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DLN: 93493137054246

# 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 private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca	endar year, or tax year beginni	ng 07-01-2014 , and ending 06-30	-2015			
B Ch	eck ıf a	pplicable	C Name of organization MARYWOOD UNIVERSITY			D Empl	oyer iden	tification number
☐ Ad	dress cl	hange				24-0	795453	
Гиа	me cha	inge	Doing business as					
┌ Ini	tıal retu	ım				E Tolonh	one numb	or.
_ Fir			Number and street (or P O box if 2300 ADAMS AVENUE	mail is not delivered to street address) Roo	om/suite	· ·		
		mınated	2300 ADAMS AVENUE			(570	) 348-62	222
_	nended plication	return n pending	SCRANTON, PA 185091598	untry, and ZIP or foreign postal code		<b>G</b> Gross	receipts \$	102,567,746
	•		<b>F</b> Name and address of pr	incipal officer	11/->	7 11		•
			PATRICK CASTELLANI	merpar omeer	H(a)	Is this a group subordinates?		for □ Yes 🔽 No
			2300 ADAMS AVENUE	5 Q Q				
			SCRANTON,PA 1850915	596	H(b)	Are all subord included?	ınates	Γ Y es Γ No
I Ta	ıx-exen	npt status	▼ 501(c)(3)	(insert no )			nalıst (	see instructions)
	ebsite	e: <b>►</b> WV	VW MARYWOOD EDU		H(c)	Group exemp	tion num	ıber <b>►</b>
	6		Corporation Trust Associat	out or b		ear of formation 1		State of legal domicile PA
	m or or I <b>rt I</b>		imary	ion   Other -	L Ye	ear of formation 1	915 <b>M</b> S	state of legal domicile PA
ГС	1		<del>-</del>					
				ion or most significant activities E IMMACULATE HEART OF MARY	TRADITIO	N OF ACADEM	IC EXCI	ELLENCE
a		<u> </u>			710,151,110		10 2/10.	
<u>ခို</u>	'							
፸								
<u>ş</u>	2	Check t	his box 🛏 if the organization o	discontinued its operations or dispo	sed of more	than 25% of its	net ass	ets
Governance			·					
	1			ning body (Part VI, line 1a)			3	30
Activities &	1			of the governing body (Part VI, line			4	30
₹				n calendar year 2014 (Part V, line 2			5	2,000
a ब				necessary)			6	0
	1			Part VIII, column (C), line 12 .			7a	407,932
	Ь	Net unre	elated business taxable income	from Form 990-T, line 34	<u> </u>		7b	-176,133
						Prior Year		Current Year
a)			ibutions and grants (Part VIII,		· •	8,333		11,626,578
Revenue	9		am service revenue (Part VIII, line 2g)			84,912		83,229,024
<u>\$</u>			tment income (Part VIII, colum	1,608		1,807,108		
_	11			), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,821	.829	5,288,672
	12			1 (must equal Part VIII, column (A		100,675	816	101,951,382
	13			tIX, column (A), lines 1-3)		31,077	657	29,235,405
	14	Benef	its paid to or for members (Part	IX, column (A), line 4)			0	0
	15	Saları	es, other compensation, employ	yee benefits (Part IX, column (A ), lii	nes	43,958	092	44,190,354
\$		5-10	<b>,</b>					
Expenses	16a			(, column (A), line 11e)	· ·	75	,018	53,894
五	b	Total fu	undraising expenses (Part IX, column (	D), line 25) • 1,113,188				
	17	Other	expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e)		29,126	,310	27,227,200
	18	Total	expenses Add lines 13-17 (m	ust equal Part IX, column (A), line 2	25)	104,237	.077	100,706,853
	19	Rever	nue less expenses Subtract line	e 18 from line 12		-3,561		1,244,529
<b>8</b> 000					Be	ginning of Curre Year	ent	End of Year
Not Assets or Fund Balances	20	Total	assets (Part Y line 16)		<u> </u>	192,881	546	207,824,010
A B	21				·	69,089		84,885,292
2 E	22			t line 21 from line 20	· .	123,791		122,938,718
	111	_	nature Block	time 21 nom ime 20	•	123,731	.,,,,,	122,730,710
Unde my k	r pena nowle	alties of dge and	perjury, I declare that I have e	xamined this return, including accor implete Declaration of preparer (oth				
		****	***			2016 05 15		
Sigi	,	IB	*** ature of officer			2016-05-16 Date		
Her		PATI	RICK CASTELLANI ASSISTANT TREASUF	RER, CONTROLLER				
			e or print name and title	, >0				
-			Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	210
Pai	d		EDWARD A KOLLAR CPA EA	EDWARD A KOLLAR CPA EA		self-employed		
	pare		Firm's name FBAKER TILLY VIRCHO	AAA VKANDE ITTA		Firm's EIN 🕨 3	9-085991	U
	On		Firm's address 🟲 46 PUBLIC SQUARE S	UITE 400		Phone no (57	0) 820-01	00
	, 🔾					1		

✓ Yes ☐ No

Form	990	(2014)	

1 0111	1990 (2014)					Page 2
Par		t of Program Serv edule O contains a res			III	্ন
1	Briefly describe the	e organization's missior	ı			
MAR PEO ENC ITS THE VAL PRO	Y, MARYWOOD UNI PLE ENACTING ITS OURAGES MEN ANI LIBERAL ARTS TRA IR UNDERSTANDIN UES MARYWOOD C CESS OF LEARNING	VERSITY ROOTS ITSI 5 IDEALS, MARYWOOD D WOMEN OF ALL BAC DITION AND HOST OF G OF GLOBAL ISSUES ALLS UPON STUDENT	ELF IN THE PE OFFERS STU KGROUNDS T PROFESSIO AND TO MAK S TO SEEK TI FFICACY OF	RINCIPLE OF JUSTIC JDENTS A WELCOMI O SHAPE THEIR LIV NAL DISCIPLINES, N KE DECISIONS BASE HEIR FULL POTENTI TEACHING AND SCH	ERS, SERVANTS OF THE IMIE AND A BELIEF THAT EDUC NG AND SUPPORTIVE COMMES AS LEADERS IN SERVICE MARYWOOD CHALLENGES ST DON SPIRITUAL, ETHICAL, AL AND INVITES ALL TO EN OLARSHIP, MARYWOOD EDU	CATION EMPOWERS  IUNITY THAT  TO OTHERS PROUD OF  TUDENTS TO BROADEN  AND RELIGIOUS  GAGE IN A LIFELONG
_						
2	-	n undertake any signific or 990-EZ?		• ,	r which were not listed on	
	•	hese new services on S				. ,,
3	•	n cease conducting, or		nt changes in how it c	onducts, any program	
	If "Yes," describe t	hese changes on Scheo	ule O			
4	expenses Section		) organization	s are required to repo	nree largest program services, rt the amount of grants and allo	•
4a	(Code	) (Expenses \$	69,833,074	ıncludıng grants of \$	29,235,405 ) (Revenue \$	50,768,842 )
	CONSIDERED A "LIBER ACADEMIC PROGRAMS	RAL ARTS" UNIVERSITY, MAR S WHICH INCLUDE ARTS, SC ES COMMISSION ON HIGHER	YWOOD HAS FIVE ENCES, FINE ART	DEGREE-GRANTING COLLE S, MUSIC, SOCIAL WORK,	E INSTRUCTION TO 1,972 FULL-TIME EGES, AND OFFERS UNDERGRADUATE ARCHITECTURE, AND NURSING MAR DE ARCHITECTURE, PHYSICIAN ASSIS	DEGREES IN OVER SIXTY YWOOD IS FULLY ACCREDITED
4b	(Code	) (Expenses \$	7,804,470	including grants of \$	) (Revenue \$	12,822,050 )
	MEDIA, COMPUTER SE		SERVICES, TECH	INOLOGY, AND ART & GALL	STRUCTIONAL AREAS NOTED ABOVE ERIES FACULTY AND STAFF ARE ENC FUNDING AGENCIES	
4c	(Code	) (Expenses \$	9,101,121	including grants of \$	) (Revenue \$	12,329,945 )
	STUDENTS, AND CAME		ERED NINE ON-CA	AMPUS HOUSING OPTIONS	ENTS AND FOOD SERVICES TO RESID AND FIVE DINING VENUES THE UNIV	
4d	Other program sei	rvices (Describe in Sch	edule O )			
	(Expenses \$	•	uding grants o	of\$	) (Revenue \$	)
4e	Total program ser	vice expenses 🕨	86,738,665	5		

# 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
<b>L</b> 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	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 (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ ${\mathfrak S}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4	Enter the number reported in Box 2 of Form 1006 Enter 0 of not applicable 145 1		Yes	No
та b	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,057  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ĭ	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	) ]	Vac	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6-	Does the ergonization have applied gross receipts that are normally greater than \$100,000, and did the	5c		N.o.
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?	7u 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
Ī	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
8	Form 1098-C?	7h		
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
	1250	   <sub>14-</sub>	   <b>i</b>	NI a
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Νo
D	in les uas o meda com 770 la lebou mese bayments (11 No. biovide au explanation in Schedule U.,			

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

Check if Schedule O	contains a response or note to any line in this Part VI						_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	je Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>le Cod</i> <b>Yes</b>	e.) <b>No</b>
		evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►PATRICK E CASTELLANI ASSISTANT TREASURER CONTROLLER

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,519,719	0	269,897

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►29

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo			
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						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			

#### **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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation					
SORDONI CONSTRUCTION SERVICES INC 45 OWEN STREET FORTY FORT, PA 18704	GENERAL CONTRACTING	18,856,229					
CHARTWELLS COMPASS GROUP USA PO BOX 427632 BOSTON, MA 02241	DINING SERVICES	4,844,245					
HEMMLER CAMAYD PC 409 LACKAWANNA AVE SUITE 400 4TH SCRANTON, PA 18503	ARCHITECTS	632,497					
ACADEMIC CENTERS ABROAD LLC 1 EXECUTIVE BOULEVARD 4TH FLOOR YONKERS, NY 10701	STUDENT SERVICES	449,250					
DATATEL 4375 FAIR LAKES COURT FAIRFAX, VA 22033	IT SERVICES	433,823					
2 Total number of independent contractors (including but not limited to those listed above) who received more than							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶26

Part V	Ш	Statement of Check of Sched	of Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			
,				2	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्र	1a	Federated cam	paigns 1a					
ant Jun	Ь	Membership du	ies <b>1b</b>					
, Gi	С	Fundraising ev	ents <b>1c</b>	385,471				
iffs ar A	d	Related organiz	zations 1d					
s, G mil	е	Government grant	s (contributions) <b>1e</b>	4,502,601				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	6,738,506	ł	i		
but the		similar amounts no	ot included above ons included in lines		ļ	-		
ntri d O	g	1a-1f \$	ons included in lines	512,375				
Cont	h	Total. Add line	s 1a-1f	· · · · •	11,626,578			
le				Business Code				
venu	2a	TUITION & FEES		611600	75,565,726	75,565,726		
æ	Ь	SALES & SVCS-AUX	_	721310	7,308,187		407,932	6,900,255
ИСе	С	EDUCATION RELAT		611710	215,253	215,253		
Ser	d	SALES & SVCS-EDU	UCATIONAL	611710	139,858	139,858		
ran	e f	Δ II other progr	am service revenue					
Program Serwce Revenue	'							
<u>н</u>	g		s 2a – 2f		83,229,024			
	3		ome (including dividend ar amounts)		503,640			503,640
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .						
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)  Net rental inco	me or (loss)					
	_		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,697,000	12,695				
		assets other than inventory						
	ь	Less cost or other basis and	401,012	5,215				
	c	sales expenses Gain or (loss)	1,295,988	7,480				
	d		ss)		1,303,468			1,303,468
Other Revenue	8a	events (not inc \$385 of contributions	5,471 s reported on line 1c)					
Вe		See Part IV, lir	a l	39,250				
her	b	Less direct ex	penses b	76,324				
ŏ	С		ار(loss) from fundraising) آ	events 🛌	-37,074			-37,074
	9a		from gaming activities ne 19 <b>a</b>					
			penses <b>b</b>					
		Gross sales of returns and allo		·				
		<u>-</u>	a .	5,021,758				
			oods sold . . <b>b</b>   (loss) from sales of inve	133,813 entory	4,887,945			4,887,945
	Ť	Miscellaneou	· · · · · · · · · · · · · · · · · · ·	Business Code	.,			., , , .
	11a	PARKING & TR	RAFFIC FINES	900099	238,800			238,800
	b	DEPOSITS, A	DJUSTMENTS,	900099	94,963			94,963
	С	ETC BAD DEBT RE	COVEDIES	900099	43,482			43,482
	d	All other reven			60,556			60,556
	e	Total. Add lines	ı	🕨	427.001			· ·
	12	Total revenue.	See Instructions	<b>.</b>	437,801			
	I			-1	101,951,382	75,920,837	407,932	13,996,035

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must comp

section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete	olumn (A
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	Check if Schedule O contains a response or note to any line in this	Part IX	<u></u>	<u></u>	<u></u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	29,235,405	29,235,405		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	, ,	, ,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	808,411	808,411		
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	32,101,334	25,922,801	5,524,678	653,855
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,874,395	1,465,481	362,581	46,333
9	Other employee benefits	7,129,351	4,568,775	2,412,397	148,179
10	Payroll taxes	2,276,863	1,869,561	362,368	44,934
11	Fees for services (non-employees)				
а	Management				
ь	Legal	152,072	455	151,617	
c	Accounting	95,125		95,125	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	53,894			53,894
f	Investment management fees	32,579		32,579	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,876,925	2,877,023	971,453	28,449
12	Advertising and promotion	318,445	282,728	35,053	664
13	Office expenses	4,870,017	3,784,564	1,002,635	82,818
14	Information technology				
15	Royalties	279,913	157,805	118,458	3,650
16	Occupancy	2,678,308	2,665,312	12,996	·
17	Travel	905,884	794,242	73,284	38,358
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	•
19	Conferences, conventions, and meetings				
20	Interest	1,831,495	1,831,495		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,687,623	4,900,487	787,136	
23	Insurance	413,598	295,111	118,487	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD SERVICE	4,512,555	4,512,555		
b	BAD DEBT	677,242		677,242	
c	ENTERTAINMENT	426,111	343,900	73,412	8,799
d	EDUCATION AND ACTIVITIE	240,537	240,537		
e	All other expenses	228,771	182,017	43,499	3,255
25	Total functional expenses. Add lines 1 through 24e	100,706,853	86,738,665	12,855,000	1,113,188
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	T A	Check if Schedule O contains a response or note to any line ii	n this	Part X			
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing			12,600	1	12,600
	2	Savings and temporary cash investments			6,416,995	2	7,432,101
	3	Pledges and grants receivable, net			7,638,480	3	5,777,191
	4	Accounts receivable, net			2,299,835	4	2,968,718
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete I Schedule L	Part II	of		5	
Assets	6	Loans and other receivables from other disqualified persons ( $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	d conti emplo	buting employers		6	
\$\$ (	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			12,235	8	17,554
	9	Prepaid expenses and deferred charges			401,740		473,932
	10a			234,925,173	,		
	ь	Less accumulated depreciation	10b	80,865,079	133,729,374	10c	154,060,094
	11	Investments—publicly traded securities			38,249,562	11	34,327,808
	12	Investments—other securities See Part IV, line 11			1,084,876	12	1,060,248
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11			3,035,849	15	1,693,764
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			192,881,546		207,824,010
	17	Accounts payable and accrued expenses			8,553,109		11,462,873
	18	Grants payable	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18			
	19	Deferred revenue			3,537,680		4,105,178
	20	Tax-exempt bond liabilities			41,200,520	20	39,494,891
	21	Escrow or custodial account liability Complete Part IV of Sc			11,200,020	21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	tors,			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ä	23	Secured mortgages and notes payable to unrelated third part			12,769,891	23	27,017,406
	24	Unsecured notes and loans payable to unrelated third parties			, ,	24	<u> </u>
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	lated t	hird parties,			
		D			3,028,410	25	2,804,944
	26	Total liabilities. Add lines 17 through 25			69,089,610	26	84,885,292
seo		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ ar	nd complete			
e G	27	Unrestricted net assets			91,090,821	27	92,149,838
<u>8</u>	28	Temporarily restricted net assets			10,930,928	28	9,257,295
Ξ	29	Permanently restricted net assets			21,770,187	29	21,531,585
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	- │ and			
S 0.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
AS	32	Retained earnings, endowment, accumulated income, or other				32	
Šet	33	Total net assets or fund balances			123,791,936	33	122,938,718
Z	34	Total liabilities and net assets/fund balances			192,881,546	34	207,824,010
					. ==,00.,010		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					
					•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		101,9	951,382	
2	Total expenses (must equal Part IX, column (A), line 25)	2		100,7	06,853	
3	Revenue less expenses Subtract line 2 from line 1	<b>3</b> 1,244,52				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		123,7	91,936	
5	Net unrealized gains (losses) on investments	5		-1,1	.03,564	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 5	94,183	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		122,9	38,718	
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 区	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash 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		Νo	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate				
	Separate basis Consolidated basis Both consolidated and separate basis				1	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O				1:	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a		No	
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			

Software ID: Software Version:

**EIN:** 24-0795453

Name: MARYWOOD UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor,	ox, u an of trus	inless fficer tee)		(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	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,1033 MI3C)	2/1033-14136/	related organizations	
(1) SISTER ANNE MUNLEY IHM	35 00	х		Х				0	0	1,362	
PRESIDENT (1) ANN R HENRY PHD	1 00										
CHAIR		Х						0	0	0	
(2) MARY ELLEN MCDONOUGH	1 00	x						0	0	0	
VICE CHAIR		^						0	· ·	Ů.	
(3) JAMES G GAVIN	1 00	X						0	0	0	
TREASURER (4) LISA A LORI ESQ	1 00										
SECRETARY		Х						0	0	0	
(5) MARY ANN CONABOY ABRAHAMSEN	1 00	, , , , , , , , , , , , , , , , , , ,									
TRUSTEE		Х						0	0	0	
(6) LORRAINE BREEN	1 00	X						0	0	0	
TRUSTEE (7) PATRICK BRIER	1 00										
TRUSTEE		Х						0	0	0	
(8) MICHAEL E BUGNO	1 00										
TRUSTEE		X						0	0	0	
(9) SISTER MARY ANN CODY IHM	1 00	х						0	0	0	
TRUSTEE									, and the second		
(10) SUSAN COGNETTI	1 00	Х						0	0	О	
TRUSTEE (11) LEE A DEHIHNS III	1 00										
TRUSTEE		X						0	0	0	
(12) SISTER SUZANNE DELANEY IHM	1 00	x						0	0	0	
TRUSTEE		^						0			
(13) FRANK A EPIFANO	1 00	х						0	0	0	
TRUSTEE (14) PIA FERRARIO	1 00						$\vdash$				
TRUSTEE		Х						0	0	0	
(15) PATRICK J FRICCHIONE MD	1 00	V						0	0	0	
TRUSTEE		X						0	0	Ů,	
(16) SISTER NANCY HAWKINS IHM	1 00	X						0	0	0	
TRUSTEE (17) MICHAEL INSALACO	1 00										
TRUSTEE		Х						0	0	О	
(18) WILLIAM R LYNETT	1 00							_	_	_	
TRUSTEE		Х						0	0	0	
(19) DOROTHY L MAGNOTTA	1 00	X						0	0	0	
TRUSTEE (20) SISTER ELLEN MARONEY IHM	1 00				-						
		х						0	0	0	
TRUSTEE (21) SISTER MARY ELLEN MERRICK IHM	1 00										
TRUSTEE		Х						0	0	0	
(22) MARION MUNLEY	1 00	x						0	0	0	
TRUSTEE		<u> </u>					<u> </u>				
(23) CATHERINE G QUINNAN	1 00	x						0	0	0	
TRUSTEE (24) MARY KAY ROTERT	1 00										
TRUSTEE		х						0	0	0	
					1	-		I.	1	·	

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

Name and Title	Compensated Employees, and Independent Contractors												
Organizations   Organization	(A) Name and Title	hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)				compensation from the organization (W-	compensation from related organizations (W-	of other compensation from the				
TRUSTEE		organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1033 11130)	2/1033 (1130)	related		
IRUSTEE	• •		,						0	0	0		
TRUSTEE			^						0	0			
TRUSTEE   1 00   X	(1) VIRGINIA P SHIELDS	1 00											
CQ JOHN F SWEREY SR			×						0	0	0		
TRUSTEE (3) JOHN TIGHE III 1 00		1 00											
(3) ONEN T TIGHE III 100 X 0 0 0 0 TRUSTEE			X						0	0	0		
TRUSTEE  (4) MONSIGNOR DAVID LTRESSER  (5) ANN BOLAND-CHASE  (6) ODSEH X CARVEY JR  (6) ODSEH X CARVEY JR  (7) DE RARGHERAL CONTROLLER  (8) DOSEH X CARVEY LEE  (8) DR ALAN LEVINE  (8) DR ALAN LEVINE  (9) MARY THERESA PATERSON  (9) MARY THERESA PATERSON  (10) RENEZ ZEHEL  (35 00  X X 125,423  X 20,055  X 33,327  X 185,865  (9) MARY THERESA PATERSON  (10) RENEZ ZEHEL  (35 00  X X 125,649  X 26,799  X 127,594  X 127,5		1 00											
(4) MONSIGNOR DAVID LTRESSLER 1 0 0			x						0	0	0		
TRUSTEE		1.00											
(5) ANN BOLAND-CHASE 35 00 X 129,084 0 25,423   VP FOR ENROLLMENT MANAGEME (6) JOSEPH X GARKEY JR 35 00 X 175,735 0 30,125   VP FOR BUSINESS AFFAIRS,TR (7) R RAYMOND HEATH 35 00 X 183,335 0 20,055   VP FOR STUDENT LIFE (8) DR ALAN LEVINE 35 00 X 185,865 0 33,327   VP FOR ACADEMIC AFFAIRS (9) MARY THERESA PATERSON 35 00 X 86,018 0 23,649   SEC OF UNIV JGENERAL COUN	` '		x						0	0	0		
VP FOR ENROLLMENT MANAGEME   X													
VP FOR ENROLLIMENT MANAGEME	(5) ANN BOLAND-CHASE				x				129.084	0	25.423		
YP FOR BUSINESS AFFAIRS/TR										-			
VP FOR BUSINESS AFFAIRS/TR	• •				l ,				175 725	0	20 125		
X					^				175,735	0	30,123		
VP FOR STUDENT LIFE	(7) DR RAYMOND HEATH	35 00								_			
Residual Center   Section   Residual Center   Section   Residual Center   Residual					X				183,335	0	20,055		
VP FOR ACADEMIC AFFAIRS       (9) MARY THERESON       35 00       X       86,018       0       23,649         SEC OF UNIV /GENERAL COUN       X       86,018       0       23,649         SEC OF UNIV /GENERAL COUN       X       120,501       0       26,799         VP FOR UNIVERSITY ADVANCEM       X       120,501       0       26,799         VP FOR UNIVERSITY ADVANCEM       X       127,631       0       26,338         DEAN, HEALTH/HUMAN SERVICES       X       127,631       0       26,338         (12) GREGORY KEANE HUNT       35 00       X       127,594       0       25,730         DEAN, SCHOOL OF ARCHITECTU       X       129,997       0       27,654         USAN, CREATIVE AND PERFORM       X       129,997       0       27,654         DEAN, CREATIVE AND PERFORM       X       122,651       0       14,113         ASSOCIATE PROFESSOR       X       122,651       0       14,113         (15) DR CHRISTOPHER SPEICHER       35 00       X       131,308       0       15,322		35 00											
X   86,018   0   23,649					Х				185,865	0	33,327		
SEC OF UNIV / GENERAL COUN					Ų				96.019	0	22.640		
X   120,501   0   26,799					^				00,010	0	23,049		
VP FOR UNIVERSITY ADVANCEM	(10) RENEE ZEHEL	35 00								_			
11 DR MARK RODGERS   35 00   X   127,631   0   26,338					X				120,501	0	26,799		
DEAN, HEALTH/HUMAN SERVICES       35 00       X       127,594       0       25,730         DEAN, SCHOOL OF ARCHITECTU       X       127,594       0       25,730         (13) COLLIER PARKER       35 00       X       129,997       0       27,654         DEAN, CREATIVE AND PERFORM       X       129,997       0       27,654         (14) DUMDUM JR DR ULDARICO REX       35 00       X       122,651       0       14,113         ASSOCIATE PROFESSOR       X       131,308       0       15,322		35 00											
(12) GREGORY KEANE HUNT       35 00       X       127,594       0       25,730         DEAN, SCHOOL OF ARCHITECTU       35 00       X       129,997       0       27,654         DEAN, CREATIVE AND PERFORM       X       129,997       0       27,654         (14) DUMDUM JR DR ULDARICO REX       35 00       X       122,651       0       14,113         ASSOCIATE PROFESSOR       X       131,308       0       15,322							X		127,631	0	26,338		
X   127,594   0   25,730		35.00											
(13) COLLIER PARKER       35 00       X       129,997       0       27,654         DEAN, CREATIVE AND PERFORM       X       129,997       0       27,654         (14) DUMDUM JR DR ULDARICO REX       35 00       X       122,651       0       14,113         ASSOCIATE PROFESSOR       X       131,308       0       15,322							x		127,594	0	25,730		
X   129,997   0   27,654		35.00		-									
(14) DUMDUM JR DR ULDARICO REX       35 00       X       122,651       0       14,113         ASSOCIATE PROFESSOR       35 00       X       131,308       0       15,322	• •						x		129,997	0	27,654		
X   122,651   0   14,113   ASSOCIATE PROFESSOR     X   131,308   0   15,322   15,322   15   16   16   17   17   17   17   17   17	- ·												
ASSOCIATE PROFESSOR (15) DR CHRISTOPHER SPEICHER 35 00 X 131,308 0 15,322	• •						<sub>x</sub>		122,651	n	14.113		
									122,931	Ů	1.,113		
	• •						,		121 200	_	15 222		
<u> </u>									131,306		13,322		

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DLN: 93493137054246

OMB No 1545-0047

#### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

**Employer identification number** Name of the organization MARYWOOD UNIVERSITY 24-0795453 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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#### DLN: 93493137054246

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Nar	ne of the organization YWOOD UNIVERSITY	,	Employer identification number
Pa	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		unds or Accounts. Complete if the
	organization answered Tes to Form 550,	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor advised Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?		
aı	t II Conservation Easements. Complete if	the organization answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreation	<u> </u>	n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation
			Held at the End of the Year
1	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified history	rıc structure ıncluded ın (a)	2c
	Number of conservation easements included in (c) acquired historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferred the tax year ▶	ed, released, extinguished, or terminat	ed by the organization during
	Number of states where property subject to conservation	on easement is located ►	
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments during the year
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s during the year
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	l) above satisfy the requirements of se	ction 170(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financia	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Other Similar Assets.
3	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education,	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		or financial gain, provide the
1	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
ь	Accets included in Form 990 Part V		<b>▶</b>

Part	Organizations Maintaining Co	llections of Art, H	istori	cal Treas	sures, or Oth	er Similar As	sets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records,	check	any of the f	ollowing that are	a significant use	of its	
а	Public exhibition	d		Loan or e	xchange progran	าร		
b	Scholarly research	е		Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIII	ollections and explain h	ow the	y further th	e organızatıon's	exempt purpose i	n	
5	During the year, did the organization solicit						_	_
	assets to be sold to raise funds rather than t						Yes	✓ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an				ion answered	'Yes" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				s or other asset		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing t	able				
						An	nount	
С	Beginning balance				10	:		
d	Additions during the year				10	1		
е	Distributions during the year				16			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	1, for e	scrow or cu	istodial account	liability?	┌ Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	planatı	on has bee	n provided in Pai	tXIII		Γ
Pa	rt V Endowment Funds. Complete							
		· · · · · · ·	<b>b)</b> Prior y		Two years back (	•	(e)Four ye	
1a	Beginning of year balance	41,437,546		046,968	35,698,557	35,506,913		28,258,110
Ь	Contributions	581,849		790,147	842,008	473,367		1,328,503
С	Net investment earnings, gains, and losses	2,321,491	3,	581,816	2,433,278	618,687		6,762,454
d	Grants or scholarships	969,000		940,000	883,000	855,000		804,000
е	Other expenditures for facilities and programs							
f	Administrative expenses	41,010		41,385	43,875	45,410		38,154
g	End of year balance	43,330,876	41,	437,546	38,046,968	35,698,557	3	35,506,913
2	Provide the estimated percentage of the curr		lıne 1g	, column (a	)) held as			
а	Board designated or quasi-endowment ►	36 000 %						
b	Permanent endowment ► 64 000 %							
c	Temporarily restricted endowment ►  The percentages in lines 2a, 2b, and 2c shot	) % uld equal 100%						
За	Are there endowment funds not in the posses	ssion of the organizatio	n that	are held and	d administered fo	or the		
	organization by						Yes	No
	(i) unrelated organizations					3a( 3a(		No
b	(ii) related organizations		 Sched	· · ·		<u> </u>		140
4	Describe in Part XIII the intended uses of the	•				· · · <u> </u>	<u></u>	
Par	t VI Land, Buildings, and Equipme				nswered 'Yes' t	o Form 990, Pa	rt IV, lır	 ne
	11a. See Form 990, Part X, line							
	Description of property			Cost or other s (investment		(c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
1a	Land				1,543,92	7	] ;	1,543,927
b	Buildings				185,436,37	75,780,102	109	9,656,273
c	Leasehold improvements							
d	Equipment				274,92	91,644	ł l	183,280
	Other	<u> </u>			47,669,94	7 4,993,333	3 42	2,676,614
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X, co	olumn (	B), line 10(c	c).)	<del>.</del>	154	4,060,094
						Schedule D	Form 9	90) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	 aluation
(a) bescription of investment	(b) book value	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization		), Part IV, line 11d See F	
(a) Descrip	otion		(b) Book value
	. ,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			no 110 or 115 C
Part X Other Liabilities. Complete if the organization of the Part X, line 25.	nization answered 'Yes' t	o ronn 990, Part IV, I	me 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
STUDENT DEPOSITS	985,859		
REFUNDABLE ADVANCES FOR FEDERAL STUDENT			
LOANS	1,444,334		
INTEREST RATE SWAP	374,751		
Table (Orbital (I) and a 15 and 5 are 15 and 5			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,804,944		1.1.1

Schedule D (Form 990) 2014  Part XI Reconciliation of	Revenue per Audited Financial S	Statements	With Revenue r	er Re	Page <b>4</b>
the organization an	swered 'Yes' to Form 990, Part IV, lır	ne 12a.	Train Revenue p		·
	her support per audited financial statemen but not on Form 990, Part VIII, line 12	ts		1	71,398,639
	s) on investments	2a	-1,103,564		
	f facilities	2b	39,211		
	nts	. 2c	-29,698,527		
e Add lines 2a through 2d				2e	-30,762,880
				3	102,161,519
	990, Part VIII, line 12, but not on line 1	1 4- 1			
·	cluded on Form 990, Part VIII, line 7b.	4a   4b	-210,137		
·				4c	-210,137
	nd <b>4c.</b> (This must equal Form 990, Part I,	•		5	101,951,382
	<b>Expenses per Audited Financial</b> answered 'Yes' to Form 990, Part IV,		With Expenses	s per	<b>Return.</b> Complete
	per audited financial statements			1	72,251,857
	but not on Form 990, Part IX, line 25		20.211		
	f facilities	. 2a 2b	39,211	-	
•				1	
<b>d</b> Other (Describe in Part XIII	:)	. 2d	210,137	]	
•				2e	249,348
	990, Part IX, line 25, but not on line <b>1:</b>			3	72,002,509
	cluded on Form 990, Part VIII, line 7b .	. 4a			
<b>b</b> Other (Describe in Part XIII	:)	. 4b	28,704,344	]	
				4c	28,704,344
Total expenses Add lines 3  Part XIII Supplemental I	and <b>4c.</b> (This must equal Form 990, Part I	, line 18 ) .	<u> </u>	5	100,706,853
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 I information	XI, lines 2d and 4b, and Part XII, lines 2d	and 4b Also co	omplete this part to	provid	e any additional
Return Reference	Explanatio	n			
PART III, LINE 4	MARYWOOD UNIVERSITY ART GALL PROGRAMS THAT PROVIDE OPPOR				
	TO THE VISUAL LITERACY OF BOTH	THE INSTITU	ITION AND GREAT	TER C	OMMUNITY THE ART
	GALLERIES ARE COMMITTED TO CO CONTEMPORARY AND HISTORICAL	VISUALARTS	FOR THE ACADE	MICC	OMMUNITY WITH
	OUTREACH AND COLLABORATIVE F ACCOMPANYING EVENTS ARE FREE				
	AND THE GENERAL PUBLIC CURRENTS OF OBJECTS FROM THE PERMANENT				
	WEB PAGE AT WWW MARYWOOD ED	U/GALLERIES	THE SURACI GAL	LERY I	MAINTAINS
	MARYWOOD'S PERMANENT COLLEC COLLECTION CONSISTS OF PAINT!	INGS, FURNIT	JRE, IVORIES, TA	PESTR	IES, AND
	CERAMICS BRONZE AND MARBLE S THE 19TH CENTURY COLLECTION 1				
	DECORATIVE ARTS ARE DISPLAYED NATIONAL, AND INTERNATIONAL A	FEATURE EX	HIBITIONS THAT	SHOV	VCASE REGIONAL,
	HIGHLIGHTED DURING THE YEAR II	N A RECENTLY	RENOVATED EXH	IIBITI	ON SPACE
PART V, LINE 4	THE INTENDED USE OF THE ENDOW STUDENTS OR PROGRAMS THAT FIT				
	SCHOLARSHIP AGREEMENT THE MA FOR STUDENT AWARDS, BUT THERE				
	SUPPORT A PARTICULAR PROGRAM APPROXIMATELY 100 INDIVIDUAL	I THE UNIVER	SITY'S ENDOWME	NT CC	NSISTS OF
	ENDOWMENT INCLUDES BOTH DON	OR-RESTRICT	ED ENDOWMENT	FUNDS	S AND FUNDS
	DESIGNATED BY THE BOARD OF TR BY ACCOUNTING PRINCIPLES GENE	ERALLY ACCEI	PTED IN THE UNIT	ED ST	ATES OF AMERICA,
	NET ASSETS ASSOCIATED WITH EN THE BOARD OF TRUSTEES TO FUNC				
	REPORTED BASED ON THE EXISTEN THE BOARD OF TRUSTEES OF THE L				
	REQUIRING THE PRESERVATION OF	F THE FAIR VA	LUE OF THE ORIG	SINAL	GIFT AS OF THE
	STIPULATIONS TO THE CONTRARY	AS A RESULT	OF THIS INTERP	RETAT	ION, THE
	UNIVERSITY CLASSIFIES AS PERMA VALUE OF GIFTS DONATED TO THE	PERMANENT	ENDOWMENT, (B)	THEO	RIGINAL VALUE OF
	SUBSEQUENT GIFTS TO THE PERMA PERMANENT ENDOWMENT MADE IN				
	APPLICABLE DONOR GIFT INSTRUM THE FUND THE REMAINING PORTIC				
	IS NOT CLASSIFIED IN PERMANENT TEMPORARILY RESTRICTED OR UNI	TLY RESTRICT	ED NET ASSETS I	S CLAS	SSIFIED AS EITHER
	DONOR RESTRICTIONS OR BY LAW	THE UNIVERS	SITY CONSIDERS	THE FO	OLLOWING FACTORS
	IN MAKING A DETERMINATION TO ENDOWMENT FUNDS 1 THE DURAT	ION AND PRE	SERVATION OF T	HE FUI	ND 2 THE
	PURPOSES OF THE UNIVERSITY AN GENERAL ECONOMIC CONDITIONS				
	DEFLATION 5 THE EXPECTED TOTAL INVESTMENTS 6 OTHER RESOURCE				
	THE UNIVERSITY THE UNIVERSITY FOR ENDOWMENT ASSETS THAT AT	HAS ADOPTE	D INVESTMENT A	ND SPI	ENDING POLICIES
	FUNDING TO PROGRAMS SUPPORTE	ED BY ITS END	OWMENT WHILE	SEEKI	NG TO MAINTAIN
	THE PURCHASING POWER OF THE E THOSE ASSETS OF DONOR-RESTRIC				
	PERPETUITY OR FOR A DONOR-SPE FUNDS UNDER THIS POLICY, AS AP				
	ASSETS ARE INVESTED IN A MANNI EXCEED THE PRICE AND YIELD RES	ER THAT IS IN	TENDED TO PROD	DUCE	RESULTS THAT
	MODERATE LEVEL OF INVESTMENT	RISK THE UN	IVERSITY EXPEC	TS ITS	S ENDO WMENT
	FUNDS, OVER TIME, TO PROVIDE A PERCENT ANNUALLY ACTUAL RETU	JRNS IN ANY C	SIVEN YEAR MAY	VARY I	FROM THIS
	AMOUNT TO SATISFY ITS LONG-TE RELIES ON A TOTAL RETURN STRAT			,	
	THROUGH BOTH CAPITAL APPRECI YIELD (INTEREST AND DIVIDENDS)				
	ALLOCATION THAT PLACES A GREAT ACHIEVE ITS LONG-TERM RETURN	ATER EMPHAS	IS ON EQUITY-BA	SED I	NVESTMENTS TO
	UNIVERSITY HAS A POLICY OF APP	ROPRIATING	FOR DISTRIBUTION	N EA	CH YEAR 3 5 TO 5
	PERCENT OF ITS ENDOWMENT FUNI QUARTERS THROUGH THE CALENDA				
	THE DISTRIBUTION IS PLANNED IN CONSIDERED THE LONG-TERM EXP				
	OVER THE LONG TERM, THE UNIVER	RSITY EXPECT	S THE CURRENT S	SPEND	ING POLICY TO
	CONSISTENT WITH THE UNIVERSIT	Y'S OBJECTIV	'E TO MAINTAIN	THE PU	JRCHASING POWER
	TO PROVIDE ADDITIONAL REAL GR	OWTH THROU	GH NEW GIFTS AN	ID INV	ESTMENT RETURN
PART X, LINE 2	THE UNIVERSITY IS EXEMPT FROM INTERNAL REVENUE CODE INCOM				
	TAXABLE THE UNIVERSITY BELIEV INCOME AND ACCORDINGLY, NO PI	ES SUBSTANT	IALLY ALL OF ITS	INCO	ME IS RELATED
	ACCOMPANYING FINANCIAL STATE	EMENTS THE	UNIVERSITY'S PO	LICY I	IS TO RECOGNIZE
	INTEREST RELATED TO UNRECOGN PENALTIES IN OPERATING EXPENS	ES THE UNIV	ERSITY'S FORM 99	90, RE	TURN OF
	ORGANIZATION EXEMPT FROM INC THROUGH JUNE 30, 2015 REMAIN S				
PART XI, LINE 2D - OTHER	SERVICE SCHOLARSHIPS -29,235,405 UNRE				
ADJUSTMENTS	SCHOLARSHIP ADJUSTMENT FROM	<b>EXPENSES 53</b>	1,061 CHANGE I	N SPLI	TINTEREST
PART XI, LINE 4B - OTHER	COST OF GOODS SOLD -133,813 F			4,21 كار	. 2
ADJUSTMENTS	·		•		
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 133,813 FU	NUKAISER EX	reinses /6,324		
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS 29,235,405 SCHOL	LARSHIP ADJU	STMENT FROM EX	(PENS	ES-531,061

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493137054246

OMB No 1545-0047

#### **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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization MARYWOOD UNIVERSITY  Employer identification				on number			
PIAKI		24-0795453					
Pa	rt I			YES	NO		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes			
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student adriprograms, and scholarships?		2	Yes			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way	3	Yes			
4	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes			
ı	Records documenting that scholarships and other financial assistance are awarded on a racially in basis?	nondiscriminatory	45	\			
,	Dasis? Copies of all catalogues, brochures, announcements, and other written communications to the pu	blic dealing	4b	Yes			
	with student admissions, programs, and scholarships?	bile dealing	4c	Yes			
	d Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes			
5	Does the organization discriminate by race in any way with respect to  Students' rights or privileges?		5a		No		
ı	b Admissions policies?		5b		No		
•	Employment of faculty or administrative staff?		5c		Νo		
(	d Scholarships or other financial assistance?		5d		No		
•	e Educational policies?		5e		Νo		
1	f Use of facilities?		5f		Νo		
9	g Athletic programs?		5g		No		
ı	h Other extracurricular activities?		5h		No		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Part II		6a 6b	Yes	No		
7	Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev. Proc. 75-50, 1975-2 C. B. 587, covering racial pondiscrimination? If "No." explain on Pai		_	\ ,			

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	CLEARLY STATED ON MOST ADMISSIONS ADVERTISEMENTS AND PUBLICATIONS ALSO DISCLOSED ON THE SUPPLEMENTAL MATERIAL CREATED BY THE MARKETING AND COMMUNICATIONS OFFICE
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY AWARDS GRANTS-IN-AID AND SCHOLARSHIPS TO INDIVIDUALS WHO MEET THE UNIVERSITY'S ACADEMIC STANDARDS THE AMOUNTS OF SUCH AWARDS ARE BASED UPON THE FINANCIAL NEEDS OF EACH APPLICANT ADDITIONAL FINANCIAL AID IS PROVIDED TO STUDENTS FROM FEDERAL AND STATE PROGRAMS IN WHICH THE UNIVERSITY PARTICIPATES AND FROM MONIES CONTRIBUTED TO THE UNIVERSITY BY ALUMNI AND FRIENDS OF THE UNIVERSITY CERTAIN STUDENTS OF THE UNIVERSITY WERE RECIPIENTS OF GRANTS UNDER THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE ACT ("PHEAA") AND THE PELL GRANTS PROGRAMS THE GRANTS ARE SIMILAR TO AGENCY FUNDS BECAUSE THE UNIVERSITY ACTED ONLY AS CUSTODIAN AND DISBURSING AGENT FOR THESE FUNDS HAD THESE AMOUNTS BEEN INCLUDED, REVENUES AND EXPENSES WOULD HAVE INCREASED BY \$2,479,000 IN 2015 AND \$3,054,000 IN 2014 FOR PELL

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493137054246

OMB No 1545-0047

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

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

Part I General Information on Activities Outside the United States. Complete if the organization answered

Department of the Treasury Internal Revenue Service

Name of the organization

MARYWOOD UNIVERSITY

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

**Employer identification number** 

24-0795453

	"Yes" to Form 990, Pai	rt IV, line 14b	1							
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ring the use of its grants	and other				
3	Activites per Region (The follow	ung Part I, line 3	table can be d	uplicated if additional sp	pace is needed )					
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in region				
(1	SUB-SAHARAN AFRICA	0	21	PROGRAM SERVICES	THE SISTERS LEADERSHIP DEVELOPMENT INITIATIVE ("SLDI") PHASE II YEAR 3 PROGRAM EVALUATION IS AN OBJECTIVES-BASED ASSESSMENT USING CRITERIA OUTLINED IN THE PROJECT PROPOSAL TO THE CONRAD N HILTON FOUNDATION IT TARGETS 1 PROJECT OUTPUTS, 2 PARTICIPANT SKILLS AND KNOWLEDGE, 3 PROJECT MANAGEMENT, AND 4 PROJECT OUTCOMES 1 PROJECT OUTPUTS AND PARTICIPANT DEMO GRAPHICS WERE BASED ON DATA COLLECTED DURING THE SESSIONS AND RECORDED BY THE PARTICIPANT OR COORDINATOR 2 PARTICIPANT SKILLS AND KNOWLEDGE WERE ASSESSED PRE AND POST TRAINING THESE MEASURES WERE SELF-REPORT MEASURES, AND THE LIKERT SCALES WERE CONSTRUCTED TO ALIGN WITH THE EXPECTED COMPETENCIES INTEGRATED INTO THE TECHNOLOGY AND WEB-DESIGN CURRICULUM 3 PROJECT MANAGEMENT WAS ASSESSED USING OLIGN WITH THE EXPECTED COMPETENCIES INTEGRATED INTO THE TECHNOLOGY AND WEB-DESIGN CURRICULUM 3 PROJECT MANAGEMENT WAS ASSESSED USING OLATA INCLUDING (A) LEARNING ENVIRONMENT ASSESSMENT BY PARTICIPANTS AFTER EACH SESSION 4 THE FINAL OUTCOME OF THE PROJECT IS BASED ON ANNUAL DATA INCLUDING EVALUATIONS EVALUATIONS	2,341,100				
( 2										
( 3	)									
(4	)									
( 5										
	Sub-total	0	21			2,341,100				
	<ul> <li>Total from continuation sheets to Part I</li> <li>Totals (add lines 3a and 3b)</li> </ul>	0	21			2,341,100				

Schedule F (Form 990) 2014

Pa				i <b>zations or Entitie</b> ived more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
				I.	I .		

#### Part IV Foreign Forms

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

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID:

**Software Version:** EIN: 24-0795453

Name: MARYWOOD UNIVERSITY

Page 5

## Schedule F (Form 990) 2014

#### Part V Supplemental Information

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

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DLN: 93493137054246

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

SCHEDULE G

# **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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service

Name of the organization MARYWOOD UNIVERSITY					Employer iden	tification number
MART WOOD UNIVERSITY					24-0795453	
Part I Fundraising Acti filers are not requ	i <b>vities.</b> Complete in		janizatio	n answered "Yes" to	Form 990, Part IV, I	ıne 17. Form 990-EZ
a	icitations s a written or oral agree i Form 990, Part VII) st paid individuals or	ement with or entity   entities (f	e f g n any indir in connec	Solicitation of non-Solicitation of gove Special fundraising vidual (including officers tion with professional fundraising stores)	government grants ernment grants g events s, directors, trustees undraising services?	<b>Г∨ Yes Г N</b> draiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 STOCKADE CONSULTING GROUP 650 FRANKLIN STREET SCHENECTADY, NY	PHONATHON AGENT	Yes	No No	144,384	53,894	90,490
12305						
2						
3						
4						
5						
6						
7						
8						
9						
10						
otal			<b>.</b>	144,384	53,894	90,490
3 List all states in which the registration or licensing	organization is regist	ered or li	censed to	solicit contributions or	has been notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
		σ. σ	(a) Event #1  CENTENNIAL DINNER (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
<b></b>	1	Gross receipts	424,722		(cocar namber)	424,721
Revenue	2	Less Contributions	385,47			385,471
<u>~</u>	3	Gross income (line 1 minus line 2)	39,25			39,250
	4	Cash prizes				
د. د	5	Noncash prizes				
Expenses	6	Rent/facility costs	13,26	5		13,265
ă	7	Food and beverages .	22,81	2		22,812
Direct	8	Entertainment	4,81	5		4,816
Ā	9	Other direct expenses .	35,43	1		35,431
	10	Direct expense summary Add lin	es 4 through 9 in columr	n (d)		(76,324)
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)		-37,074
Par	t III	<b>Gaming.</b> Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered	"Yes" to Form 990, Pa	ırt IV, lıne 19, or rep	orted more than
Revenue	1	Gross revenue	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Cash prizes				
Expenses		Non-cash prizes				
		Rent/facility costs				
Direct		Other direct expenses				
		Volunteer labor	Г Yes	Г Yes <u>%</u> Г No	│ Yes %	
		Direct expense summary Add line	<u>-</u>			
9 a b	Ist	er the state(s) in which the organization licensed to conduction."  No," explain	t gaming activities in eac	th of these states?		
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	the tax year?	· · 「Yes 「No

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>				
11	Does the organization conduct gamii	ng activities with nonmembers?	┌ Yes	Г	No				
12	Is the organization a grantor, benefic	lary or trustee of a trust or a member of a partnership or other entity							
	formed to administer charitable gam	ng?	┌ Yes	Γ	No				
.3	Indicate the percentage of gaming a	ctivities conducted in							
а					%				
b	An outside facility				%				
4	Enter the name and address of the p	erson who prepares the organization's gaming/special events books and records							
	Name 🕨								
	Address ►								
.5a	Does the organization have a contra-	ct with a third party from whom the organization receives gaming							
	revenue?		┌ <sub>Yes</sub>	Г	No				
b	If "Yes," enter the amount of gaming	revenue received by the organization ► \$ and the							
	amount of gaming revenue retained b	y the third party 🟲 \$							
С	If "Yes," enter name and address of	the third party							
	Name 🟲								
	Address ▶								
6	Gaming manager information								
	Name 🟲								
	Gaming manager compensation ► \$								
	Description of services provided 🕨								
	☐ Director/officer	Employee Independent contractor							
7	Mandatory distributions	·							
а	Is the organization required under st	ate law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license? .		┌ Yes	Г	No				
b	Enter the amount of distributions rec	uired under state law distributed to other exempt organizations or spent							
	ın the organization's own exempt act								
Pai		t <b>ion.</b> Provide the explanations required by Part I, line 2b, columns (iii) 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform							
	Return Reference	Explanation							
	EDULE G, PART I, LINE 2B, UMN (V)	THE UNIVERSITY PAID STOCKADE CONSULTING GROUP TO ACT AS OUR PHONATHON AGENTS DURING FY 2014-2015 AS SUCH, STOCKADE CON CONTACTED ALUMNI, PARENTS, AND FRIENDS OF THE UNIVERSITY SOL FINANCIAL SUPPORT OF OUR INSTITUTIONAL MISSION IN PARTICULA GIFTS IN SUPPORT OF THE MARYWOOD SCHOLARSHIP FUND TO PROVID UNDERWRITE FINANCIAL AID AND SCHOLARSHIP AWARDS MADE BY THE DESERVING STUDENTS IN THE COURSE OF THEIR WORK, STOCKADE CONDUISED THESE SUPPORTERS OF NEW AND EXCITING CHANGES TO PROFIDE TO THE COURSE OF THE CO	NSULTIN LICITINO R, THEY DE RESC E UNIVE DNSULTI DGRAMS	NG ( G PI ' SO DUR ERS ING S AN	GROUP LEDGES UGHT CES TO ITY TO GROUP				

CHANGES TO BIOGRAPHIC AND DEMOGRAPHIC INFORMATION OF THE INDIVIDUALS CALLED STOCKADE CONSULTING GROUP ACTED STRICTLY IN THE ROLE OF OUR AGENT IN SECURING PLEDGES OF SUPPORT THE PROCESSING OF ALL PLEDGE PAYMENTS AND CREDIT CARD

TRANSACTIONS WERE HANDLED BY UNIVERSITY EMPLOYEES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493137054246 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization MARYWOOD UNIVERSITY 24-0795453 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Part III Grants and Other Assistance to Domestic Individuals. 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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SPONSORED SCHOLARSHIPS	754	578,198		CASH	
(2) NON-SPONSORED SCHOLARSHIPS	2241	28,126,146		CASH	
(3) STUDENT AID	58	531,061		CASH	

Part IV Supplemental In	<b>iformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
·	THE OFFICE OF FINANCIAL AID DETERMINES ELIGIBILITY OF EACH STUDENT WHO APPLIES FOR FINANCIAL AID, USING FORMULAS AND CRITERIA PROMULGATED BY VARIOUS FEDERAL, STATE, AND LOCAL GOVERNMENTAL BODIES, AS WELL AS MARYWOOD'S INTERNALLY ESTABLISHED RULES AND PROCEDURES

Schedule I (Form 990) 2014

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#### DLN: 93493137054246

### OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

**Compensation Information** 

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization MARYWOOD UNIVERSITY

**Employer identification number** 

24-0795453

Pai	rt 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 idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	preisonal services (e.g., maid, chamed)			
b	If any of the boxes in 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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ 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	ition		
а	Receive a severance payment or change-of-control payment?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501/5)/2) 501/5)/4) and 501/5)/20) annoting time and a simple time 5.0			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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			
а	The organization?	5a		No
	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III	JD		
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			
а	The organization?	6a		No
b	Any related organization?	6b		No
	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		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 ANN BOLAND-CHASE, VP FOR ENROLLMENT MANAGEME	(i) (ii)	129,084 0	0	0	13,492 0	11,931 	154,507 0	0
2 JOSEPH X GARVEY JR, VP FOR BUSINESS AFFAIRS/TR	(i) (ii)	175,735 0	0 0	0	17,952 0	12,173 0	205,860 0	0 0
3 DR RAYMOND HEATH, VP FOR STUDENT LIFE	(i) (ii)	183,335 0	0	0	18,409	1,646	203,390	0
4 DR ALAN LEVINE, VP FOR ACADEMIC AFFAIRS	(i) (ii)	185,865 0	0	0	19,018	14,309 0	219,192	0
5 DR MARK RODGERS, DEAN, HEALTH/HUMAN SERVICES	(i) (ii)	127,631 0	0	0	13,412	12,926	153,969 0	0
6 GREGORY KEANE HUNT, DEAN, SCHOOL OF ARCHITECTU	(i) (ii)	127,594 0	0	0	13,496 0	12,234 0	153,324 0	0
7 COLLIER PARKER, DEAN, CREATIVE AND PERFORM	(i) (ii)	129,997 0	0	0	13,631	14,023	157,651 0	0

Schedule J (Form 990) 2014

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
,	MARYWOOD'S PRESIDENT, SR ANNE MUNLEY, LIVES IN HOUSING OWNED BY MARYWOOD, SPECIFICALLY FOR THE PRESIDENT THIS HOUSING ALLOWANCE IS EXCLUDABLE FROM INCOME UNDER IRC SECTION 119 BECAUSE SISTER'S CONGREGATION TAKES A VOW OF POVERTY, ALL OF HER INCOME RELATED TO HER WORK FOR MARYWOOD GOES DIRECTLY TO THE CONGREGATION, AND IS THEREFORE NOT TAXABLE TO SISTER ANNE

Schedule J (Form 990) 2014

DLN: 93493137054246

OMB No 1545-0047

**Schedule K** (Form 990)

Department of the Treasury

### **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

**Inspection** 

Internal Revenue Service Name of the organization

**Employer identification number** 

	me of the organization ARYWOOD UNIVERSITY								Emt	Employer identification number					
									24-	-07954	53				
Pa	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	e price	<b>(f)</b> Descript	(f) Description of purpose			beha	On alf of uer		Pool ncing	
									Yes	No	Yes	No	Yes	No	
Α	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917NU77	02-03-2005	9,1	•	SERIES A OF 2 ADVNC-REF'D 2000 BONDS 8 COSTS		X		X		X		
В	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917N4Q4	04-15-2005	11,4		SERIES B OF 2 1999 D4 BNDS OF ATH FAC, F	, FIN CONSTR		Х		Х		Х	
c	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917RAZ8	12-15-2005	12,5	·	SERIES C OF 2 RENOV OF RES VAR CAP IMP,	HALL, FIN		×		X		Х	
D_	THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY	23-1708665	003642AH8	01-04-2007	14,9	·	RENOV OF RES	SERIES OF 2007 - TO FIN RENOV OF RESIDENCE HALL & OTHER CAP IMPROVMENTS				×		Х	
Pa	<b>Till</b> Proceeds														
						Α		В		С			D		
1	Amount of bonds retired					5,260,	000	1,120,000		1,300	0,000				
2	A mount of bonds legally defear  Total proceeds of issue	sea			10.250.152										
3 4	Gross proceeds in reserve fun-	de				10,268,152 11,466,757		12,590,428					,997,303		
<del>4</del> 5	Capitalized interest from proce				544,940		242,819					505,097			
6	Proceeds in refunding escrows				393,943			242	2,819			462,804			
7	Issuance costs from proceeds				142,834 161,197		176,557		5 5 5 7	7 205.20		205,201			
8	Credit enhancement from proc						000	161,197 323,210	341,441					274,787	
9	Working capital expenditures f					23,		323,210		J T .	,,,,,,			274,707	
10	Capital expenditures from proc	ceeds				60,9	924	9,759,679		11,506	5.871		13	,887,085	
11	Other spent proceeds					8,876,		700,000			,			, ,	
12	O ther unspent proceeds							,							
13	Year of substantial completion	l			20	005	20	006	2	007			2008		
					Yes	No	Yes	No	Yes	N	0	Yes		No	
14	Were the bonds issued as part	of a current refundir	ng issue?		Х		Х			X	(			X	
15	15 Were the bonds issued as part of an advance refunding issue?			Х			X		×	(			Х		
16	16 Has the final allocation of proceeds been made?			Х		Х		Х			Х				
17					Х		х		Х			Х			
Pai	t IIII Private Business U	se			_										
i					Vos	A No	Vos	B	W	C		N/ -	D	N-	

property financed by tax-exempt bonds?

1

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

Yes

No

Χ

Χ

No

Χ

Χ

Yes

Yes

No

Χ

Page **2** Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Х Χ Χ of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-С Χ Χ Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 Does the bond issue meet the private security or payment test? 7 Χ Х Х Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В C Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Х Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? Х b Χ Χ Χ No rebate due? Х Χ c Χ Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was the hedge terminated?

period?

Χ

	•								
Par	t IV Arbitrage (Continued)								
			Α		В			D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х	Х		×		X	
Ь	Name of provider			AIG		AIG		AIG	
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			Х		х		Х	
6	Were any gross proceeds invested beyond an available temporary		Х		Х		X		X

### Part V Procedures To Undertake Corrective Action

the requirements of section 148?

Has the organization established written procedures to monitor

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		×		×		×		×

Χ

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

Χ

Χ

DLN: 93493137054246

OMB No 1545-0047

### 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.

▶Information about Schedule M (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

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MARYWOOD UNIVERSITY				iployer identification number
Part I Types of Property			24	1-0795453
туров от глоротсу	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	Х	10		EXPERT APPRAISAL
2 Art—Historical treasures .				
3 Art—Fractional interests 4 Books and publications				
5 Clothing and household goods				
<b>6</b> Cars and other vehicles				
7 Boats and planes				
<ul><li>8 Intellectual property</li><li>9 Securities—Publicly traded .</li></ul>	×	12	473.164	PUBLICLY TRADED STOCK
10 Securities—Closely held stock .			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11 Securities—Partnership, LLC,				
or trust interests				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
<b>15</b> Real estate—Residential .				
<ul><li>16 Real estate—Commercial</li><li>17 Real estate—Other</li></ul>				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
<ul><li>22 Historical artifacts</li><li>23 Scientific specimens</li></ul>				
24 Archeological artifacts				
<b>25</b> Other ▶ (	Х	1	7,279	SELLING PRICE
SPONSORED DINNER AT ELMHURST )  26 Other ► (	×	1	4.400	VENDOR VALUE
ELECTRIC SCOOTER)  27 Other ► (	×	1		SELLING PRICE
SPONSORED DINNER AT POSH )	^	-		
28 Other►( HOSTED EVENTS)	Х	3		VENDOR VALUE
Other►( STONEWARE)	X	3		VENDOR VALUE
Other►( GIFT BASKETS & CERTIFICATES)	×	19	1,737	SELLING PRICE
Other►( GLASSES, PUPPET, PHOTO CARDS, FUN SHEET)	Х	1	1,697	VENDOR VALUE
Other►( 20 FULL BAND SETS OF MUSIC )	Х	20	1,000	SELLING PRICE
Other►( FANTASIA WITH SHELLS OIL ON WOOD PANEL)	Х	1	800	VENDOR VALUE
Other►( THERAPY MATERIALS FOR SPEECH LANGUAGE)	Х	1	569	VENDOR VALUE
Other►( STREAMING SHOUTCASE CHANNEL)	Х	1	356	VENDOR VALUE
Other►( VARIOUS LUMBER)	Х	1	200	VENDOR VALUE
29 Number of Forms 8283 received by th for which the organization completed F				yes No
<b>30a</b> During the year, did the organization in it must hold for at least three years from for exempt purposes for the entire hold.	om the dat ding perioc	e of the initial contribution	, and which is not require	through 28, that
<b>b</b> If "Yes," describe the arrangement in				
31 Does the organization have a gift acco			·	
32a Does the organization hire or use thire contributions?	d parties oi	r related organizations to s	solicit, process, or sell no	ncash • • • 32a Yes
<ul><li>b If "Yes," describe in Part II</li><li>33 If the organization did not report an air</li></ul>	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,

describe in Part II

	nether the organization is reporting in Part I, column (b), the number of contributions, the ceived, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
•	PENN SECURITY BANK & TRUST COMPANY RECEIVES ALL STOCK CONTRIBUTIONS AND IMMEDIATELY SELLS THEM

Schedule M (Form 990) (2014)

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**Employer identification number** 

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SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

MARYWOOD UNIVERSITY

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Return Reference	Explanation
FORM 990, PART VI,	CHARTWELLS MANAGES DINING SERVICES, CONCORD INVESTMENTS ADVISES AS TO MARY WOOD'S ENDOWMENT FUND INVESTING. FOUL FIT MANAGES MARY WOOD'S BOOKSTORE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION ARE SIX MEMBERS OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION ARE SIX MEMBERS OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY ARTICLE I, SECTION 4 OF THE MARYWOOD UNIVERSITY BY LAWS STATES "THE MEMBERS OF THE CORPORATION SHALL HAVE THE RIGHT, BY MAJORITY VOTE, TO ELECT TRUSTEES THEY SHALL HAVE THE RIGHT OF APPROVAL, BY MAJORITY VOTE, OF ACTIONS OF THE BOARD OF TRUSTEES RELATING TO CHANGES IN INSTITUTIONAL PURPOSE AND PHILOSOPHY, APPOINTMENT OF THE PRESIDENT OF THE UNIVERSITY, ACQUISITION, DISPOSITION, ENCUMBRANCE, OR LEASE OF REAL PROPERTY OF THE INSTITUTION, CONSTRUCTION OF NEW BUILDINGS, DISSOLUTION, MERGER, OR CONSOLIDATION OF THE INSTITUTION WITH ANOTHER CORPORATION, AMENDMENTS TO THE BYLAWS, AND DISPOSITION OF PROPERTY UPON DISSOLUTION"

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS OF THE MARYWOOD UNIVERSITY SHALL HAVE THE RIGHT, BY MAJORITY VOTE, TO ELECT TRUSTEES THEY SHALL HAVE THE RIGHT OF APPROVAL, BY MAJORITY VOTE, OF ACTIONS OF THE BOARD OF TRUSTEES RELATING TO CHANGES IN INSTITUTIONAL PURPOSE AND PHILOSOPHY, APPOINTMENT OF THE PRESIDENT OF THE UNIVERSITY, ACQUISITION, DISPOSITION, ENCUMBRANCE, OR LEASE OF REAL PROPERTY OF THE INSTITUTION, CONSTRUCTION OF NEW BUILDINGS, DISSOLUTION, MERGER, OR CONSOLIDATION OF THE INSTITUTION WITH ANOTHER CORPORATION, AMENDMENTS TO THE BY LAWS, AND DISPOSITION OF PROPERTY UPON DISSOLUTION FROM 2006 TO 2010, THE (SIX) MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION INCLUDED SISTER MARY PERSICO, PRESIDENT OF THE IHM CONGREGATION, SISTER KATHRYN CLAUSS, COUNCILOR, SISTER SUSAN HADZIMA, COUNCILOR, BARBARA JABLONSKI, COUNCILOR, AMY ZYCHAL, COUNCILOR FROM 2010 TO 2014, THE (FIVE) MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION INCLUDE SISTER THERESE O'ROURKE, PRESIDENT OF THE IHM CONGREGATION, SISTER ELLEN MARONEY, VICE PRESIDENT OF THE IHM CONGREGATION, SISTER ROSEMARY GOULET, COUNCILOR, SISTER CHRISTINE KOELLHOFFER, COUNCILOR, SISTER ELLEN CARNEY, COUNCILOR

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS FIRST REVIEWED BY THE ASSISTANT TREASURER & CONTROLLER, AND THE VP OF BUSINESS AFFAIRS AND TREASURER ONCE THIS PROCESS IS COMPLETE, THE FINAL DRAFT IS MADE AVAILABLE TO THE BOARD OF TRUSTEES PRIOR TO FILING THE FORM 990 WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS ARE DISTRIBUTED AT THE ANNUAL MEETING, IN APRIL, OF THE BOARD OF TRUSTEES THE SECRETARY AND THE GENERAL COUNSEL REVIEW EACH CONFLICT OF INTEREST FORM THE SECRETARY OF THE UNIVERSITY ASSURES THAT A CONFLICT OF INTEREST STATEMENT IS RECEIVED FROM EACH MEMBER BY THE FOLLOWING JULY 1 THE FILE OF FORMS IS KEPT IN THE OFFICE OF THE SECRETARY OF THE UNIVERSITY ARTICLE XIV OF THE UNIVERSITY'S BY LAWS REQUIRES THAT THE MINUTES OF ANY MEETING IN WHICH A TRUSTEE MAY HAVE A CONFLICT OF INTEREST MUST REFLECT THAT A DISCLOSURE OF SUCH CONFLICT WAS MADE, AND THAT THE TRUSTEE HAVING SAID CONFLICT ABSTAINED FROM VOTING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT CONSULTING FIRM, AFTER PERFORMING DUE DILIGENCE IN STUDY ING COMPARATIVE SALARIES AND OTHER ECONOMIC FACTORS, RECOMMENDS A SALARY AMOUNT FOR THE PRESIDENT OF THE UNIVERSITY TO THE EXECUTIVE OFFICERS OF THE BOARD OF TRUSTEES THE RECOMMENDATIONS ARE DOCUMENTED IN THE BOARD OF TRUSTEES MEETING MINUTES AS WELL AS WITH HUMAN RESOURCES THE COMMITTEE OF EXECUTIVE OFFICERS, AFTER DELIBERATION AND CONSIDERATION, APPROVES THE PRESIDENT'S SALARY THE PRESIDENT OF THE UNIVERSITY THEN SETS THE SALARIES OF THE SENIOR ADMINISTRATIVE OFFICERS, WITH APPROVAL OF THE EXECUTIVE OFFICERS OF THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AGREEMENTS 43,954 UNREALIZED LOSS ON INTEREST RATE SWAP -3,925 LOSS ON CONTRIBUTIONS RECEIVABLE -1,034,212

	Return Reference	Explanation
FORM	M 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Return Reference	Explanation
FORM 990, PART VII	CERTAIN OFFICERS ARE NOT DIRECTLY COMPENSATED BY THE UNIVERSITY THE UNIVERSITY PAYS THE CONGREGATION OF THE SISTERS, SERVANTS OF IMMACULATE HEART OF MARY ("IHM") ON BEHALF OF SISTER ANNE MUNLEY, PRESIDENT MARYWOOD UNIVERSITY PAID IHM \$288,883 ON BEHALF OF SISTER ANNE MUNLEY FOR HER ROLE AS PRESIDENT

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 5	THE DEBT SERVICE RESERVE FUNDS WERE INVESTED IN A GIC THE GIC'S WERE TERMINATED DUE TO A DOWNGRADE IN A IG'S INVESTMENT RATING ON SEPTEMBER 16, 2008 THE DEBT SERVICE RESERVE FUND'S WERE SUBSEQUENTLY RE-INVESTED IN CERTIFICATE'S OF DEPOSIT WITH M&T BANK

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6	THE PROCEEDS WERE INVESTED IN SLUGS, WHICH EARNED LESS THAN THE BOND ISSUE INTEREST RATE, AND THEREFORE NO ARBITRAGE WAS EARNED

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## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization MARYWOOD UNIVERSITY

**Employer identification number** 24-0795453

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity					
					<del>-</del>					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) (13) controlled entity?		
						Yes	No	
(1) CONGREGATION OF THE SISTERS SERVANTS OF THE IMMACULATE HEART IHM CENTER 2300 ADAMS AVENUE  SCRANTON, PA 18509	RELIGIOUS	PA	501(C)(3)	LINE 1	N/A		No	

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.										
	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	<b>(k)</b> Percentage ownership
					,						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes No	

Part \	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Forn	n 990. Part IV. line	e 34. 35b. or 36.		age <b>3</b>
	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		,		Yes	No
	g the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	ısted ın Parts II-IV?		+	+
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	J		1a		No
	t, grant, or capital contribution to related organization(s)			1b		No
	t, grant, or capital contribution from related organization(s)			1c	Yes	
	ans or loan guarantees to or for related organization(s)			1d		No
<b>e</b> Lo	ans or loan guarantees by related organization(s)			<b>1e</b>		No
<b>f</b> Di	idends from related organization(s)			1f		No
<b>g</b> Sa	e of assets to related organization(s)			<b>1</b> g		No
<b>h</b> Pu	rchase of assets from related organization(s)			1h		No
i Exc	hange of assets with related organization(s)			1i		No
j Lea	se of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
<b>k</b> Le	ase of facilities, equipment, or other assets from related organization(s)			1k		No
I Per	formance of services or membership or fundraising solicitations for related organization(s)			11		No
<b>m</b> Per	formance of services or membership or fundraising solicitations by related organization(s)			1n	1	No
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
<b>o</b> Sh	aring of paid employees with related organization(s)			10		No
<b>p</b> Re	mbursement paid to related organization(s) for expenses			1p		No
<b>q</b> Re	mbursement paid by related organization(s) for expenses			1q		No
r Ot	ner transfer of cash or property to related organization(s)			1r		No
	ner transfer of cash or property from related organization(s)			1s		
<b>2</b> If t	he answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involve	d

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

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

1 <u> </u>														
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership	
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No		
								<u>,                                    </u>	$\Box$	1				

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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