APPROVE ALL SUBSTANTIAL CONFLICTING ACTIVITIES OF CORPORATE OFFICERS. WHEN	
THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER	
SHALL BE RESOLVED BY THE AUDIT & RISK MANAGEMENT COMMITTEE FOR CORPORATE	
OFFICERS AND THE EXECUTIVE COMMITTEE FOR THE TRUSTEES.	

832212 10-10-18

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

	Schedule O (	(Form 990	or 990-EZ)	(2018)
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BELOIT COLLEGE

Employer identification number 39-0808497

FORM 990, PART VI, SECTION B, LINE 15:

THE COLLEGE PARTICIPATES ANNUALLY IN AN OFFICER COMPENSATION SURVEY

CONDUCTED BY THE WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND

UNIVERSITIES (WAICU), AND AN ANNUAL ADMINISTRATIVE SALARY SURVEY CONDUCTED

BY THE ASSOCIATED COLLEGES OF THE MIDWEST (ACM) WITH BI-ANNUAL INCLUSION OF

THE GREAT LAKES COLLEGES ASSOCIATION (GLCA). THE SURVEYS ARE REVIEWED AS A

PART OF THE PROCESS FOR DETERMINING ENCUMBENT SALARY INCREASES ANNUALLY.

ADDITIONALLY, THE SURVEYS AND INDEPENDENT COMPARABILITY DATA FROM THE WAICU

AND ACM/GLCA SCHOOLS WERE UTILIZED TO DETERMINE COMPENSATION FOR HIRING

EXECUTIVES, OFFICERS AND KEY STAFF TO FILL VACANCIES.

THE EXECUTIVE COMMITTEE OF THE BELOIT COLLEGE BOARD OF TRUSTEES ACTS AS THE

COMPENSATION COMMITTEE. THERE ARE 6 MEMBERS OF THIS COMMITTEE, THE CHAIR OF

THE BOARD, THE CHAIR OF THE BUDGET COMMITTEE, AND 4 MEMBERS ELECTED FROM

THE FULL BOARD.

THE PROCESS USED TO DETERMINE THE COMPENSATION OF THE PRESIDENT AND TO

REVIEW THE COMPENSATION OF THE OFFICERS OF THE COLLEGE IS DETAILED BELOW:

1. MARKET DATA FROM COMPENSATION SURVEYS OF MEMBER COLLEGES OF THE

ASSOCIATED COLLEGES OF THE MIDWEST/GREAT LAKES COLLEGES ASSOCIATION

(ACM/GLCA), MEMBER COLLEGES OF THE WISCONSIN ASSOCIATION OF INDEPENDENT

COLLEGES AND UNIVERSITIES (WAICU), AND TWENTY COMPARATIVE NATIONAL

RESIDENTIAL LIBERAL ARTS COLLEGES BELOIT USES FOR A VARIETY OF PURPOSES ARE

USED TO COMPARE THE SALARIES, BENEFITS AND OTHER PERQUISITES OF THE

PRESIDENT AND OFFICERS OF THE COLLEGE.

2. THE EXECUTIVE COMMITTEE USES THE MARKET DATA AS PART OF THEIR

DECISION PROCESS. PRIOR TO THE SPRING BOARD OF TRUSTEES MEETING, THE

EXECUTIVE COMMITTEE IS ALSO PROVIDED WITH AN ANNUAL REPORT AND REFLECTION

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

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
BELOIT COLLEGE	39-0808497
ON THE PREVIOUS YEAR AUTHORED BY THE PRESIDENT. THIS IS DISCUSSED BY THE	
EXECUTIVE COMMITTEE WITH THE PRESIDENT AND IN EXECUTIVE SESSION AT THEIR	
SPRING MEETING. FOLLOWING THIS DISCUSSION, THE EXECUTIVE COMMITTEE DECIDES	
ON A COMPENSATION PROPOSAL TO BRING TO THE FULL BOARD.	
3. THE EXECUTIVE COMMITTEE TAKES THEIR RECOMMENDATION REGARDING THE	
PRESIDENT'S COMPENSATION FOR REVIEW AND CONSIDERATION TO THE FULL BOARD	
ALSO AT THE SPRING BOARD OF TRUSTEES MEETING. AT THIS MEETING, THE	
EXECUTIVE COMMITTEE SUMMARIZES THE PRESIDENT'S ANNUAL REPORT, THEIR OWN	
DELIBERATIONS, AND THE ARGUMENT FOR THE COMPENSATION RECOMMENDATION THEY	
ARE PROPOSING.	
4. ONCE THE COMPENSATION PACKAGE IS APPROVED, IT IS COMMUNICATED TO	
THE VICE PRESIDENT FOR HUMAN RESOURCES AND OPERATIONS WHO IMPLEMENTS THE	
DECISION FOR THE NEXT FISCAL YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE. OTHER	
DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME AS	
SET FORTH IN IRC SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENTS TO ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE -256,268.	
CHANGE IN FAIR VALUE OF SWAP LIABILITY -2,108,236.	
LOSS FROM SUBSIDIARIES -402,647.	
TOTAL TO FORM 990, PART XI, LINE 9 -2,767,151.	

832212 10-10-18

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

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

832161 10-02-18 LHA

#### Re ps

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

Attach to Form 990.

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

#### Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

BELOIT COLLEGE

Employer identification number 39-0808497

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

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Primary activity Legal domicile (state or Exempt Code Public charity Direct controllin foreign country) section status (if section entity					
				501(c)(3))		Yes	No

Schedule R (Form 990) 2018

2018 Open to Public Inspection

OMB No. 1545-0047

lated	Organizations	and	Unrelated	Partnershi
accu	organizations	and	Ometated	i ai trici si il

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated,	ted, income	Share of end-of-year assets	Disproportionate allocations?		amount in box	manag partne	
		country)		sections 512-514)			Yes	No		Yesl	lo		
BELOIT POWERHOUSE, LLC - 82-0908061, 700 COLLEGE ST.,	OWNING & RENOVATING												
BELOIT, WI 53511	PROPERTY	WI	BELOIT COLLEGE	EXCLUDED	0.	2,563.		x	N/A	x	.01%		
POWERHOUSE MASTER TENANT, LLC - 82-3813413, 700 COLLEGE	OWNING & RENOVATING		BELOIT POWERHOUSE										
ST., BELOIT, WI 53511	PROPERTY	WI	HOLDINGS II	EXCLUDED	0.	0.		x	N/A	х	.00%		
	-												
	-												

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont ent	(i) ction (b)(13) rolled tity?
		country)						Yes	No
CHARITABLE REMAINDER TRUSTS (11)	CHARITABLE TRUST	WI	BELOIT COLLEGE	TRUST				х	
BELOIT POWERHOUSE HOLDINGS, INC									
82-3808472, 700 COLLEGE ST., BELOIT, WI	OWNING & RENOVATING								
53511	PROPERTY	WI	BELOIT COLLEGE	C CORP	٥.	265,511.	100%	x	
BELOIT POWERHOUSE HOLDINGS II, LLC -									
82-5098452, 700 COLLEGE ST., BELOIT, WI	OWNING & RENOVATING								
53511	PROPERTY	WI	BELOIT COLLEGE	C CORP	٥.	5,060,579.	100%	х	

### Schedule R (Form 990) 2018 BELOIT COLLEGE

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			2
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			I
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) BELOIT POWERHOUSE, LLC	В	5,353,516.	FMV
(2) BELOIT POWERHOUSE HOLDINGS II, LLC	В	16,398.	FMV
(3)			
(4)			
(5)			
(6)			

# Schedule R (Form 990) 2018 BELOIT COLLEGE

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

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

(a)	(b)	(c)		14	2)	(f)	(g)	(r	J)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	all	Share of	Share of		• <b>,</b> opor-	Code V-LIBI	Genera	
of entity	i mary doubly	(state or foreign	(related, unrelated,	501(	c)(3)	total	end-of-year	Dispr tion allocat	iate tions?	amount in box 20	manag	ownership
,		country)		Yes		income	assets	Yes	No		Yes	
			/	103	NO			103		,	1031	

Schedule R (Form 990) 2018

(Rev. January 2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, se	Employe	Employer identification number (EIN)						
print	BELOIT COLLEGE	BELOIT COLLEGE							
File by the due date for filing your	r Number, street, and room or suite no. If a P.C 700 COLLEGE ST.	). box, see instruct	ions.	Social se	curity numb	er (SSN)			
return. See instructions	City, town or post office, state, and ZIP code. BELOIT, WI 53511								
Enter the	e Return Code for the return that this application i	s for (file a separat	te application for each return)			0	1		
Applica	tion	Return	Application			Re	eturn		
Is For		Code	Is For			с	ode		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)				07		
Form 99	0-BL	02	Form 1041-A				08		
Form 47	20 (individual)	03	Form 4720 (other than individua	ıl)			09		
Form 99	0-PF	04	Form 5227				10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 99	0-T (trust other than above)	06	Form 8870				12		
Telep • If the • If this box  • 1 Ir th • 2 If ·	STACIE T. SCOTT pooks are in the care of ▶ 700 COLLEGE ST. whone No. ▶ 608-363-2250 organization does not have an office or place of the is for a Group Return, enter the organization's for . If it is for part of the group, check this box equest an automatic 6-month extension of time ur the organization named above. The extension is for . calendar year or X tax year beginning JUL 1, 2018 the tax year entered in line 1 is for less than 12 mo Change in accounting period	Dusiness in the Uni ur digit Group Exe ▶ and attan ntilMAY 1 the organization's , an ponths, check reaso	Fax No.       ▶         ited States, check this box         mption Number (GEN)	. If this is fo	r the whole <u>(</u> ers the exter npt organizat	group, check nsion is for.			
	this application is for Forms 990-BL, 990-PF, 990- y nonrefundable credits. See instructions.	1, 4720, or 6069, 6	enter the tentative tax, less	3a	\$		٥.		
b lf	this application is for Forms 990-PF, 990-T, 4720,	or 6069, enter any	refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							0.		
c Ba	alance due. Subtract line 3b from line 3a. Include	your payment with	h this form, if required, by						
us	ing EFTPS (Electronic Federal Tax Payment Syste	em). See instructio	ns.	3c	\$		0.		
Caution instructi	: If you are going to make an electronic funds with ons.	ndrawal (direct deb	bit) with this Form 8868, see Form	1 8453-EO an	d Form 8879	9-EO for pay	ment		
	For Deise and Antonial Demonstrate Deduction Acti	N			<b>F</b>	0000 / 0 1	0040		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

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