See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

EXTENSION GRANTED TO 1-17-12

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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUN 1, 2010 and ending MAY 31, 2011

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CLARKE UNIVERSITY OF DUBUQUE, IOWA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1550 CLARKE DRIVE

City or town, state or country, and ZIP + 4
DUBUQUE, IA 52001

F Name and address of principal officer: JOANNE M. BURROWS SC PHD
SAME AS C ABOVE

D Employer identification number
42-0680408

E Telephone number
(563)-588-6315

G Gross receipts $ 35,168,302.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CLARKE.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1843 M State of legal domicile: IA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: POST-SECONDARY AND GRADUATE LEVEL EDUCATION		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	778
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	165,417.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<177,172.>

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,705,536.	3,963,442.
9	Program service revenue (Part VIII, line 2g)	24,681,138.	27,511,675.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	657,897.	1,630,404.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	322,146.	478,204.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,366,717.	33,583,725.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,996,510.	8,708,030.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,517,668.	13,608,610.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	102,180.	110,346.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,261,005.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,081,233.	7,881,569.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	27,697,591.	30,308,555.
19	Revenue less expenses Subtract line 18 from line 12	<330,874.>	3,275,170.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	53,986,301.	59,960,009.
21	Total liabilities (Part X, line 26)	10,733,217.	9,367,771.
22	Net assets or fund balances Subtract line 21 from line 20	43,253,084.	50,592,238.

RECEIVED
DEC 19 2011
OGDEN, UT
OSC

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 13 December 2011

▶ DEANNA S. MCCORMICK, TREASURER/VP BUS & FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KAY HEGARTY	Preparer's signature	Date: 12-7-2011	Check ☐ if self-employed	PTIN
Firm's name ▶ RSM MCGLADREY, INC.			Firm's EIN ▶	
Firm's address ▶ 221 THIRD AVENUE SE, SUITE 300 CEDAR RAPIDS, IA 52401-1512			Phone no. 319-298-5333	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED DEC 30 2011

GW 4

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
WE ARE A CATHOLIC, CO-EDUCATIONAL, LIBERAL ARTS UNIVERSITY FOUNDED IN 1843 BY THE SISTERS OF CHARITY OF THE BLESSED VIRGIN MARY IN DUBUQUE, IOWA. CLARKE EDUCATES STUDENTS AT THE POST-SECONDARY LEVEL IN THE LIBERAL ARTS AND SCIENCES, THE FINE ARTS, SELECTED PROFESSIONAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 14835613. including grants of $ 7,223,305.) (Revenue $ 24048930.)
INSTRUCTION: COLLEGE EDUCATION FOR APPROXIMATELY 1,255 STUDENTS. PROGRAMS INCLUDE TRADITIONAL DAYTIME CLASSES, ACCELERATED EVENING CLASSES FOR WORKING ADULTS, AND GRADUATE PROGRAMS. 308 STUDENTS GRADUATED IN THE 2010-2011 ACADEMIC YEAR.

4b (Code) (Expenses $ 6,137,974. including grants of $ 1,484,725.) (Revenue $ 3,325,566.)
AUXILIARY SERVICES: PROGRAMS AVAILABLE TO ALL 1,255 STUDENTS INCLUDING THE RESIDENCE HALLS, BOARD PLANS, ATHLETICS, AND THE BOOKSTORE. RESIDENCE HALL CAPACITY IS 571 WITH OCCUPANCY OF 422, OR 73.9%. IN FALL 2010, ALL 422 RESIDENT STUDENTS ALSO HAD BOARD PLANS WITH FOOD SERVICE AND 8 COMMUTER STUDENTS PURCHASED BOARD PLANS.

4c (Code) (Expenses $ 2,685,069. including grants of $) (Revenue $ 238,992.)
STUDENT SERVICES: RESOURCES PROVIDED TO ALL 1,255 STUDENTS BY STUDENT ACTIVITIES, HEALTH SERVICES, COUNSELING CENTER, CAREER CENTER, ADMISSIONS AND FINANCIAL AID.

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,674,361. including grants of $) (Revenue $)

4e Total program service expenses ▶ 25,333,017.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
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	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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, Parts I and IV*	14b		X
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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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		X
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		X
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ 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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	92		
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?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	778		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27		
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		X	
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, 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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (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 [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DEANNA S. MCCORMICK - 563-588-6414
1550 CLARKE DRIVE, DUBUQUE, IA 52001

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOANNE M. BURROWS, SC, PHD PRESIDENT, TRUSTEE	40.00	X		X				179,369.	0.	51,579.
JOHN BEAVER VICE CHAIR/TRUSTEE	1.00	X		X				0.	0.	0.
CAROLYN S. HAUPERT CHAIR/TRUSTEE	1.00	X		X				0.	0.	0.
MARGARET MARY COSGROVE, BVM SECRETARY/TRUSTEE	1.00	X		X				0.	0.	0.
MARY LOU ANGLIN, BVM TRUSTEE	1.00	X						0.	0.	0.
SUZANNE DIERS BLOUIN TRUSTEE	1.00	X						0.	0.	0.
TIMOTHY J. CONLON TRUSTEE	1.00	X						0.	0.	0.
RICHARD P. FRIEDMAN, CPCU TRUSTEE	1.00	X						0.	0.	0.
CAROLYN FITZGERALD GANTZ TRUSTEE	1.00	X						0.	0.	0.
MARGARET GERAGHTY, BVM TRUSTEE	1.00	X						0.	0.	0.
TERI GOODMANN TRUSTEE	1.00	X						0.	0.	0.
DICK GREGORY TRUSTEE	1.00	X						0.	0.	0.
MARY PAT HALEY, BVM, PHD TRUSTEE	1.00	X						0.	0.	0.
NANCY SWIFT KLAUER TRUSTEE	1.00	X						0.	0.	0.
SHARON K. KRESS TRUSTEE	1.00	X						0.	0.	0.
THOMAS V. LYNCH,CLU/CHFC TRUSTEE	1.00	X						0.	0.	0.
EDWARD J. MONAGHAN TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIRA MOSLE, BVM TRUSTEE	1.00	X						0.	0.	0.
BRENDAN T. QUANN TRUSTEE	1.00	X						0.	0.	0.
JOHN D. STAVNES TRUSTEE	1.00	X						0.	0.	0.
JAMES H. THOMPSON TRUSTEE	1.00	X						0.	0.	0.
ROBERT F. URELL TRUSTEE	1.00	X						0.	0.	0.
ROBERT C. WAHLERT TRUSTEE	1.00	X						0.	0.	0.
ROBERT H. WAHLERT TRUSTEE	1.00	X						0.	0.	0.
RADM RONALD C. WILGENBUSCH, USN TRUSTEE	1.00	X						0.	0.	0.
THOMAS P. WILLIAMS, DDS, MD TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total						▶		179,369.	0.	51,579.
c Total from continuation sheets to Part VII, Section A						▶		387,676.	0.	145,015.
d Total (add lines 1b and 1c)						▶		567,045.	0.	196,594.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 4

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK ENERSEN PARTNERS, 1010 LINCOLN MALL, STE 200, LINCOLN, NE 68508-2883	ARCHITECTURAL DESIGN SERVICES	347,970.
SODEXO OPERATIONS LLC 4880 PAYSPHERE CIR, CHICAGO, IL 60674	FACILITIES MANAGEMENT	157,707.

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 ▶ 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	28,315.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1147264.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2787863.				
	g Noncash contributions included in lines 1a-1f: $		117,338.				
	h **Total.** Add lines 1a-1f		▶	3963442.			
Program Service Revenue		Business Code					
	2a TUITION & FEES	611600		24,048,930.	24,048,930.		
	b AUXILIARY SERVICES	611600		3325566.			3,325,566.
	c						
	d						
	e						
	f All other program service revenue	611600		137,179.	137,179.		
	g **Total.** Add lines 2a-2f		▶	27,511,675.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	1092113.			1,092,113.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross Rents	47,551.					
	b Less rental expenses	67,481.					
	c Rental income or (loss)	<19930.>					
	d Net rental income or (loss)		▶	<19,930.>		<19,930.>	
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,500,551.	(ii) Other				
	b Less: cost or other basis and sales expenses	962260.					
	c Gain or (loss)	538291.					
	d Net gain or (loss)		▶	538,291.			538,291.
	8a Gross income from fundraising events (not including $ 28,315. of contributions reported on line 1c) See Part IV, line 18	a	29,812.				
	b Less direct expenses	b	29,539.				
	c Net income or (loss) from fundraising events		▶	273.			273.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	a	735998.				
	b Less. cost of goods sold	b	525297.				
	c Net income or (loss) from sales of inventory		▶	210,701.			210,701.
	Miscellaneous Revenue	Business Code					
	11a CONF/EVENT CATERING	722320		287,160.	101,813.	185,347.	
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶	287,160.			
	12 **Total revenue.** See instructions.		▶	33,583,725.	24,287,922.	165,417.	5,166,944.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	8,708,030.	8,708,030.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	429,538.	61,667.	306,204.	61,667.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,787,730.	8,882,147.	1,352,244.	553,339.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	436,982.	342,181.	73,390.	21,411.
9 Other employee benefits	1,174,746.	855,618.	272,863.	46,265.
10 Payroll taxes	779,614.	613,293.	125,244.	41,077.
11 Fees for services (non-employees)				
a Management	160,586.		160,586.	
b Legal	13,101.	13,101.		
c Accounting	74,150.		74,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	110,346.			110,346.
f Investment management fees	79,332.		79,332.	
g Other	354,617.	349,837.	4,780.	
12 Advertising and promotion	339,692.	339,692.		
13 Office expenses	1,772,574.	1,387,503.	310,928.	74,143.
14 Information technology	275,208.	106,540.	84,334.	84,334.
15 Royalties				
16 Occupancy	782,038.	782,038.		
17 Travel	452,800.	375,780.	33,486.	43,534.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,400.	39,578.	33,263.	3,559.
20 Interest	318,147.	279,525.	19,311.	19,311.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,444,898.	1,266,476.	89,211.	89,211.
23 Insurance	145,011.	123,727.	21,284.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a STIPENDS & CASUAL LABOR	313,597.	300,967.	12,630.	
b MAINTENANCE AND REPAIRS	236,368.	33,517.	202,851.	
c FOOD & ENTERTAINMENT	153,520.	60,864.	64,130.	28,526.
d MEMBERSHIPS	148,946.	50,099.	95,292.	3,555.
e BAD DEBTS	133,915.		133,915.	
f All other expenses	606,669.	360,837.	165,105.	80,727.
25 **Total functional expenses.** Add lines 1 through 24f	30,308,555.	25,333,017.	3,714,533.	1,261,005.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,142,128.	1	1,352,928.
	2	Savings and temporary cash investments		946,137.	2	57,643.
	3	Pledges and grants receivable, net		297,128.	3	1,634,248.
	4	Accounts receivable, net		568,684.	4	561,037.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		158,306.	8	82,428.
	9	Prepaid expenses and deferred charges		373,972.	9	683,735.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 50,151,238.			
	b	Less: accumulated depreciation	10b 28,143,112.	21,997,031.	10c	22,008,126.
	11	Investments - publicly traded securities		24,469,116.	11	29,395,888.
	12	Investments - other securities. See Part IV, line 11		1,192,533.	12	1,202,375.
	13	Investments - program-related. See Part IV, line 11		1,503,566.	13	1,472,301.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,337,700.	15	1,509,300.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		53,986,301.	16	59,960,009.
Liabilities	17	Accounts payable and accrued expenses		1,424,342.	17	1,581,731.
	18	Grants payable			18	
	19	Deferred revenue		442,169.	19	673,752.
	20	Tax-exempt bond liabilities		4,945,000.	20	4,500,000.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		87,410.	21	103,431.
	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		1,422,020.	23	242,162.
	24	Unsecured notes and loans payable to unrelated third parties		500,000.	24	500,000.
	25	Other liabilities Complete Part X of Schedule D		1,912,276.	25	1,766,695.
	26	**Total liabilities.** Add lines 17 through 25		10,733,217.	26	9,367,771.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		30,654,490.	27	34,956,020.
	28	Temporarily restricted net assets		2,181,567.	28	4,627,128.
	29	Permanently restricted net assets		10,417,027.	29	11,009,090.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		43,253,084.	33	50,592,238.
	34	Total liabilities and net assets/fund balances		53,986,301.	34	59,960,009.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,583,725.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,308,555.
3	Revenue less expenses Subtract line 2 from line 1	3	3,275,170.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,253,084.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,063,984.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	50,592,238.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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 separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and 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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
CLARKE UNIVERSITY OF DUBUQUE, IOWA	42-0680408

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 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 ▶ ☐

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

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number
42-0680408

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(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		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0.
(ii) Assets included in Form 990, Part X ▶ $ 115,000.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [X] No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? [X] Yes [ ] No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	26,488,797.	24,107,394.	23,772,119.		
b	Contributions	276,028.	330,416.	5,530,281.		
c	Net investment earnings, gains, and losses	5,436,190.	3,045,649.	<4,380,679.>		
d	Grants or scholarships	128,881.	172,221.	183,104.		
e	Other expenditures for facilities and programs	1,167,754.	745,589.	550,816.		
f	Administrative expenses	79,332.	76,852.	80,407.		
g	End of year balance	30,825,048.	26,488,797.	24,107,394.		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 61.48 %
b Permanent endowment ▶ 35.72 %
c Term endowment ▶ 2.80 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i)	unrelated organizations	3a(i) X	
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		257,119.		257,119.
b Buildings		40,180,141.	20,996,075.	19,184,066.
c Leasehold improvements		1,715,629.	1,441,716.	273,913.
d Equipment		6,826,733.	4,731,940.	2,094,793.
e Other		1,171,616.	973,381.	198,235.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	22,008,126.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	DUE TO US GOVT - STUDENT LOANS	1,002,460.
(3)	ASSET RETIREMENT OBLIGATION	691,968.
(4)	ANNUITIES PAYABLE	72,267.
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		1,766,695.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	33,583,725.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,308,555.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,275,170.
4	Net unrealized gains (losses) on investments	4	4,063,984.
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 through 8	9	4,063,984.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	7,339,154.

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

1	Total revenue, gains, and other support per audited financial statements			1	30,304,212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,063,984.		
b	Donated services and use of facilities	2b	92,514.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	4,156,498.
3	Subtract line 2e from line 1			3	26,147,714.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,332.		
b	Other (Describe in Part XIV)	4b	7,356,679.		
c	Add lines 4a and 4b			4c	7,436,011.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	33,583,725.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	22,965,058.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	92,514.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	622,317.		
e	Add lines 2a through 2d			2e	714,831.
3	Subtract line 2e from line 1			3	22,250,227.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,332.		
b	Other (Describe in Part XIV)	4b	7,978,996.		
c	Add lines 4a and 4b			4c	8,058,328.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	30,308,555.

Part XIV Supplemental Information

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, line 2, 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

PART III, LINE 4: THE COLLECTION CONSISTS OF A LIMITED HERITAGE EDITION OF WORLD-RENOWNED SAINT JOHN'S BIBLE. THE HERITAGE EDITION IS A COMPLETELY HANDWRITTEN AND ILLUSTRATED RE-CREATION OF THE ORIGINAL SAINT JOHN'S BIBLE. THE SAINT JOHN'S BIBLE IS A SIGNIFICANT REPRESENTATION OF THE WORD OF GOD AND A COMPELLING WORK OF ART. THIS RARE GIFT TO CLARKE WILL SERVE AS A TESTAMENT TO OUR CATHOLIC HERITAGE AND IT WILL BE A SOURCE OF PRIDE FOR THE COLLEGE AND OUR COMMUNITY. THE COLLEGE PLANS TO EXHIBIT THE BIBLE AS VOLUMES ARE RECEIVED AND IS PLANNING A SPEAKER SERIES TO ACCOMPANY EACH

Part XIV Supplemental Information *(continued)*

VOLUME'S ARRIVAL.

PART IV, LINE 2B: STUDENT DEPOSIT ACCOUNTS ARE HELD BY THE UNIVERSITY FOR VARIOUS STUDENT GROUPS ON CAMPUS AND ARE REPORTED AS LIABILITIES ON THE ORGANIZATION'S BALANCE SHEET.

PART V, LINE 4: THE ENDOWMENT FUNDS ARE INVESTED TO PROVIDE FOR TOTAL RETURN. SPENDING FROM THE ENDOWMENT SUPPORTS SCHOLARSHIP AND OTHER EDUCATIONAL ACTIVITIES.

PART X, LINE 2: THE UNIVERSITY IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE UNIVERSITY IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES.

THE UNIVERSITY FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO UNIVERSITIES INCLUDE SUCH MATTERS AS THE FOLLOWING: THE TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). UBIT IS REPORTED ON FORM 990-T, AS APPROPRIATE. THE BENEFIT OF TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES,

Part XIV Supplemental Information *(continued)*

IF ANY.

TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH POSITIONS. TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. AS OF MAY 31, 2011 AND 2010, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY.

FORMS 990 AND 990-T FILED BY THE UNIVERSITY ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN. FORMS 990 AND 990-T FILED BY THE UNIVERSITY ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED MAY 31, 2007 AND PRIOR.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS REPORTED AS CONTRA INCOME FOR BOOK	7,978,996.
RENTAL EXPENSES NETTED WITH RENTAL INCOME	-67,481.
SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUE	-29,539.
COST OF GOODS SOLD NETTED WITH GROSS RECEIPTS	-525,297.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	7,356,679.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH RENTAL INCOME	67,481.

Part XIV Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT REVENUE	29,539.
COST OF GOODS SOLD NETTED WITH GROSS RECEIPTS	525,297.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	622,317.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS	7,978,996.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number

42-0680408

Part I

			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	X	
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	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain. If you need more space, use Part II CLARKE DOES NOT MAKE ANY PUBLIC DISCLOSURES IN THE MEDIA REGARDING ITS NONDISCRIMINATION POLICY WHEN RECRUITING STUDENTS. HOWEVER, CLARKE DOES INCLUDE A STATEMENT IN ALL PUBLIC JOB POSTINGS THAT INCLUDES A STATEMENT THAT CLARKE IS AN EQUAL OPPORTUNITY EMPLOYER.	3	X	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY IS DISTRIBUTED TO STUDENTS USING FEDERALLY APPROVED FINANCIAL NEED ANALYSIS CRITERIA.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number

42-0680408

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
BENTZ WHALEY FLESSNER - 7251 OHMS LANE, MINNEAPOLIS, MN	CONSULTANT FOR CAPITAL CAMPAIGN PLANNING		X	332,455.	34,619.	297,836.
RUFFALOCODY - PO BOX 3018, CEDAR RAPIDS, IA 52406	TELETHON SERVICES		X	218,287.	55,250.	163,037.
BLACKBAUD, INC - PO BOX 930256, ATLANTA, GA	RECORD DONATIONS, TRACK DONOR HISTORY, RUN		X	0.	16,477.	<16,477.>
CHASE SOLUTIONS INC - PO BOX 1116, CENTERVILLE, MA 02632	PROSPECT RESEARCH SERVICES		X	0.	4,000.	<4,000.>
Total ▶				550,742.	110,346.	440,396.

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

SEE PART IV FOR CONTINUATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF CLASSIC (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	58,127.			58,127.
	2 Less: Charitable contributions	28,315.			28,315.
	3 Gross income (line 1 minus line 2)	29,812.			29,812.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,621.			14,621.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,918.			14,918.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(29,539.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	273.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain. _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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 of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BENTZ WHALEY FLESSNER

(I) ADDRESS OF FUNDRAISER: 7251 OHMS LANE, MINNEAPOLIS, MN 55436

(I) NAME OF FUNDRAISER: BLACKBAUD, INC

(I) ADDRESS OF FUNDRAISER: PO BOX 930256, ATLANTA, GA 31193-0256

(II) ACTIVITY: RECORD DONATIONS, TRACK DONOR HISTORY, RUN ANALYTICS

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number

42-0680408

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 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 Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

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 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ENDOWED SCHOLARSHIPS	155	168,636.	0.	N/A	N/A
ENDOWED AWARDS	51	8,202.	0.	N/A	N/A
INSTITUTIONAL SCHOLARSHIPS	756	7,691,681.	0.	N/A	N/A
FEDERAL SEOG GRANTS	295	94,499.	0.	N/A	N/A
TUITION REMISSION & OTHER WAIVERS	48	556,432.	0.	N/A	N/A

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANTS AND SCHOLARSHIPS ARE AWARDED TO STUDENTS BASED ON SPECIFIC CRITERIA DETAILED IN THE VARIOUS GRANT/SCHOLARSHIP AGREEMENTS. MEMBERS OF THE FINANCIAL AID OFFICE AND VARIOUS SCHOLARSHIP/AWARD COMMITTEES REVIEW RECORDS FOR ALL POTENTIAL RECIPIENTS TO ENSURE THAT THE SCHOLARSHIP/AWARD IS BEING AWARDED PROPERLY.

Part III **Continuation of Grants and Other Assistance to Individuals in the United States** (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION EXCHANGE	9.	164,400.	0.	N/A	N/A
FEDERAL DOCTOR OF NURSE PRACTITIONER GRANT	2.	24,180.	0.	N/A	N/A

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number

42-0680408

Part I Questions Regarding Compensation

			Yes	No
1a	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 indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	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?	2	X	
3	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		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	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			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	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.			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOANNE M. BURROWS, SC,	(i)	174,281.	0.	5,088.	9,058.	42,521.	230,948.	0.
1 PHD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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

PART I, LINE 1A: JOANNE BURROWS SC, PHD, PRESIDENT, NON-TAXABLE BENEFITS INCLUDES HOUSING, WHICH IS REPORTED AS OTHER COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN (F) AND SCHEDULE J, PAGE 2, PART II, COLUMN (D).

A PLAQUE IN THE HOUSE STATES THE HOUSE WAS DONATED TO CLARKE FOR USE AS PRESIDENTIAL RESIDENCE. THE PRESIDENT CONDUCTS SIGNIFICANT BUSINESS ACTIVITIES AND UNIVERSITY RELATED ENTERTAINMENT ON UNIVERSITY PROPERTY. THE RESIDENCE LOCATED AT 1830 LINKS GLEN DR, DUBUQUE, IOWA, WHICH IS OWNED BY THE UNIVERSITY, IS DESIGNATED THE OFFICIAL UNIVERSITY PRESIDENTIAL HOUSE.

THE ORGANIZATION PAYS COUNTRY CLUB DUES ON BEHALF OF JOANNE M. BURROWS, SC, PHD, PRESIDENT. THIS IS A TAXABLE BENEFIT TO THE EMPLOYEE AND IS REPORTED IN REPORTABLE COMPENSATION ON FORM 990, PART VII, SECTION A, COLUMN (D) AND SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 1B: THE ORGANIZATION HAS NO WRITTEN POLICY PER SE, HOWEVER, IT FOLLOWS THE IRS TAX LAW RELATED TO TAXABLE EMPLOYER BENEFITS FOR THE EMPLOYEES FOR WHICH THE UNIVERSITY PAYS COUNTRY CLUB DUES.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number: 42-0680408

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		1,265.	THRIFT STORE VALUE
5	Clothing and household goods	X		8,362.	THRIFT STORE VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	11	76,464.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	7	679.	RETAIL SALES PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (DISCOUNTED GO)	X	23	17,311.	DISCOUNTED AMOUNT
26	Other ▶ (GIFT CERTIFIC)	X	52	7,567.	FACE VALUE
27	Other ▶ (SCIENCE EQUIP)	X	1	5,000.	RETAIL SALES PRICE
28	Other ▶ (TICKETS & PAS)	X	7	690.	FACE VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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.

SCHEDULE M, PART I, COLUMN (B): QUANTITIES REPORTED INDICATE THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number: 42-0680408

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

PROGRAMS, AND GRADUATE PROGRAMS.

WE, THE FACULTY, STUDENTS, STAFF AND ADMINISTRATION ARE A CARING, LEARNING COMMUNITY COMMITTED TO EXCELLENCE IN EDUCATION. WE PROVIDE A SUPPORTIVE ENVIRONMENT THAT ENCOURAGES PERSONAL AND INTELLECTUAL GROWTH, PROMOTES GLOBAL AWARENESS AND SOCIAL RESPONSIBILITY, AND DEEPENS SPIRITUAL VALUES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SUPPORT PROGRAMS

EXPENSES $ 1,674,361. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2: ROBERT H. WAHLERT, TRUSTEE AND ROBERT C. WAHLERT, TRUSTEE HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S NAME WAS CHANGED TO CLARKE UNIVERSITY OF DUBUQUE, IOWA.

FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF TRUSTEES HAS GENERAL POWERS, DUTIES, AND RESPONSIBILITIES WITH REGARD TO GOVERNANCE OF THE ORGANIZATION. IN ADDITION, PURSUANT TO THE BYLAWS OF THE ORGANIZATION, A BOARD OF CORPORATORS CONSISTING OF NINE (9) SPECIFIC INDIVIDUALS FROM THE BOARD OF TRUSTEES, HAS AUTHORITY TO:

A. ADOPT, ALTER, AMEND OR REPEAL THE BYLAWS OF THE CORPORATION.

Name of the organization: CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number: 42-0680408

B. EXERCISE, IN ITS DISCRETION, THE POWER OF DISAFFIRMATION WITH REGARD TO BOARD OF TRUSTEE DECISIONS/ACTIONS. DISAFFIRMATION REQUIRES A MAJORITY VOTE OF THE BOARD OF CORPORATORS AND MUST BE EXERCISED WITHIN FIVE (5) DAYS OF THE BOARD OF TRUSTEE DECISION/ACTION BEING DISAFFIRMED.

C. EXERCISE SUCH OTHER POWERS AS IT MAY, FROM TIME TO TIME, RESERVE TO ITSELF.

EACH MEMBER OF THE BOARD OF CORPORATORS IS ENTITLED TO ONE (1) VOTE.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF TRUSTEES OF CLARKE UNIVERSITY HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE MADE UP OF MEMBERS OF MANAGEMENT OF CLARKE AND SEVERAL TRUSTEES WHO SERVE ON THE BOARD. THE AUDIT COMMITTEE MEETS TO REVIEW THE COMPLETED FORM 990 WITH THE PAID TAX PREPARER. ANY REVISIONS ARE MADE AND SUBSEQUENTLY APPROVED BY THE COMMITTEE PRIOR TO THE FULL BOARD MEETING. ALL TRUSTEES RECEIVE A FINAL COPY OF THE FORM 990 AFTER IT IS APPROVED BY THE AUDIT COMMITTEE AND BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY BOARD OF TRUSTEE MEMBER SHALL BE DISCLOSED TO THE OTHER MEMBERS OF THE BOARD OF TRUSTEES AND MADE A MATTER OF RECORD THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN THE CONFLICT OF INTEREST BECOMES A MATTER OF ACTION BY THE BOARD OF TRUSTEES. ANY BOARD OF TRUSTEE MEMBER HAVING A DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER SHALL NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHALL NOT BE COUNTED IN DETERMINING THE QUORUM SITUATION. THE FOREGOING REQUIREMENTS SHALL NOT BE CONSTRUED AS PREVENTING THE BOARD OF TRUSTEE MEMBER FROM BRIEFLY STATING HIS OR HER POSITION IN THE

Name of the organization: CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number: 42-0680408

MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS OF OTHER BOARD OF TRUSTEE MEMBERS SINCE HIS OR HER KNOWLEDGE MAY BE OF GREAT ASSISTANCE. ANY NEW MEMBER OF THE BOARD WILL BE ADVISED OF THIS POLICY UPON ENTERING ON THE DUTIES OF HIS AND HER OFFICE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD HAS A CONVERSATION DURING AN EXECUTIVE SESSION AT THE JANUARY MEETING ABOUT THE PRESIDENT'S SALARY AND ALL TERMS IN HER CONTRACT. A SMALL AD HOC GROUP COMPOSED OF THE CHAIR, VICE-CHAIR, AND TRUSTEE/LEGAL COUNSEL THEN MEET TO DISCUSS HER SALARY. THEY REVIEW THE COMPARATIVE SALARIES FOR OTHER PRESIDENTS IN THE IOWA ASSOCIATION OF INDEPENDENT COLLEGE & UNIVERSITIES (IAICU), AND PREPARE A RECOMMENDATION FOR THE FULL BOARD TO APPROVE. THE RECOMMENDATION IS APPROVED OR REJECTED BY THE BOARD AT THE APRIL MEETING.

REGARDING THE VICE PRESIDENTS, THE AUDIT COMMITTEE LOOKS AT THEIR SALARIES AND ALSO COMPARES THEM TO THE IAICU DATA FOR LIKE POSITIONS. VICE PRESIDENTS RECEIVE THE SAME INCREASE AS ALL OTHER SALARIED AND FACULTY EMPLOYEES ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS OF CLARKE UNIVERSITY ARE ALWAYS AVAILABLE UPON REQUEST. IN ADDITION, OUR UNIVERSITY-WIDE CONFLICT OF INTEREST POLICY IS AVAILABLE ON OUR WEBSITE IN THE EMPLOYMENT MANUAL. OUR AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ON THE NACUBO WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 4,063,984.

Name of the organization: CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number: 42-0680408

FORM 990, PART VII, SECTION A AND SCHEDULE J, PART III

ADDITIONAL INFORMATION REGARDING THE SALARY OF JOAN LINGEN, BVM, PHD:

JOAN LINGEN, BVM, PHD IS A MEMBER OF A RELIGIOUS ORDER AND HAS TAKEN A BONA FIDE VOW OF POVERTY AND RECEIVES NO TAXABLE COMPENSATION. THE ANNUAL SALARY (EXCLUDING BENEFITS) FOR JOAN LINGEN'S POSITION AS PROVOST AND VP OF ACADEMIC AFFAIRS IS $107,524. OF THIS AMOUNT, $56,115 IS PAID DIRECTLY TO HER RELIGIOUS ORDER, THE SISTERS OF CHARITY OF THE BLESSED VIRGIN MARY ("BVM"). THE REMAINING PORTION OF HER SALARY OF $51,409 REPRESENTS CONTRIBUTED SERVICES. DETAILS OF THE SALARY AND BENEFITS RELATED TO THIS POSITION ARE AS FOLLOWS:

BASE COMPENSATION (PAID DIRECTLY TO BVM):	$ 56,115
BASE COMPENSATION (CONTRIBUTED SERVICES):	51,409
DEFERRED COMPENSATION (RETIREMENT CONTRIBUTION PAID TO BVM FOR BVM PLAN):	4,680
HEALTH INSURANCE PREMIUMS (PAID TO BVM FOR BVM PLAN):	1,128
EMPLOYER PAID LIFE AND LTD INSURANCE PREMIUMS:	677
TOTAL COMPENSATION	$114,009

GENERAL EXPLANATION

THE ORGANIZATION IS UNABLE TO ELECTRONICALLY FILE THE FORM 990 DUE TO A LEGAL NAME CHANGE DURING FISCAL YEAR.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
CLARKE UNIVERSITY OF DUBUQUE, IOWA

Employer identification number
42-0680408

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
MCELROY CLARKE LOAN FUND - 42-1202190 1550 CLARKE DRIVE DUBUQUE, IA 52001	EDUCATIONAL LOAN FUND	IOWA	501(C)(3)	LINE 11A, I	N/A	X	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

ARTICLES OF AMENDMENT TO THE RESTATED ARTICLES OF INCORPORATION OF CLARKE COLLEGE OF DUBUQUE, IOWA

56009

2010 JUL 30 AM 10:19

538230 AMEN $10.00 DJC 7/30/10

TO THE SECRETARY OF STATE OF THE STATE OF IOWA.

Pursuant to the provisions of Section 504.1002 of the Revised Iowa Nonprofit Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Restated Articles of Incorporation:

I. The name of the corporation is Clarke College of Dubuque, Iowa.

The effective date of its incorporation was the 7th day of May, 1912.

Its original name was Mount St. Joseph College of Dubuque, Iowa. On the 26th day of February, 1936, its name was changed from Mount St. Joseph College of Dubuque, Iowa, to Clarke College of Dubuque, Iowa.

II. The following amendment to the articles of incorporation was adopted by the corporation:

The name of the corporation is changed from "Clarke College of Dubuque, Iowa" to "Clarke University of Dubuque, Iowa" upon the filing of this Articles of Amendment with the Office of the Secretary of State for the State of Iowa.

III. The amendment was adopted by the members of the Board of Corporators and by the members of the Board of Trustees on the 7th day of May, 2010, at a meeting at which a quorum was present, in the manner prescribed by the Revised Iowa Nonprofit Corporation Act.

Dated: May 14, 2010

CLARKE COLLEGE OF DUBUQUE, IOWA

By: Joanne M. Burrows, S.C., Ph.D.
Its President

By: Margaret Mary Cosgrove, BVM
Its Secretary

FILED
IOWA
SECRETARY OF STATE
7/30/10
10:19 AM
W685539

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REV. THOMAS ZINKULA TRUSTEE	1.00	X						0.	0.	0.
MARY ANN ZOLLMANN, BVM TRUSTEE	1.00	X						0.	0.	0.
DEANNA MCCORMICK TREASURER/VP BUSINESS & FINANCE	40.00			X				134,274.	0.	7,222.
JOAN LINGEN, BVM, PHD PROVOST/VP OF ACADEMIC AFFAIRS	40.00			X				0.	0.	114,009.
MARK JONES VP - INSTITUTIONAL ADVANCE	40.00					X		123,430.	0.	10,522.
ELIZABETH TRIPLETT VP - ENROLLMENT MGMT	40.00					X		129,972.	0.	13,262.
Total to Part VII, Section A, line 1c								387,676.		145,015.