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DLN: 93493314027250

## 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)

2009

OMB No 1545-0047

Open to Public Inspection

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

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65,135,992	<u> </u>
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29,492,850	32,416,942
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65,423,341	
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g of Current ear	End of Year
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60,415,403	63,952,521
	to the best of my knowledge parer has any knowledge
11-01	
Preparer's ide	ntifying number
(see instruction	
1	
EIN 🕨	
Phone no 🕨	(312) 856-0200
	✓ Yes No
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4e

Total program service expenses►\$

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

DOMINICAN UNIVERSITY PROVIDES UNDERGRADUATE AND GRADUATE INSTRUCTION TO STUDENTS AND ADMINISTERS ALL OF ITS PROGRAMS WITHOUT DISCRIMINATION AS TO RACE, COLOR, GENDER, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, AGE, MARITAL STATUS OR SEXUAL ORIENTATION AS A SINSINAWA DOMINICAN-SPONSORED INSTITUTION, DOMINICAN UNIVERSITY PREPARES STUDENTS TO PURSUE TRUTH, TO GIVE COMPASSIONATE SERVICE AND TO PARTICIPATE IN THE CREATION OF A MORE JUST AND HUMANE WORLD

2	Did the organization the prior Form 990 o			ing the year which were not lis	ted on	s 🗸 No
	If "Yes," describe the	ese new services or	n Schedule O			
3	Did the organization services?			ın how it conducts, any progra		es 🔽 No
	If "Yes," describe the	ese changes on Sch	iedule O			
4	Section 501(c)(3) ai	nd 501(c)(4) organı	zations and section 4947 (a	tion's three largest program so )(1) trusts are required to repo ch program service reported		
4a	(Code	) (Expenses \$	49,620,108 including g	rants of \$ 20,857,428 ) (F	Revenue \$	49,816,157 )
	Continuing Studies, and strives to embody a cor and events, past and pistrives to produce graduof understanding across who are either entering and leadership skills and students pursue underg representatives from an has expanded its global the Graduate School of knowledge, and media publication, service in pleaders, continuing scholeadership and service if focused and family-cen University was reaccred Graduate School of Librobetween the undergrad countries. The average offered by 387 faculty in	four graduate program munity of learners see resent, supportive of see resent and depth of known the see resent of an understanding of the raduate and graduate do und the world, is diversified by partnering will bibrary and Information contexts, to provide coil rofessional organizations related and remained constant the term of the program of the pro	s Business, Library and Informatic king truth through free and open in the learner's development and come of sciences program who can think wiledge in one field. The Brennan's continuing their professional development and continuing their professional development in the fields of accounting, se in terms of both business expersions the top-ranked universities abroad to Science are to educate individuals attinuing education for the professions and other venues. The School of American schools While the program The Graduate School of Social Woram equips students with new known and association in 2005 for the maximum and the inaugural class beging rams (48 % and 52% respectively) reshmen was 22 85 88% of under are full-time.	of Arts and Sciences, the adult, degree on Science, Education, and Social Worn quiry and dialogue with a diverse armitted to using talents to make a posteritically, communicate ideas well, or School of Business provides ethics-cellopment. The curriculum provides study is resonant with the university's core who business, economics and international lence and cultural backgrounds. In resolution of the cultural backgrounds in the for positions in a wide spectrum of evenal community, and to advance and Education has been dedicated to provide the solution of the cultural backgrounds and challenging of the cultural backgrounds. The university resolution is a significant to the cultural backgrounds and the cultural backgrounds and the cultural backgrounds. The cultural backgrounds are form fifting and the cultural backgrounds are the cultural backgrounds. The cultural backgrounds are form fifting and the cultural backgrounds are the cultural backgrounds and the cultural backgrounds and the cultural backgrounds and the cultural backgrounds are supported by the cultural backgrounds and international backgrounds and inte	k The Rosary Colle ray of persons, place is strive contribution to ally and in writing, a netered management dents with an endurivalues of Caritas et I business The studient years, the Brens oland and the Czech stablished and emerenhance teaching be ducing teachers who are mational social work eceived approval for interest the control of the control of the carity served 3,74 teen different states and institutional finate interest 81% of servers and institutional finate interest as 18% of servers and institutional finate interest as 18% of servers and institutional finate interest and institutional finate interest as 18% of servers and institutional finate interest and institutional finate interest as 18% of servers and institutional finate interest and institutional finate interest and institutional finate interest and in the servers and in the servers and in the servers and interest and i	ge of Arts and Sciences es, texts, objects, ideas the world. The college and achieve both breadth education for students ing foundation in business VERITAS. More than 500 ent body, with inan School of Business Republic. The goals of rging library, information, by means of faculty have gone on to be the ore values of scholarship, inphasizes a globally a issues. Dominican its first Ph. D. in the 48 students, evenly split and several foreign inicial aid. Instruction is
4b	Research Services, who and citizens of the Univident Clarification of the Univident Clarification of the Univident Clarification, in a 100,000 volumes and sidepository for U.S. governmentaining a technological citizens.	se mission is to support ersity and wider commu artment and the Acader enter, actively assists st e graduate/professional support of students, fa iterlibrary loan and instri- ubscribes to more than ernment publications and y environment that sup	all Dominican faculty (both full-tinities Student support, including unic Enrichment Center Beginning tudents of all majors with career-relischool application process as they culty, and staff for resources and suction provide means through which 18,000 journals, many of which and maintains special collections and	ost and Associate Provost Faculty are ne and part-time), at all stages of the indergraduate and graduate tutoring he first year and extending beyond graduate issues, educating them about to transition from college to career. The ervices In addition to supplying prinity the university Mission may be realified available electronically through over archival materials. Information Techrotion by providing a high-quality infraction.	eir careers, in their r programs, is provide iraduation, Career D he career planning p e mission of the Rel and electronic mate zed The library hou r 120 databases Th nology is responsible	oles as teachers, scholars, and by the Academic evelopment, part of the process, internships, job pecca Crown Library erials, services such as uses a collection of over le library is a partial for creating and
	(Code	) (Expenses \$	5,479,663 including g	rants of \$ 0 \ (F	Revenue \$	5,501,312 )
70	Student Services and At class of 429 full-time st including participation if year under the compilar affairs while serving as Wellness Center, offering and organizations and competition opportunities race, gender, ethnicity motivation and self-acti	hletics Undergraduate a udents was enrolled in 2 the U.S. Department of nice requirements of OM a liaison between admir ig a full array of health of ffers leadership trainings so for the student-athlet or orientation. The oversualization through menta	Admissions and the Financial Aid O 2010 The Vice President coordinate of Education's student financial assist Circular A-133 Student services distration and students and working care, counseling, and wellness send, intramural activities, and other cases of Dominican University who had mission of the department is to all and physical training, team dynatical coordinates.	ffice are led by the Vice President for ess graduate recruitment with the individual stance programs, is managed by the include the Dean of Students office, programs, the Student Involves and programs, the Student Involves and programs, the Student Involve the experience and talent to comprovide an experience that will enhaumics and competitive participation. It if e and will serve as a complement to	Enrollment Manage vidual colleges Fina Financial Aid Office providing leadership cy regarding studen livement Office, whi epartment of Athlet pete at the intercollence the participant's is intended that the	ment A record freshman nicial aid for all students, The office is audited each and supervision to student t life, the campus ch supports student clubs ics provides intercollegiate egiate level regardless of level of self-esteem, self- e benefits derived from
	Other program serv	rices (Describe in S	Schedule O )			
-	(Expenses \$	•	including grants of \$	0 ) (Revenue \$	5,21	0,364)

65,886,936

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		Yes	
_	complete Schedule A	1		
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	Yes	
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		
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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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		Νo
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? <i>If "Yes," complete Schedule D, Part V</i>	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	Yes	
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	Yes	
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	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		Νο
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	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		Νο
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		Νο
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		Νο
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		Νο
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
La	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
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?	<b>1</b> c		
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			
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 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		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
la	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	Yes	
b	If "Yes," enter the name of the foreign country ▶ UK  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
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		
a	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		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
'	Organizations that may receive deductible contributions under section 170(c).			
	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		Νο
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   120	]		

7900 W DIVISION STREET River Forest, IL 603051066

(708) 524-6772

**Part VI 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	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body   1a   30			
ь	Enter the number of voting members that are independent 1b 27	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2	Yes	
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		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
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		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
NC	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing 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	426	V	
c	to conflicts?	12b	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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		No
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
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	ıe orga	nızatıor	ո 🕨
	RICHARD WALSTRA			

## 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	cer, director, trustee or key employee									
(A) Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data											

<b>1</b> b	Total .									<b>&gt;</b>	2,108,873	0	350,766

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -22

-			Yes	No
3	Did the organization list any <b>former</b> 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	
		_	103	
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		Νo

### **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				
CHARTWELLS 3 INTERNATIONAL DRIVE RYE BROOK, NY 105731058	FOOD SERVICES MGMT	1,766,067				
KIMCO CORPORATION 135 S LASALLE STREET CHICAGO, IL 60674	FACILITIES MGMT	747,483				
JP MORGAN CHASE 300 S RIVERSIDE CHICAGO, IL 60606	BANKING	368,304				
LIPMAN HEARNE INC 200 S MICHIGAN AVE STE 1600 CHICAGO, IL 60604	MRKTNG & PRNTNG SERV	284,453				
PROSPECT ELECTRIC COMPANY 243 EAST LINCOLN AVENUE MOUNT PROSPECT, IL 60056	ELECTRIC WORKS-CONST	263,225				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►20						

Page 8

Part V	444	Statement o	n kevellue					1
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated camp	paigns 1a					
등등	ь	Membership du	es					
Contributions, gifts, grants and other similar amounts	c	Fundraising eve		81,888				
بۇر 13								
ਰੂੁੁੁ	d	_	rations 1d					
ξĒ	e	Government grants	s (contributions) <b>1e</b>	3,780,882				
ङ्ख	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,939,003				
至某	g		butions included in					
돌유		lines 1a-1f \$	95,420					
쥿퉅	h	Total. Add lines	3 1a-1f	▶	5,801,773			
				Business Code				
e =		TUTTON A FEFO		Business Code				
Ken Ken	2a	TUITION & FEES		900,099	62,533,262	62,533,262		
22	b	ROOM AND BOARD		721,310	5,015,393	5,015,393		
e G	c	c PERFORMING ART CENTER		900,099	194,971	194,971		
55 30	d		_					
ية.	e	_	_					
Program Service Revenue	f	All other progra	ım service revenue					
Š	'	Jener progra	Jarrice reveilue					
2	g	Total. Add lines	32a-2f		67,743,626			
	3	Investment inc	ome (including dividend	is, interest				
		and other simila	aramounts)	▶ [	644,285			644,285
	4	Income from inves	tment of tax-exempt bond p	oroceeds 🕨	0			
	5	Royalties		• [	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	476,440					
	ь	Less rental	449,890					
	_	expenses Rental income	26,550					
	C	or (loss)						
	d	Net rental inco	me or (loss)	🟲	26,550			26,550
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	10,504,368					
		assets other						
	Ь	than inventory Less cost or	9,642,093					
	-	other basis and sales expenses						
	<sub>c</sub>	Gain or (loss)	862,275					
	d	Net gain or (los	s)		862,275			862,275
	8a	Gross income f						
<u>Φ</u>		events (not inc	_					
듀		¥	,888					
×		of contributions See Part IV, lin	reported on line 1c)					
ά		See Full IV, IIII	a	342,421				
횰	Ь	less directex	penses b	167,830				
Other Revenue	_ c		loss) from fundraising e		174,591			174,591
_	9a		rom gaming activities		·			
		See Part IV, lin						
			а					
	b	Less direct ex	penses b					
	c	Net income or (	loss) from gaming activ	/ities <b>.</b>	0			
	10a	Gross sales of	inventory, less					
		returns and allo	wances .					
			а					
	b		oods sold <b>b</b>					
	С		loss) from sales of inve		0			
		Miscellaneous	s Revenue	Business Code				
	11a	PAYMENT PLA	N FEES	900,099	157,874			157,874
	ь	PARKING AND	SECURITY	900,099	145,460			145,460
	_ c	HEALTH SERV		900,099	110,003			110,003
	d	All other revenu			236,100			236,100
		Total. Add lines	ı					
				▶	649,437			
	12	Total revenue.	See Instructions	▶↑	75.000.55	67.740.665		3.257.455
	1				75,902,537	67,743,626		2,357,138

	990 (2009)				Page <b>10</b>
Part					
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	20,857,428	20,857,428		
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	1,837,073	1,074,148	535,711	227,214
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	23,994,542	22,417,532	854,784	722,226
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,566,631	1,398,033	109,278	59,320
9	Other employee benefits	3,143,891	2,840,967	192,475	110,449
10	Payroll taxes	1,874,805	1,652,337	<del>                                     </del>	66,907
11	Fees for services (non-employees)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
а	Management	0			
- h	Legal	179,346		179,346	_
c	Accounting	92,350		92,350	
d	Lobbying	42,000		32,330	42,000
e	Professional fundraising See Part IV, line 17	92,000			+2,000
f	Investment management fees	0			
	-	_	2 720 741	442.671	167.650
g 12	Other	4,339,071 476,790	3,728,741	<del>                                     </del>	167,659
13	- · · · ·	-	471,378	<del>                                     </del>	5,412
	Office expenses	2,677,546		<del>                                     </del>	141,837
14	Information technology	768,576	719,651	47,005	1,920
15	Royalties	0	005.022	115.000	
16	Occupancy	1,159,803	985,833	<del>                                     </del>	57,990
17 18	Payments of travel or entertainment expenses for any federal,	422,738	403,296	15,648	3,794
10	state, or local public officials	_	216 200	15.027	
19	Conferences, conventions, and meetings	337,186	316,209		5,040
20	Interest	2,344,679	1,964,012	265,137	115,530
21	Payments to affiliates	0	0.740.656	222.422	
22	Depreciation, depletion, and amortization	3,234,889		<del>                                     </del>	161,744
23	Insurance	447,548	384,288	42,173	21,087
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	INTERCOLLEGIATE SPORTS ACT	222,663	222,663		
ь	PROFESSIONAL MEMBERSHIPS	181,614	78,031	74,044	29,539
С	ACADEMIC SUPPORT (JOURNALS)	158,275	158,275		
d	HONORARIUM	112,896	112,225	671	
e	APPRECIATION AND HOSPITALITY	87,856	30,466	30,077	27,313
f	All other expenses	1,466,306	1,157,304	· · ·	3,569
25	Total functional expenses. Add lines 1 through 24f	72,026,502	65,886,936		1,970,550
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	. 2,323,332	23,200,330	1,233,010	1,2.3,330
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			1,852,439		568,979
	2	Savings and temporary cash investments	•		474,986		419,959
,	3	Pledges and grants receivable, net	•		10,043,545	3	7,992,411
	4	Accounts receivable, net			2,773,558	4	3,552,818
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
	7	Notes and loans receivable, net			790,558	7	827,806
	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,024,116	9	983,294
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	113,697,328			
	b	Less accumulated depreciation	10b	31,514,561	82,982,738	10c	82,182,767
	11	Investments—publicly traded securities			14,520,043	11	17,654,706
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		1,971,305	15	2,402,550	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			116,433,288	16	116,585,290
	17	Accounts payable and accrued expenses .			3,323,389	17	3,793,732
	18	Grants payable		18			
	19	Deferred revenue	68,635	19	70,762		
	20	Tax-exempt bond liabilities		43,254,715	20	39,894,000	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu.		1,498,198	21	1,216,212	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
- ===		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	2,500,000	23	500,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			5,372,948	25	7,158,063
	26	Total liabilities. Add lines 17 through 25			56,017,885	26	52,632,769
- J		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
<u>9</u>		through 29, and lines 33 and 34.					
튭	27	Unrestricted net assets			34,602,219	27	39,049,101
8	28	Temporarily restricted net assets			10,806,289	28	9,682,999
Fund Balances	29	Permanently restricted net assets			15,006,895	29	15,220,421
Œ		Organizations that do not follow SFAS 117, check here ► □ and	nd con	nplet e			
ō		lines 30 through 34.				_	
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Š	33	Total net assets or fund balances			60,415,403	33	63,952,521
	34	Total liabilities and net assets/fund balances			116,433,288	34	116,585,290

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			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)

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.

Name of the organization DOMINICAN UNIVERSITY **Employer identification number** 

									36-2167855					
	rt I			olic Charity Stat						ructions				
The	organı	zatıon ıs	not a private	e foundation because	eitis (Forlin	nes 1 throug	h 11, check o	nly one box	)					
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of c	hurches <b>se</b>	ction 170(b)(	1)(A)(i).						
2	✓	A scho	ol described	ın <b>section 170(b)(1)</b>	( <b>A</b> )(ii). (Atta	ach Schedule	e E )							
3	$\Gamma$	A hosp	tal or a coop	erative hospital serv	vice organiza	tion describ	ed in <b>section</b>	170(b)(1)(A	A)(iii).					
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ıbed ın <b>secti</b>	on 170(b)(1)(	( <b>A)(iii).</b> Ente	r the			
5	$\vdash$	=	-	rated for the benefit	_	or university	owned or ope	erated by a g	jovernmental	unıt describe	_ ed in			
	_			<b>A)(iv).</b> (Complete Pa										
6		A feder	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>											
7	Γ	describ	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)											
8	Г	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	<b>)(vi)</b> (Comp	lete Part II )							
9	$\Gamma$	Anorga	inization tha	t normally receives	(1) more tha	n 331/3% of	ıts support fr	om contribu	tions, membe	rship fees, a	nd gross			
		receipt	from activi	ties related to its ex	empt function	ns—subject 1	o certain exc	eptions, and	d (2) no more	than 331/3%	of			
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted business	taxable inco	ome (less se	ction 511 tax	k) from busın	esses			
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e <b>section 50</b>	<b>9(a)(2).</b> (Cor	nplete Part :	III )					
10	$\sqcap$	Anorga	ınızatıon org	anızed and operated	exclusively t	to test for pu	blic safety S	ee <b>section 5</b> 0	09(a)(4).					
11	Γ	one or i	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type III - Type III - Functionally integrated d Type III - Other											
e	Γ	other th	•	x, I certify that the o on managers and oth	•		•	•	•	•	•			
f			rganization r	eceived a written de	termination f	rom the IRS	that it is a Ty	/pe I, Type I	I or Type III	supporting o	organization,			
g			ugust 17, 2 g persons?	006, has the organiz	ation accept	ed any gıft o	r contributior	from any of	the					
				ectly or indirectly co	ntrols, either	r alone or tog	ether with pe	rsons descr	ribed in (ii)		Yes No			
		and (III)	below, the g	overning body of the	the support	ed organizat	ion?			11g(i)				
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abov	e?				11g(ii)				
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)				
h		Provide	the followin	g information about t	he supported	d organizatio	n(s)				<u> </u>			
					_		,							
	(i) Name of supporte organizatio		e of (ii) (described on col (i) listed in your governing ation or IRC section document?				(v) Did you not organizati col (i) of suppor	on ın your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?			
				(see instructions))	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.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</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 <b>stop here</b>						-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
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> 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						<b>▶</b> ┌
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	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 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						
_	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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 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						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

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:** 36-2167855

Name: DOMINICAN UNIVERSITY

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

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Donna M Carroll PRESIDENT	65 0	X		X				264,000	0	42,216		
Richard M King TRUSTEE	1 0	X						0	0	0		
Kathleen Ashe OP TRUSTEE	1 0	Х						0	0	0		
Gregory W Cappellı TRUSTEE	1 0	X						0	0	0		
Martin R Castro TRUSTEE	1 0	X						0	0	0		
Caroline Sanchez Crozier TRUSTEE	1 0	X						0	0	0		
James P Donahugh TRUSTEE	1 0	X						0	0	0		
Michael J Furey TRUSTEE	1 0	X						0	0	0		
Paul C Gearen TRUSTEE	1 0	X						0	0	0		
Michelle Germanson OP TRUSTEE	1 0	X						0	0	0		
Daniel C Hill TRUSTEE	1 0	Х						0	0	0		
Judith A Jewison OP TRUSTEE	1 0	X						0	0	0		
Timothy G Kelly TRUSTEE	1 0	X						0	0	0		
Kevin M Killips TRUSTEE	1 0	X						0	0	0		
Lily Elizabeth Li TRUSTEE	1 0	X						0	0	0		
Eugene T McEnery MD TRUSTEE	1 0	X						0	0	0		
Patricia Mulcahey OP TRUSTEE	1 0	X						0	0	0		
Martin J Noll TRUSTEE	1 0	X						0	0	0		
Raymond C Parmer TRUSTEE	1 0	X						0	0	0		
J David Pepper TRUSTEE	1 0	X						0	0	0		
Raymond J Reid TRUSTEE	1 0	X						0	0	0		
Nancy C Rodriguez TRUSTEE	1 0	X						0	0	0		
Gail L Rosseau MD TRUSTEE	1 0	X						0	0	0		
M Catherine Crowley Ryan TRUSTEE	1 0	X						0	0	0		
Judy Purvin Scully TRUSTEE	1 0	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	1 '' ''							(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	week     _		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
Susan L Secker TRUSTEE	1 0	X						0	0	0
R Matthew Simon TRUSTEE	1 0	Х						0	0	0
James Winikates TRUSTEE	1 0	X						10,000	0	0
Therese Hogan Trustee	1 0	X						108,960	0	16,276
Timothy Keenan Trustee	1 0	X						0	0	0
Amy McCormack SVP BUSINESS ADMINISTRATION	50 0			X				195,977	0	17,690
Cheryl Johnson Odım VP - ACADEMIC AFFAIRS	50 0			Х				201,350	0	39,339
Mary Ann Rowan VP - ENROLLMENT MANAGEMENT	50 0			X				112,728	0	17,212
Jill Albin-Hill Chief Information Officer	50 0			Х				113,944	0	22,810
Grace Cichomska VP - University Advancement	50 0			X				82,642	0	10,493
Arvid Johnson Dean Brennan School of BUS	50 0				X			188,766	0	35,705
Susan Roman Dean Life Sciences	50 0				Х			152,103	0	21,046
Mark Rodgers Dean Social Work	50 0					X		135,884	0	31,055
Jeffrey Carlson Dean Arts and Science	50 0					X		138,758	0	21,078
Daniel Condon Professor of Economics	50 0					X		129,209	0	29,244
Khaled Razakı Professor of Accounting	50 0					X		138,417	0	13,187
Mary Alyce Burke Dean Business	50 0					X		136,135	0	33,415

## 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
INTERCOLLEGIATE SPORTS ACT	222,663	222,663		
PROFESSIONAL MEMBERSHIPS	181,614	78,031	74,044	29,539
ACADEMIC SUPPORT (JOURNALS)	158,275	158,275		
HONORARIUM	112,896	112,225	671	
APPRECIATION AND HOSPITALITY	87,856	30,466	30,077	27,313

DLN: 93493314027250

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

FS€ FS€	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line and the section 501(h) or	l-A D Part	onotc II-BDo	omplet	e Part II-B Implete Par	t II-A	1		
Νa	MINICAN UNIVERSITY	yer ide 16785!	r identification number						
a r 1	TI-A Complete if the organization is exempt under section 501(c) or is a section 501(c) or		on 52	7 org	janizatio	n.			
2	Political expenditures  Volunteer hours	1 V	<b>•</b>	\$					
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).								
1	Enter the amount of any excise tax incurred by the organization under section 4955		<b>&gt;</b>	\$					
2	Enter the amount of any excise tax incurred by organization managers under section 4955		<b>&gt;</b>	\$ <u>_</u>					
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes		40		
4a	Was a correction made?				☐ Yes		٥ŀ		
b	If "Yes," describe in Part IV								
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	ecti	on 50	)1(c)	(3).				
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivitie	s 🟲	\$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27	<b>.</b>	\$					
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	<b>F</b>	\$					
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes		40		
5	State the names, addresses and employer identification number (EIN) of all section 527 political	-							

contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(4	1)	(B)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		42,000	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i		•	42,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		
-	ATTLA Complete if the augmentation is examined under section FO1/a\/A\ as ation	- FO4/-	\( \( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2Ь	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
FORM 990, SCH C, PART II-B, line g		THE UNIVERSITY PAID Capitoline Consulting (600 Second Street, Ste 404 Alexandria, VA 22314) in the amount of \$42,000 Capitoline Consulting provides technical guidance, advice, consultation and assistance in the following area 1 Advise and counsel as to strategies for various Federal Government programs 2 Monitor and report on Congressional actions and provide analysis of policy trends, assist with presentations and testimony to legislative committees, and develop strategies and client positions regarding impending legislation and regulations, and 3 Assist in resolving issues that occur in business dealing with Executive Branch agencies

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DLN: 93493314027250

OMB No 1545-0047

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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** DOMINICAN UNIVERSITY 36-2167855

Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
	organization answered Tes to Form 9	(a) Donor advised funds	(b) Funds and other accounts
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		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit		·
Par	Conservation Easements. Complete	ıf the organization answered "Yes" t	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	rion or pleasure)	certified historic structure
	casement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements	5	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
	Number of conservation easements modified, transf	erred, released, extinguished, or terminat	ed by the organization during
4	Number of states where property subject to conserv	ation easement is located 🛌	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during the year ► \$
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	ction Yes No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia ments	l statements that describes
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
	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 fi	d for public exhibition, education or resear	ch in furtherance of public service,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	·
	(i) Revenues included in Form 990, Part VIII, line :	L	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
	If the organization received or held works of art, his following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>►</b> \$

No.
✓ No
☐ No
'ears Ba
No No
No
No
1
ok valu
3,070,6
72,434,8
72,434,8 2,648,6
2,648,6
/eai

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	ļ , ,	Cost or end-of	f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	( <b>b</b> ) Book value		d of valuation
	(b) Book value	Cost or end-of	f-year market value
Table (Column (b) should nevel form 000, Park V, rel (D) for 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(h) Pook value
	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description	ne 15. otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) Should equal Form 990, Part X, col.(B) line in the second sequence of the sequen	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  (5.)  (7. June 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) Should equal Form 990, Part X, col.(B) line in the second sequence of the sequen	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. ption  (5.)  (7. June 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	25.) (, line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS	15. otion (5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	15. otion (5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  FINANCIAL INSTRUMENTS  U S GOVERNMENT GRANTS REFUNDABLE	(, line 25.  (b) A mount  0 6,328,129 734,264		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	75,902,537
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,026,502
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,876,035
4	Net unrealized gains (losses) on investments	4	-338,917
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	-338,917
10	Excess or (deficit) for the year per financial statements  Combine lines 3 and 9	10	3,537,118
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	56,433,684
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) 2d		
e	Add lines 2a through 2d	2e	-338,917
3	Subtract line <b>2e</b> from line <b>1</b>	3	56,772,601
4	A mounts 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 XIV)		
С	Add lines 4a and 4b	4c	19,129,936
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	75,902,537
	Total expenses and losses per audited financial Statements With Expenses	per	<b>Keturn</b> 52,896,566
1	statements	1 1	52,890,500
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	52,896,566
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	]	
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	19,129,936
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	72,026,502

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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	ESCROW AND CUSTODIAL ARRANGEMENTS	THE BALANCE INCLUDES A) STUDENT TUITION PREPAYMENTS FOR THE JULY/AUGUST SUMMER TERM, B) FUNDS ON DEPOSIT FOR VARIOUS STUDENT ORGANIZATIONS, AND C) CHARITABLE GIFT ANNUITY OBLIGATIONS
SCHEDULE D, PART V, Line 4	Intended Uses of Endowment Funds	The endowment funds are used for scholarships and other program expenses
Schedule D, Part X, Line 2	FIN 48	In July 2006, the financial accounting standards board (FASB) issued FASB interpretation No 48, Accounting for Uncertainty in Income Taxes, (FIN 48) FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statement in accordance with FASB statement NO 109, Accounting for Income Taxes In 6/30/2008, Dominican University adopted FIN 48 All items meet or exceed a more likely than not reporting threshold and all items are stated at their more likely than not amount As such, it appears that Dominican University has no required FIN48 adjustments
Schedule D, Part XII, Line 4B	Other	OTHER - DISCOUNTS ON TUITION AND FEES 19,747,656 OTHER - RENTAL EXPENSES (449,890) OTHER- FUDRAISING EXPENSES (167,830)
Schedule D, Part XIII, Line 4C	Other	OTHER - DISCOUNTS ON TUITION AND FEES 19,747,656 OTHER - RENTAL EXPENSES (449,890) OTHER- FUDRAISING EXPENSES (167,830) 19,129,936

Employer identification number

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

DOMINICAN UNIVERSITY

Name of the organization

## **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

	36-216/855			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	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	
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  THE SCHOOL'S NONDISCRIMINATORY POLICY IS PUBLISHED IN NEWSPAPER ADS AND UNIVERSITY	3	Yes	
	VIEWBOOKS			
4	Does the organization maintain the following?			
а	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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<b>~</b> I	with student admissions, programs, and scholarships?	4c 4d	Yes	
u	Copies of all material used by the organization or on its behalf to solicit contributions?	40	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 Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		Νo
	n Does the organization receive any financial aid or assistance from a governmental agency? Nas the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🝠 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493314027250

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals.

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public **Inspection** 

	ne of the organization					Employer ide	ntification number		
וטכ	MINICAN UNIVERSITY					36-216785	5		
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	ıf the orgar	nization answered		
1				ecords to substantiate (	the amount	of the grant	s or		
	_	_		assistance, and the se		_			
	the grants or assistan	ce?							
2	<b>2</b> For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States								
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed )					
	(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)	ıs a progra describe sp	ry listed in (d) am service, ecific type of b) in region	(f) Total expenditures for region		
	ope (Including Iceland and enland)	1	1	Program Services	ACADEMIC	PROGRAM	74,622		

74,622

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more tha	tion answered "Yes n \$5,000	' to Form 990, ▶ 厂
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total r tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	
3 Enter total r	number of other	organizations or en	tities					(Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	ın Part I, line 2, and any additional information.  Explanation

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DLN: 93493314027250

OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Total .

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization

Employer identification number

	IT CAN HANDY EDGETY							Linployer luci	itii leation namber
OMIN	NICAN UNIVERSITY							36-2167855	
Part	Fundraising Ac Form 990-EZ filer						to Form	າ 990, Part IV	, line 17.
a	Mail solicitations  Internet and e-mail so Phone solicitations  In-person solicitations  id the organization have r key employees listed in the compensated at lease to the compensated at lease the compensated at lease to the compensated at lease	olicitations s a written or oral agi i Form 990, Part VI st paid individuals o	reement with I) or entity or entities (f	f g n any inc in conne undraise	Hividu	Solicitation of noi Solicitation of go Special fundraising ual (including office in with professional pursuant to agreem	n-govern vernmen ng event: ers, direc fundrais ents und	nment grants t grants s tors, trustees ing activities?	
	) Name of individual r entity (fundraiser)	(ii) Activity	(iii) E fundraise custod contro contribut Yes	r have y or ol of	(iv	) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1 TRUSTEE BENEFIT	( <b>b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)			
喜	1	Gross receipts	424,30	9			42	4,309
Revenue	2	Less Charitable contributions	81,888	8			8	1,888
	3	Gross income (line 1 minus line 2)	342,42	1			34	2,421
	4	Cash prizes		0				0
ဟ	5	Non-cash prizes		0				0
agua Ba	6	Rent/facility costs		0				0
Expenses	7	Food and beverages		0				0
Direct	8	Entertainment	1	0				0
ā	9	Other direct expenses .	167,83	0			16	7,830
	10	Direct expense summary Add lin	nes 4 through 9 ın columr	n (d)			16	7,830
	11	Net income summary Combine li	nes 3, column d, and line	10			17	4,591
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
Ž.	1	Gross revenue						
		Cash prizes						
Expenses								
8 3	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
Δ	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%	┌ Yes			
					_			
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7			Yes	No.
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities			res	No
а	Ist	he organization licensed to operate				· 9a		
b	If"	No," Explain						
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	10a		
	_							
11		es the organization operate gaming				11	<u> </u>	<u> </u>
12		he organization a grantor, beneficia ned to administer charitable gaming						
			-		Schedule G (Form	12 990 or 990	L -EZ) 20	L )09

Indicate the percentage of gaming activity operated in  The organization's facility  An outside facility  Inter the name and address of the person who prepares the organization's gaming/special events books and records  Name  Address  Address  If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue?  If "ves," enter the amount of gaming revenue received by the organization   If "ves," enter name and address  Name  Address  Caming manager information  Name  Gaming manager compensation   Small   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information  Name F Baming manager information  Name F Description of services provided F Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ►  Address ►  L5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$  C If "Yes," enter name and address  Name ►  Address ►  Gaming manager information  Name ►  Gaming manager compensation ► \$  Description of services provided ►  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter name and address  Name   Address   Address   Gaming manager information  Name   Gaming manager compensation   S   Description of services provided   Director/officer   Employee   Independent contractor  Mandatory distributions  a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$  C If "Yes," enter name and address  Name ▶  Address ▶  Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$  C If "Yes," enter name and address  Name ▶  Address ▶  Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Gaming manager compensation ▶\$ Director/officer	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Description of services provided ▶ Independent contractor  If Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Description of services provided ▶ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$  C If "Yes," enter name and address  Name	
amount of gaming revenue retained by the third party \$  If "Yes," enter name and address  Name	
Address Addres	
Address Addres	
Address   Gaming manager information  Name   Gaming manager compensation   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ►  Gaming manager compensation ► \$  Description of services provided ►  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Gaming manager compensation    Description of services provided    Director/officer	
Gaming manager compensation    Description of services provided    Director/officer	
Gaming manager compensation   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Description of services provided F  Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
If Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent  In the organization's own exempt activities during the tax year ▶ \$	

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Schedule I

Department of the Treasury

DLN: 93493314027250

OMB No 1545-0047

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

Open to Public Inspect ion

Attach to Form 990 Internal Revenue Service Name of the organization **Employer identification number** DOMINICAN UNIVERSITY 36-2167855 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance

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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
UNDERGRADUATE SCHOLARSHIPS AND GRANTS	1672	16,679,981		BOOK VALUE	
GRADUATE SCHOLARSHIPS AND GRANTS	503	1,119,384		BOOK VALUE	
FEDERAL PELL GRANTS	686	2,796,063		BOOK VALUE	
FEDERAL SEOG GRANTS	140	262,000		BO O K VALUE	

Part IV Suppleme	ental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
FORM 990, SCHEDULE I, PART IV, LINE 2	MONITORING THE USE OF GRANT FUNDS IN THE US	The awarding of student financial aid grants under the U.S. Department of Education's Student Financial Assistance Program are monitored by the university's Financial Aid Office, which ensures that the university meets the compliance requirements of OMB Circular A-133. The Financial Aid Office is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. Monitoring of federal and foundation grants supporting university operating activities is coordinated between the academic Office of Research and Sponsored Projects, the Institutional Advancement office, and the university's Compliance and Financial Reporting Manager. These offices and individuals ensure that appropriate controls are established and that grant requirements for documentation, tracking, expenditure of funds, and reporting are met. In addition, the Financial Aid staff is adding a new procedure to reconcile the federal award data on a monthly basis. This is in addition to the new procedure the university has begun for tracking federal awards (as originated with the DOE, and then upon approval, being awarded by the Financial Aid Office and released to students' accounts by the Student Accounts Office) and matching up those awards with my draw down requests. The university is putting all of this data into a new spreadsheet which is on a shared drive that its offices have been given access to
		Sehadula I (Farm 000) 2000

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DLN: 93493314027250

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

DOMINICAN UNIVERSITY 36-2167855 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

### 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		T				Г	<u> </u>	Т
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Donna M Carroll	(I) (II)	264,000 0	0	0	34,100 0	· ·	306,216 0	0
A my McCormack	(ı) (ıı)	194,936 0	1,041	0	16,500 0	1,190 0	213,667 0	0
Cheryl Johnson Odim	(ı) (ıı)	201,350 0	0	0	20,028 0	19,311 0	240,689 0	0
Arvid Johnson	(ı) (ıı)	187,708 0	1,058 0	0	16,500 0	19,205 0	224,471	0
Susan Roman	(ı) (ıı)	151,056 0	1,047 0	0	20,096 0	950 0	173,149 0	0
Mark Rodgers	(ı) (ıı)	134,843 0	1,041	0	12,164 0	18,891 0	166,939 0	0
Jeffrey Carlson	(ı) (ıı)	137,738 0	1,020 0	0	6,510 0	14,568 0	159,836 0	0
Daniel Condon	(ı) (ıı)	123,899 0	0 0	5,310 0	10,781 0	18,463 0	158,453 0	0
Khaled Razakı	(ı) (ıı)	138,417 0	0 0	0 0	12,583 0	604 0	151,604 0	0
Mary Alyce Burke	(ı) (ıı)	136,135 0	0	0	21,039 0	12,376 0	169,550 0	0

### 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
1A		Annually, the University pays \$15,000 to the President for the use of her home for University functions. This arrangement is part of the President's employment contract and the payment was included in her W-2 reportable compensation.

Schedule J (Form 990) 2009

Does the organization maintain adequate books and records to support

DLN: 93493314027250

Schedule K (Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** 

2009

► 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).
► Attach to Form 990. ► See separate instructions.

Open to Public

**Inspection** Internal Revenue Service Name of the organization Employer identification number DOMINICAN UNIVERSITY 36-2167855 **Bond Issues** (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Village of River Forest Cook REFUND OF BONDS & Х County Illinois 12-01-2009 16,200,000 Χ 36-6006070 RENOVATIONS 2006 Demand Revenue Bond CONSTRUCTION AND 45200BYKB 30,000,000 Х Х 86-1091967 03-15-2006 RENOVATIONS Part II Proceeds В C D Е Α Total proceeds of issue 16,200,000 30,000,000 Gross proceeds in reserve funds 0 Proceeds in refunding or defeasance escrows 0 3 Other unspent proceeds 0 Issuance costs from proceeds 314,000 Working capital expenditures from proceeds Capital expenditures from proceeds 16.200.000 29,686,000 Year of substantial completion 2009 2007 No Yes No Yes Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Х Were the bonds issued as part of an advance refunding issue? Х Х 10 Has the final allocation of proceeds been made? 11 Χ Χ

Part III Private Business Use

the final allocation of proceeds?

12

		Α		В		С		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Cat No 50	0193E				Schedule K	(Form 990)	2009

Х

Χ

Е

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to t financed property which may result in private business use?	he	X			Χ						
3b	Are there any research agreements with respect to the financed property which may result in private business use?			Х		Χ						
3с	Does the organization routinely engage bond counsel or other out counsel to review any management or service contracts or resear agreements relating to the financed property?		Х		X							
4	Enter the percentage of financed property used in a private busing by entities other than a section 501(c)(3) organization or a state government			0 %		0 %						
5	Enter the percentage of financed property used in a private business a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state of government	our		4 582 %		0 %						
6	Total of lines 4 and 5			4 582 %		0 %						
7	Has the organization adopted management practices and procedu ensure the post-issuance compliance of its tax-exempt bond liab		X		X							
Par	t IV Arbitrage		_		_							
		Yes	A No	Yes	B No	Yes	C N	_	D Yes	No	E Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to	res	NO	165	NO	res	14	O	ies	NO	165	NO
	the bond issue?	Х		X								
2	Is the bond issue a variable rate issue?	X		x								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?											
	records?		Х		Х							
ь	Name of provider											
c	Term of hedge											
4a	Were gross proceeds invested in a GIC?		Х		X							
b	Name of provider											
c	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?		Х		Х							
6	Did the bond issue qualify for an exception to rebate?		Х		Х							

A

В

С

D

# **NonCash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization DOMINICAN UNIVERSITY

**SCHEDULE M** 

Department of the Treasury

Internal Revenue Service

(Form 990)

**Employer identification number** 

36-2167855

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art-Works of art	аррпсавіе		19				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
-	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	4,795	68,420	Comparable Sale			
	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 .	Х	1	527,000	Comparable Sale			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ►()							
	Other ►()							
	Other ► ()			<u> </u>				
29	Number of Forms 8283 received for which the organization compl				29			1
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	•		•		31	Yes	
32a	Does the organization hire or us contributions?	e thırd part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II					<del></del>		
33	If the organization did not report describe in Part II	revenues	ın column (c) for a type of p	roperty for which column (a	) is checked,			

#### 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.

Ident if ier	Return Reference	Explanat ion
FORM 990, SCHEDULE M, PART I, LINE 32A		The university uses an independent third party broker to receive security donations from donors. The broker also sells the securities based on directions from the university

Schedule M (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization DOMINICAN UNIVERSITY

**Employer identification number** 

36-2167855

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D	Auxiliary Services	TOTAL EXPENSES \$ 3,679,999 (INCLUDING NO GRANTS) TOTAL REVENUE \$ 5,042,100 Auxiliary Services includes student housing and campus dining. The university offers four campus residence hall options as well as nearby off-site housing. Housing includes a variety of options ranging from suites to single rooms. The student meal plan can be tailored for a number of flex meal arrangements and can be used at a several campus dining facilities. Approximately 40% of the student population takes advantage of housing opportunities. Auxiliaries also include activity of the Performing Arts Center, which offers a variety of musical and theater acts to the university and nearby communities. Theater productions are integrated with the undergraduate theater program and utilize many students as part of the productions. Theater students also learn and assist with box office, stage crew and audience/guest artist, and support all musical events.
FORM 990, PART VI, LINE 1B	Number of independent voting members	Voting Members not considered Independent 1 Theresa Hogan is a trustee who is a faculty and therefore, receives compensation from the University 2 Donna Carroll Donna Carroll is the President of the University (officer) and a trustee and therefore, receives compensation from the University 3 James Winikates is an individual trustee who works as an adjunct professor
Form 990, Part VI, Line 2	Family Relationships	Raymond Parmer, an individual trustee, is the son of Carolyn Noonan Parmer, trustee of Emeritus of the University
FORM 990, PART VI, LINE 10	Board Review of 990	After the tax returns have been reviewed by Grant Thornton Tax Services team, returns will be provided to the Audit and Risk Management Committee. At the meeting, GT along with staff will go over any significant changes. Tax return will be approved at the Audit and Risk management meeting with the understanding that the senior VP of Administration will review and finalize any follow-up that may be requested at the meeting. Any follow-ups to the items presented at the meeting will be completed by the staff and reviewed by Grant. Thornton Tax service team and final approval by the Senior VP of Administration. Approval by A&RM committee will be noted in the minutes. A copy of the tax return will be emailed to all members of the board of trustees prior to being filed.
FORM 990, PART VI, LINE 12C	Conflict of Interest Policy	Dominican University has a written Conflict of Interest Policy (the policy) that has been approved by the Board of Trustees, which covers each member of the board of trustees, officers and key employees of the Dominican University. The policy requires each member of the Board of Trustees and officers annually 1) to review the policy, 2) to disclose any possible personal, family or business relationships that reasonably could give rise to a conflict involving the University, 3) to acknow ledge by his or her signature that he or she is in accordance with the policy. Annually, the policy is mailed to all Trustees and officers for review, sign-off, and return. Follow-up calls and emails are made to ensure all forms are returned timely. Responses are collected and reviewed by the Compliance and Financial Reporting Manager to determine whether conflicts exist. The Board of Trustees performs due diligence process as documented in the policy in determining the proposed or disclosed potential conflict of interest situation. This would include 1) any material facts of the proposed or disclosed transaction not known to the board or committee, 2) the trustee's or officer's interest or relationship with respect to the proposed or disclosed transaction. The presence of a trustee or officer who is directly or indirectly a party to a proposed transaction, may not be counted when the board or the committee of the board takes action on the proposed transaction, how ever, may be counted in determining whether a quorum is present for that particular meeting. For the fiscal year of 2010, Dominican university has sent out a conflict of interest policy to all board members, officers, and key employees, but 6 of the board members did not respond to the questionnaire, however, management is confident that these board members do not have any family or business relationships that would result in a conflict of interest.
FORM 990, PART VI, LINE 15B	Compensation process for the President and Officers and Key employees	Compensation for the President of the University is determined by the Board of Trustees. Annually, they determine the base compensation based on the comparability data provided by the Director of Human Resources. Any bonuses and other indirect compensation is based on meeting stated goals, which are approved by the Executive Committee of the Board of Trustees and included as part of the President's contract. For all other top management positions such as officers, key employees, and academic deans, the President determines the initial compensation based on the data that the Director of Human Resources gathered in relation to market data for similar positions. Annually the Director of Human Resources reviews all compensation including the senior or top management for equity. Any compensation recommendation is approved by the President and the Senior Vice President of Administration. The compensation review process for the president, officers, and key employees is completed on an annual basis.
FORM 990, PART VI, LINE 19	Organization Documents	Dominican does not make its governing documents, conflict of interest policy, and financial statements available to the public but they are available upon request

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DLN: 93493314027250

SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets (f) Direct controlling entity

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

SINSINAWA DOMINICAN CONGREGATION OF

**PREACHING** 

WI

501(C)(3)

na

585 COUNTRY ROAD Z SINSINAWA WI 53824

39-0816854

N/A

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) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?

Yes No

Yes No

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.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

Schedule K (Form 990) 2009			Pag	je.
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	N
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations	s listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	La		N
<b>b</b> Gift, grant, or capital contribution to other organization(s)	J	Lb		N
<b>c</b> Gift, grant, or capital contribution from other organization(s)	1	Lc		N
<b>d</b> Loans or loan guarantees to or for other organization(s)	[1	Ld		N
e Loans or loan guarantees by other organization(s)		Le		N
f Sale of assets to other organization(s)	1	Lf		N
g Purchase of assets from other organization(s)	<u> </u>	Lg		N
h Exchange of assets	_1	Lh		N
i Lease of facilities, equipment, or other assets to other organization(s)	1  -	1i		N
j Lease of facilities, equipment, or other assets from other organization(s)	3	1j		N
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		Lk		N
l Performance of services or membership or fundraising solicitations by other organization(s)	<u>[1</u>	11		N
m Sharing of facilities, equipment, mailing lists, or other assets	_1	Lm	Yes	
n Sharing of paid employees		Ln	Yes	
• Reimbursement paid to other organization for expenses	1	Lo		N
p Reimbursement paid by other organization for expenses	<u> </u>	Lp		N
P Remibulsement paid by other organization for expenses	F			
<b>q</b> Other transfer of cash or property to other organization(s)	1	Lq		N
r Other transfer of cash or property from other organization(s)	Ĺ	1r		N
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	covered relationships and transaction thresholds			
(a) Name of other organization	<b>(b)</b> Transaction Amo type(a-r)	(c ount	c) involve	ed
(1) (2)				
(3)				

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

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

(a)
Name, address, and EIN of entity

**(b)**Primary activity

(c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets (f) Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No