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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

200

2009

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	rthe 2	2009 calendar ye		1-2009 and ending 05-31-201	1 0	D 5	
_		oplicable Please	C Name of organization QUINCY UNIVERSITY CORPORA	TION			ntification number
Add	tress cha	ange use IRS label or	Doing Business As			37-0661231 E Telephone nui	
— Nar	me chan					·	
Inıt	ial retur		Number and street (or P O box	x if mail is not delivered to street addre	ess) Room/suite	(217) 228-5 G Gross receipts \$	
Ter	mınated		1800 COLLEGE AVENUE			G Gloss lecelpts \$	1,072,330
_ Am	ended r	eturn	City or town, state or country, QUINCY, IL 62301	and ZIP + 4			
— App	olication	pending	QUITCT, IL 02301			1	
			ame and address of principal o	officer	H(a) Is th	s a group return	
		CHAF	RLES L DAVIS		affilia	ates?	┌ Yes 🔽 No
					H(b) Are a	II affiliates include	d?
							(see instructions)
r Ta	x-exem	pt status 🔽 501((c) (3) ◀ (insert no))(1) or 527	H(c) Grou	up exemption nun	nber 🟲
J W	ebsit e	:► WWW QUIN	CY EDU				
K Forr	n of org	anization 🔽 Corpor	ration Trust Association Ot	ner 🕨	L Year of fc	ormation 1860 M	State of legal domicile IL
		Summary					
	1	•	he organization's mission or i	-			
	1			RSHIP AND FOR THE TRANSF FO WISDOM WE WELCOME A			
Governance		THEM TO SEEK	KNOWLEDGE THAT LEADS	TO WISDOM WE WELCOME A	LE TO SHARE	OOK SFIRIT AN	ID LITE
₫							
<u>ş</u>							
9	2	Check this box 🕨	f the organization discont	inued its operations or disposed	d of more than	25% of its net as	ssets
	1	_		ody (Part VI, line 1a)			26
<u> </u>	4	Number of indepe	endent voting members of the	governing body (Part VI, line 1	b)	. 4	24
툳	5	Total number of e	employees (Part V , line 2a)			5	817
ACTIVITIES &	6	Total number of v	olunteers (estimate if necess	sary)		6	40
•	7a	Total gross unre	lated business revenue from F	art VIII, column (C), line 12		7a	181,035
	b	Net unrelated bu	siness taxable income from F	orm 990-T, line 34		7b	-35,212
					Pric	or Year	Current Year
-	8	Contributions a	nd grants (Part VIII, line 1h)		,	3,657,354	3,878,000
nue	9	Program service	e revenue (Part VIII, lıne 2g)		27,510,784	32,796,395	
Reven	10	Investment inc	ome (Part VIII, column (A), lı	nes 3, 4, and 7d)	,	168,111	439,860
Δ.	11	Other revenue ((Part VIII, column (A), lines 5		712,931	497,063	
	12			equal Part VIII, column (A), lır	ıe	32,049,180	37,611,318
	13			· · · · · · · · · · · · · · · · · · ·		10,341,453	11,997,671
	14		or for members (Part IX, colu			10,311,133	0
	15			efits (Part IX, column (A), lines	5-		
\$		10)		(, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		11,042,713	11,012,200
Expenses	16a	Professional fur	ndraising fees (Part IX, colum	n (A), line 11e)			0
ਲੋ	ь	Total fundraising ex	penses (Part IX, column (D), line 2	5) ► 694,007			
_	17	Other expenses	s (Part IX, column (A), lines 1	1a-11d, 11f-24f)		10,809,153	12,986,632
	18	Total expenses	Add lines 13-17 (must equa	al Part IX, column (A), line 25)		32,193,319	35,996,503
	19	Revenue less e	xpenses Subtract line 18 froi	m line 12		-144,139	1,614,815
Net Assets or Fund Bafances						g of Current Year	End of Year
Sets Sess	20	Total assets (P	art X, line 16)			45,370,132	47 565 917
d B	21		(Part X, line 26)			19,802,354	47,565,817
2 <u>2</u>	21		ind balances Subtract line 21			25,567,778	28,428,506
	22 13 0 1	Signature B		. HOIII IIII E ZU I I I I I		23,307,770	20,420,500
ı G				ned this return, including accompanying	g schedules and s	tatements, and to th	e best of my knowledge
				of preparer (other than officer) is base			
C:		 					
Sign Here		****** Signature of offi	icer		2010- Date	-12-09	
	-	[[2410		
		CHARLES L DAV. Type or print na					
		 		Data	Charle of	Duana na via vida natifi	
D		Preparer's STEF	PHEN C KOESTER CPA		Check if self-	Preparer's identify (see instructions)	ring number
Paid					empolyed 🕨 🦵		
Preparer's		Firm's name (or you if self-employed),	urs Gray Hunter Stenn LLP	EIN Þ			
10-1	J I	I II Self-entiblioveni					
Use (Only	address, and ZIP +	4 500 Maine Street				
Use (Only		4 500 Maine Street Quincy, IL 62301			Phone no 🕨 (21	7) 222-0304

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

QUINCY UNIVERSITY STANDS AS A CATHOLIC, INDEPENDENT, LIBERAL ARTS INSTITUTION OF HIGHER LEARNING IN THE FRANCISCAN TRADITION INSPIRED BY THE SPIRIT OF FRANCIS AND CLARE OF ASSISI, WE RESPECT EACH PERSON AS A SISTER OR BROTHER WITH DIGNITY, VALUE AND WORTH WE WORK FOR JUSTICE, PEACE AND THE INTEGRITY OF CREATION WE PREPARE MEN AND WOMEN FOR LEADERSHIP AND FOR THE TRANSFORMATION OF THE WORLD BY EDUCATING THEM TO SEEK KNOWLEDGE THAT LEADS TO WISDOM WE WELCOME ALL TO SHARE OUR SPIRIT AND LIFE

4d	Other program ser (Expenses \$	vices (Describe in Sch 831,135 inc	nedule O) luding grants of	f \$) (Revenue \$	156,319)
4d	Other program ser	vices (Describe in Sch	redule O)			
	AUXILIART ENTERPRISE	S APPROXIMATELT 600 ST	UDENTS			
4c	(Code) (Expenses \$ ES_APPROXIMATELY 600 ST	3,877,478	including grants of \$) (Revenue \$	4,735,174)
	STUDENT SERVICES					
4b	(Code) (Expenses \$	5,471,896	ıncludıng grants of \$) (Revenue \$	613,065)
		FUDENTS ENROLLED IN POS			ONALAID TO AFFRONIMATELT 1,000	STODENTS ADDITIONALLY,
4a	•	, , , ,	, ,	,	11,997,672) (Revenue \$ ONAL AID TO APPROXIMATELY 1,000	27,753,909)
	(Code) (Expenses \$	21,763,076	including grants of \$	11 007 672 \ (Payanya t	27.752.000.)
4	Section 501(c)(3) a		ions and sectio	n 4947(a)(1) trusts ar	argest program services by e re required to report the amou ervice reported	•
	If "Yes," describe th	ese changes on Sched	ule O			
3		cease conducting, or i	-	-		Yes ✓ No
	If "Yes," describe th	ese new services on S	chedule O			

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
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		Νο
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		165	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		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			
Ь	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 e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
5a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			N a
9	Sponsoring organizations maintaining donor advised funds.	8		No
_	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1800 COLLEGE AVENUE QUINCY,IL 62301 (217) 228-5230

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 26			
ь	Enter the number of voting members that are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Ke	venue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νo
11	has the organization provided a copy of this Form 990 to an members of its governing body before hing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
<u> </u>		16b		Νo
<u>Se</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed►IL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	CHARLES L DAVIS			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours per	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)		compensation from the organization and related organizations
See add'l data										

'	ay	C	
	16	1	֡

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶2

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNICCO SERVICE CO 4002 SOLUTIONS CENTER CHICAGO, IL 606774000	MAINTENANCE	675,535
THE LAWLOR GROUP 6400 FLYING CLOUD DR SUITE 170 EDEN PRAIRIE, MN 55344	ADMISSIONS MARKETING	252,366
NTEC 191 WAUKEGAN ROAD SUITE 206 NORTHFIELD, IL 60093	FACULTY/STAFF/ADVERT	2,117,604
JL HUBBARD INSURANCE & BONDS 1090 S US 51 FORSYTH, IL 625350014	PROP/LIAB INSURANCE	191,182
ARCHITECHNICS INC 510 MAINE ST QUINCY, IL 62301	ARCHITECTURE	331,515
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶8) who received more than	

\$100,000 in compensation from the organization 🗝

37,611,318

28,371,908

	990 (2009)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,997,671	11,997,671		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	,,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	622,909	200,871	422,038	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	8,402,079	7,386,316	701,321	314,442
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	251,537	209,827	31,665	10,045
9	Other employee benefits	1,142,953	1,217,520	-141,173	66,606
10	Payroll taxes	592,722	500,657	71,550	20,515
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	151,923		151,923	
С	Accounting	28,104		28,104	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	95,030		95,030	
g	Other	3,783,421	3,449,641	319,733	14,047
12	Advertising and promotion	273,885	231,611	6,836	35,438
13	Office expenses	129,510	90,214	7,834	31,462
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,249,436	1,133,208	90,172	26,056
17	Travel	675,699	558,821	84,697	32,181
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	717	99	618	
20	Interest	755,663		755,663	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,455,621	1,228,318	176,346	50,957
23	Insurance	61,554	20,000	41,554	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES	373,047	326,939	30,999	15,109
b	RENTAL AND MAINTENANCE	325,698	253,170	72,410	118
С	PROGRAMMING EXPENSE	938,188	933,630	4,558	
d	FOOD SERVICE	1,457,558	1,457,558		
e	ATHLETICS	449,230	449,230		
f	All other expenses	782,348	298,284	407,033	77,031
25	Total functional expenses. Add lines 1 through 24f	35,996,503	31,943,585	3,358,911	694,007
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,	,	,,

Part X Balance Sheet (A) (B) Beginning of year End of vear 4.000 4.000 1 1 1.063,299 2 687 2 1,088,969 1,200,746 3 4 255.491 548.040 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 Notes and loans receivable, net 1,536,754 1,514,034 12.214 Inventories for sale or use 10,901 226,669 218,709 Land, buildings, and equipment cost or other basis Complete 56.716.891 10a 10a Part VI of Schedule D 10b 26.867.481 29.849.410 b Less accumulated depreciation 29.730.694 10c 10.581.061 11 13.313.928 11 12 0 12 Investments—other securities See Part IV, line 11 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 872.294 904.049 15 15 16 45,370,132 16 47,565,817 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,425,840 17 1.815.990 17 Accounts payable and accrued expenses . 18 18 853,432 19 1,245,807 19 20 13,352,632 20 12,907,974 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 105,861 21 122,014 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 2,841,938 1,514,755 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 1,222,651 25 Other liabilities Complete Part X of Schedule D 25 1.530.771 26 Total liabilities. Add lines 17 through 25 19,802,354 19,137,311 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 11,797,100 11.860.520 27 27 Unrestricted net assets 28 1.363.640 28 4.008.817 Temporarily restricted net assets Fund 12.407.038 12.559,169 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 25,567,778 33 Total net assets or fund balances 33 28,428,506 34 Total liabilities and net assets/fund balances 45,370,132 47.565.817 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

QUINCY UNIVERSITY CORPORATION

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

37-0661231 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization of (i) lise your gover docum	ie tion in sted in erning	(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi Is th organiza col (i) or in the l	ne Ition in ganized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 37-0661231

Name: QUINCY UNIVERSITY CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ent C	ontr	act	ors					
(A) Name and Title	(B) Average hours per		tion (hat a	(che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Key employee Officel Institutional Trustee Individual trustee or director		Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
WILLIAM METZINGER Trustee	1 00	X						0	0	0
WILLIAM J HARTE EMERITUS	1 00	x						0	0	0
VERY REV WILLIAM SPENCER OFM Trustee	1 00	X						0	0	0
TONY CRANE Trustee	1 00	X						0	0	0
THOMAS POLLIHAN Trustee	1 00	Х						0	0	0
TERESA MORRIS KETTELKAMP Trustee	1 00	X						0	0	0
ROSE MARY NESBIT Trustee	1 00	Х						0	0	0
RON VECCHIE Trustee	1 00	Х						0	0	0
RICHARD SCHULTE Trustee	1 00	X						0	0	0
REV THOMAS NAIRN OFM Trustee	1 00	Х						0	0	0
REV ROBERT HUTMACHER OFM Trustee	1 00	X						0	0	0
REV EDWARD SHEA OFM Trustee	1 00	X						0	0	0
REV DENNIS SCHAFER OFM Trustee	1 00	X						0	0	0
REV CHRISTIAN N REUTER OFM Trustee	1 00	X						0	0	0
PHILLIP CONOVER Trustee	1 00	X						0	0	0
MICHAEL SENNETT Trustee	1 00	X						0	0	0
KATHLEEN M CONNOR Trustee	1 00	Χ						0	0	0
JO HN BRO WN Trustee	1 00	X						0	0	0
JIM MENTESTI EMERITUS	1 00	Х						0	0	0
GERALD MURPHY Chairman	1 00	X						0	0	0
ERVIN PESEK JR Trustee	1 00	X						0	0	0
DR ROBERT GERVASI President	40 00	X		Х	X			191,176	0	16,903
DR DAVID SCHACHTSIEK Secretary	40 00	X		Х				101,855	0	8,964
DENNIS BOUDREAU Trustee	1 00	X						0	0	0
CRISTINA CRAY Trustee	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Average Position (check all hours that apply)				(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CHRISTOPHER NIEMANN VICE CHAIR	1 00	Х				'		0	0	0
CHARLES DAVIS Treasurer	40 00			X				83,111	0	8,289
BRIAN C BELOBRADIC Trustee	1 00	X						0	0	0
BARBARA SCHLEPPENBACH Secretary	40 00			X				69,517	0	12,000

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

•					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION AND FEES	611,430	27,753,909	27,753,909		
READING CENTER	611,710	4,650	4,650		
FOOD SERVICE	722,210	1,839,465			1,839,465
DORMITORIES	721,310	2,866,059			2,866,059
ATHLETICS	711,210	332,312	332,312		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	373,047	326,939	30,999	15,109
RENTAL AND MAINTENANCE	325,698	253,170	72,410	118
PROGRAMMING EXPENSE	938,188	933,630	4,558	
FOOD SERVICE	1,457,558	1,457,558		
ATHLETICS	449,230	449,230		

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer identification number QUINCY UNIVERSITY CORPORATION 37-0661231 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	o, Part IV, line 6.			
_		(a) Donor advised funds	(b) Funds ar	nd other accou	unts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		advised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		nay be	┌ Yes	┌ No
Pai	Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Par	t IV, lıne 7.	
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation)	ion or pleasure)			ea
	Protection of natural habitat	Preservation of cert	ıfıed hıstorıc stru	ıcture	
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the form o	f a conservation	easement	
			Held	l at the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	rs ·	2b		
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	by the organizat	ion during	
	the taxable year 🕨		_	_	
4	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ons, and	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the y	ear ►		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	r ► \$		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of section	on	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial s	•	•	
Par	Complete if the organization answered '		r Other Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ın furtherance o		e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in f		•	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X		► \$		48,540
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	·	·	ovide the	
а	Revenues included in Form 990 Part VIII line 1		b ¢		

Cat No 52283D

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008											Page 2
Par	Organizations Maintaining Co	llections of Art,	Hist	toric	al Tr	eası	ıres, or C	the	r Similar	Ass	ets (c	ontınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of the		-		-			llectio	n	
а	Public exhibition		d	Γ	Loan	rexc	hange progi	rams				
b	Scholarly research		e	Γ	Other							
c	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	n how	they	furthe	rthe	organızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	굣	Yes	┌ No
Pai	t IV Trust, Escrow and Custodial A						anızatıon a	nsw	ered "Yes	" to F	orm 9	90,
	Part IV, line 9, or reported an am	nount on Form 990), Pa	rt X,	line 2	21.						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for co	ntribut	tions	or other ass	etsı	not	Г	Yes	▽ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9				_					
							-			A mo		
С	Beginning balance						-	1c				105,861
d	Additions during the year						-	1d			-	201,924
e	Distributions during the year							1e			:	185,771
f	Ending balance							1 f				122,014
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							굣	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior Y	'ear	(c)⊺	wo Years Back	(d)	Three Years E	Back (e) Four Y	ears Back
1a	Beginning of year balance	10,819,065										
Ь	Contributions	203,213						+				
с	Investment earnings or losses	1,861,069										
d	Grants or scholarships	150,000						+				
e	Other expenditures for facilities and programs	05.030										
f	Administrative expenses	95,030						-				
g	End of year balance	12,638,317										
2	Provide the estimated percentage of the year	r end balance held as	5									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨 99 374 %											
c	Term endowment ► 0 626 %											
3a	Are there endowment funds not in the posses	ssion of the organizat	tıon t	hat aı	re held	and a	administere	d for	the			
	organization by (i) unrelated organizations									22/11	Yes	No No
				•		•		•		3a(i) 3a(ii)		No
ь	(ii) related organizations		on So	 chedu	· · · · · · · · · · · · · · · · · · ·	• •		•		3b	<u>' </u>	No
4	Describe in Part XIV the intended uses of the	•						-				1
Par	t VI Investments—Land, Buildings	s, and Equipmen	t. Se	ee Fo	rm 99	90, P	art X, line	10.				
	Description of investment			(a) (Cost or c	other	(b)Cost or o basis (othe	ther	(c) Depreci	iation	(d) Bo	ook value
1a	Land						1,945	5,720				1,945,720
	Buildings						41,676			78,669		25,397,766
	Leasehold improvements						11,070	., .55	10,27	. 2,333		
	Equipment						8.761	L,714	7.20	96,142		1,465,572
	Other						,	3,022	· ·	92,670		1,040,352
	I. Add lines 1a-1e (Column (d) should equal Fo			line i	10(c).)		-			_,0.0		29,849,410
	(a) 5/104/4 5444/10	,	. (-//		- (-/-/	- •	<u> </u>	-		ule D (90) 200
									u	(,

Part VII Investments—Other Securities. Securities.	e Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+	
Part VIII Investments—Program Related. S		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desci		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part	•	
(a) Description of Liability	(b) A mount	
Federal Income Taxes	044.650	
GOVERNMENT ADVANCES-STUDENT LOANS	841,669	
CHECKS DRAWN IN EXCESS OF BANK BALANCES	611,842	
ANNUITY OBLIGATIONS	77,260	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 1,530,771	
() () () () () () () () () ()	- 1,550,771	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,611,318
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,996,503
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,614,815
4	Net unrealized gains (losses) on investments	4	1,245,914
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,245,914
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,860,729
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	26,792,690
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,294,764
3	Subtract line 2e from line 1	3	25,497,926
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 95,030		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	12,113,392
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	37,611,318
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	23,931,961
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	48,850
3	Subtract line 2e from line 1	3	23,883,111
4	A mounts 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 95,030		
b	Other (Describe in Part XIV)		
с	Add lines 4a and 4b	4c	12,113,392
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	35,996,503
Par	t XIV Supplemental Information	•	•
_		. 15.7	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	SCHOLARSHIPS AND FELLOWSHIPS \$11997672 OTHER \$13073 LEGAL EXPENSES \$7617
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	RENTAL EXPENSES \$48850
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	SCHOLARSHIPS AND FELLOWSHIPS \$11997672 OTHER \$13073 LEGAL EXPENSES \$7617
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	RENTAL EXPENSES \$48850
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	INCOME FROM ENDOWMENT FUNDS ARE RESTRICTED BY THE DONORS FOR SCHOLARSHIPS, STUDENT PROGRAMS AND GENERAL OPERATING EXPENSES, AS APPROPRIATE
Part IV, Line 2b	Part IV, Line 2b Explanation of escrow account liability	THE ORGANIZATION MAINTAINS AGENCY FUNDS FOR STUDENT ORGANIZATIONS
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	ARTWORK CONSISTS OF PERMANENT COLLECTIONS OF DECEASED FRIARS AND FACULTY ARTWORK SOME OF THE ARTWORK IS ON DISPLAY AND SOME IS MAINTAINED IN THE ARCHIVES

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

QUINCY UNIVERSITY CORPORATION

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

37-0661231 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes INCLUDED IN UNIVERSITY ACADEMIC CATALOG AND FINANCIAL AID LITERATURE Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? Νo 6b If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form Yes 990)

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DLN: 93493343010020 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

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

Open to Public **Inspection** Employer identification number

QUI	NCY UNIVERSITY CORP	37-0661231	37-0661231					
Pa	rt I General Infor	mation on Grai	nts and Assistance				•	
1 2	the selection criteria use	ed to award the grar	substantiate the amount of t nts or assistance? edures for monitoring the us				•	▽Yes ┌N
Pa	Form 990, Part	IV, line 21 for ar	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000.	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government		(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
			1		1	1	1	1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS AND AWARDS	961	11,997,671			
See Additional Data Table					

Part IV Suppleme	ental Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		ALL AWARDS TO STUDENTS ARE MAINTAINED IN THE UNIVERSITYS FINANCIAL AID SOFTWARE DOCUMENTATION REGARDING ELIGIBILITY IS MAINTAINED IN EACH STUDENTS FILE CRITERIA FOR INSTITUTIONAL AID IS DETERMINED BY THE FINANCIAL AID DEPARTMENT AND VARIOUS COMMITTEES ALSO, MANY INSTITUTIONAL SCHOLARSHIPS ARE DONOR-FUNDED AND CONTAIN ELIGIBILITY CRITERIA SPECIFIED BY THE DONOR

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DLN: 93493343010020

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization QUINCY UNIVERSITY CORPORATION **Employer identification number**

37-0661231

Рa	Questions Regarding Compensation	n					
					Yes	Νο	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	굣	Housing allowance or residence for personal use				
	Travel for companions		Payments for business use of personal residence				
	Tax idemnification and gross-up payments	<u>~</u>	Health or social club dues or initiation fees				
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes		
2	Did the organization require substantiation prior to i			2	Yes		
		<i>5</i> 11 0 0 0 0	or, regulating the realist encoked in line 14		res		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the						
	Compensation committee	<u> </u>	Written employment contract				
	☐ Independent compensation consultant	Γ	Compensation survey or study				
	Form 990 of other organizations	ᅜ	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νο	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νο	
	If "Yes," to line 6a or 6b, describe in Part III						
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III							
8	Were any amounts reported in Form 990, Part VII,						
	subject to the initial contract exception described in Part III	n Regs :	section 53 4958-4(a)(3)? If "Yes," describe	_			
				8		Νο	
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		Νo	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns					
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ				
DR ROBERT GERVASI	(I) (II)	191,176			2,800	14,103	208,079					
	•	•		•	•		·					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Line 1a	,	THE UNIVERSITY PROVIDES A HOUSE FOR ITS PRESIDENT AND FAMILY TO RESIDE THIS HOUSE ALSO INCLUDES CLEANING SERVICE THE UNIVERSITY ALSO PROVIDES FOR THE PRESIDENT'S LOCAL COUNTRY CLUB DUES

Schedule J (Form 990) 2009

DLN: 93493343010020

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

QUINCY UNIVERSITY CORPORATION

Bond Issues

► Attach to Form 990. ► See separate instructions.

Employer identification number 37-0661231

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue F	rice	(f) Des	cription of	^o urpose	(g) De	feased	Beha	On alf of uer	
											Yes	No	Yes	No	
A	CITY OF QUINCY ILLINOIS	37-6000378		09-12-2	2007	14,00	00,000	TO REFUNI		997 AND		X		Х	
Pai	rt II Proceeds														
				A	\	В			С)		E		
1	Total proceeds of issue			1	4,000,000										
2	Gross proceeds in reserve funds	5													
3	Proceeds in refunding or defeasance escrows		1.	2,401,600											
4	Other unspent proceeds														
5	Issuance costs from proceeds			126,708											
6	Working capital expenditures from proceeds			92,158											
7	Capital expenditures from proce	eds			1,379,534										
8	Year of substantial completion														
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
9	Were the bonds issued as part o	f a current refunding issue	e?	Χ											
10	Were the bonds issued as part o	f an advance refunding iss	sue?		X										
11	Has the final allocation of procee	eds been made?		X											
12	Does the organization maintain a the final allocation of proceeds?	adequate books and recor	ds to support	X											
Par	t IIII Private Business Use	e													_
					-	В			C				E		
l			_	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
1	Was the organization a partner in	n a partnership, or a meml	ber of an LLC,												

- Are there any lease arrangements with respect to the financed property which may result in private business use?
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

which owned property financed by tax-exempt bonds?

Ε

Part III Private Business Use (Continued)

		Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
-	Are there any management or service contracts with respect to the										

В

C

D

- Are there any management or service contracts with respect to the financed property which may result in private business use?
- **3b** A re there any research agreements with respect to the financed property which may result in private business use?
- 3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 ▶
- Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government
 ▶
- Total of lines 4 and 5
- 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?

Part IV Arbitrage

A		В		С		D		E	
Yes	No								

- Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?
- 2 Is the bond issue a variable rate issue?
- 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?
- **b** Name of provider
- c Term of hedge
- 4a Were gross proceeds invested in a GIC?
- Name of provider
- Term of GIC
- d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?
- 5 Were any gross proceeds invested beyond an available temporary period?
- 6 Did the bond issue qualify for an exception to rebate?

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DLN: 93493343010020

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Name of the organization					E	Employer identification number					
QUINCY	UNIVERSITY CORPORATION					3	7-066123	31			
art I						organ	ızatıons o	nly).			
	Complete if the organization		Yes" on Form 990,	Part IV , line 25a o	or 25b, c	or Form	990-EZ, F	art V , lın		rrected	
1	(a) Name of disqua	alıfıed person		(b) Desc	ription	of trans	action		Yes	No No	
2 En	ter the amount of tax imposes	d on the organ	ıızatıon managers o	r disqualified pers	ons duri	ng the	year under				
	ction 4958						▶	\$			
3 En	ter the amount of tax, if any,	on line 2, abov	ve, reimbursed by th	ne organization .			•	\$			
art I											
	Complete if the organiza	tion answered	l "Yes" on Form 990	D, Part IV, line 26	, or Forr	n 990-		line 38a			
. N		(b) Loan to or from the	(-)0		(e) I	n	(f) A pprov	e d	(g)Writt	en	
ı) Nan	ne of interested person and purpose	or from the organization?	(c)Original principal amount	(d)Balance due	defau	lt?	by board committe		agreeme	nt?	
		To From			Yes	No	Yes	No No	Yes	No	
tal .			. ► s								
rt II	Grants or Assistant Complete if the organ				/. line 2	27.					
	(a) Name of interested perso	(1	Relationship betw				nount of gr	ant or typ	o of accie	tanco	
'	(a) Name of interested perso	11	and the or	ganızatıon		(C)Ai	nount or gr	ant or typ	e 01 assis	tance	
~~4 T	V Business Transacti	ana Tawalu	ine Totalestad	Davisans							
art I	Business Transaction Complete if the organ				/, line 2	28a, 28	3b, or 28c				
	,		Relationship	, 9 2	,	,	,		(e) SI	haring of	
(a	a) Name of interested person	betw	een interested	(c) A mount of	(0	l) Desc	rıptıon of t	ransactio	n -	ızatıon's enues?	
·		•	rson and the organization	transaction					Yes	No No	

TRUSTEE

TONY CRANE ARCHITECHNICS

PRESIDENT

331,515 FEES PAID TO

ARCHITECHNICS

Νo

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Part I Types of Property

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

Name of the organization QUINCY UNIVERSITY CORPORATION

Employer identification number

37-0661231

		(a)	(b)	(c)	(d)			
		Check	Number of Contributions	Revenues reported on Form 990, Part VIII, line	Method of det revenu]	
		applicable		1g	revenu	C 3		
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							
9	Securities—Publicly traded .	Х	10	28,245	COMPARABLE SAL			
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							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other ► (CONSTRUCTION) POOL	X	1	5,424	COMPARABLE SAL			
26	Other ► (SUPPLIES) TV'S &	X	1	36	COMPARABLE SAL			
27	Other ► (MOWER)	Х	1	12,750	COMPARABLE SAL			
	DIES							
28	Other ► (<u>GENERATOR</u>)	X	1	·	COMPARABLE SAL			
29	Number of Forms 8283 received for which the organization compl	, ,			29	1		
20-	During the year did the error	tion receive	a hu cantributian anu n	rty reported in Dant T. I	1 20 that t	Ye	:S	No
50a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require			١.	
	for exempt purposes for the entil				· · · · ·	30a	 	No_
Ь	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	•		·	Ī	31	<u> </u>	<u>0 V</u>
32a	Does the organization hire or use contributions?	e third part	es or related organizations	to solicit, process, or sell i		32a		<u> </u>
b	If "Yes," describe in Part II				Γ			_
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
For P	rivacy Act and Paperwork Reduction	Act Notice,	see the Instructions for Forr	n 990. Cat No 51227J	Schedule M	l (Form 9	90) 2	2009

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization QUINCY UNIVERSITY CORPORATION **Employer identification number**

37-0661231

ldentifier	Return Reference	Explanation				
· · · · · · · · · · · · · · · · · · ·		ORGANIZING DOCUMENTS, FINANCIAL STATEMENTS AND POLICIES ARE AVAILABLE ON OUR WEBSITE AND DISCLOSURES ARE MADE IN OUR ALUMNI AND ANNUAL FUND BULLETINS				
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AND CERTIFY THIS ANNUALLY				
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE BOARD IS GIVEN A COPY OF THE FORM 990 FOR THEIR REVIEW PRIOR TO BEING FILED				
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 ACADEMIC SUPPORT & OTHER				