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DLN: 93493133030916

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

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning	g 07-01-2014 ,and ending 06-30-2	015			
_		pplicable	C Name of organization CARLOW UNIVERSITY			D Employ	yer ide	ntification number
Add	ress cl	nange				25-09	6543	8
☐ Na	me cha	inge	Doing business as					
Init	ıal retu	ım				E Telepho	ne num	iber
Fin			Number and street (or P O box if m 3333 FIFTH AVENUE	nail is not delivered to street address) Room	n/suite	· ·		
_		mınated				(412)	5/8-6	5000
☐ Am		return n pending	City or town, state or province, cour PITTSBURGH, PA 15213	ntry, and ZIP or foreign postal code		G Gross re	eceipts :	\$ 58,249,266
, ,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, penani			T			
			F Name and address of prir	ncipal officer	H(a)	Is this a group subordinates?	return	for
			3333 FIFTH AVENUE			Saboramaces		, 165, 110
			PITTSBURGH,PA 15213		H(b)	Are all subordi	nates	┌ Yes ┌ No
	x-exen	npt statu	s	Insert no)		included? If "No," attach	a lıst	(see instructions)
	ebsite	e: ► W	WW CARLOW EDU		H(c)	Group exempt		
				Tour b				
	n of or rt I		n Corporation Trust Associatio	n∣ Other ►	L Yea	ar of formation 192	29 M	State of legal domicile PA
Ра			nmary					
			describe the organization's mission of the community of t	on or most significant activities ATIONAL OPPORTUNITIES FOR A	DIVERSE	COMMUNITY		
a)		INANS	TORMATIONAL HIGHER EDUCA	ATIONAL OFFORT UNITIES FOR A	DIVERSE	COMMONITI		
≧								
Ē								
ξ	2	Check	this box দ 🗆 if the organization di	scontinued its operations or dispose	ed of more	than 25% of its	net as	ssets
Activities & Governance	_						1 _	1
26	l			ing body (Part VI, line 1a)			3	32
Ë	l			of the governing body (Part VI, line			4	31
톭	l			calendar year 2014 (Part V , line 2a)			5	1,126
ĕ	l		·	ecessary)			6	291
				art VIII, column (C), line 12 rom Form 990-T, line 34			7a	0
	В	ivet uiii	erated business taxable income in	10111 F01111 990-1, IIIIe 34		Prior Year	7b 	Current Year
		Cont	whitene and grants (Dart VIII I	no 1 h)		4,682,7	70.2	8,222,912
ā	8		ributions and grants (Part VIII, li ram service revenue (Part VIII, li		47,932,311 48,189,3			
Revenue	10			(A), lines 3, 4, and 7d)		626,9	_	1,353,376
ž	11		r revenue (Part VIII, column (A),	·	406,8	_	370,162	
	12			(must equal Part VIII, column (A),	line —	100,0	-	3,0,102
				<u>`</u>		53,648,9	24	58,135,819
	13	Gran	ts and sımılar amounts paıd (Part	IX, column (A), lines 1-3)	·	9,080,5	551	9,079,100
	14			X, column (A), line 4)			0	0
ch	15	Salaı 5-10		ee benefits (Part IX, column (A), line	es	25,191,7	06	27,430,898
δ Š	16a		•	column (A), line 11e)		37,5	7.8	0
Expenses					•	37,3	7 0	
찣	Ь	lotal	fundraising expenses (Part IX, column (D), line 25) - 1/310/333			\rightarrow	
	17			lines 11a-11d, 11f-24e)		16,849,3		15,382,087
	18		·	st equal Part IX, column (A), line 25	· -	51,159,1		51,892,085
	19	Reve	nue less expenses Subtract line	18 from line 12	-	2,489,7		6,243,734
Not Assets or Fund Balances					Beg	inning of Currei Year	it	End of Year
7 E	20	Tota	assets (Part X, line 16)			80,067,2	263	88,995,954
2.58 2.48	21					23,321,4		26,807,390
žŽ	22			line 21 from line 20		56,745,8		62,188,564
Pai	t II	_	nature Block			•		· ·
my k	nowle	dge and		amined this return, including accomp nplete Declaration of preparer (othe				
		T ₁	-			1		
		IB	**** nature of officer			2016-05-03 Date		
Sign Here		'				טמוכ		
пег	ن		RICK J CUNNINGHAM PRESIDENT be or print name and title					
		<u> ' ' ' ' </u>	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	4		JEFFREY J SPENGLER CPA	JEFFREY J SPENGLER CPA		self-employed	P00109	
			Firm's name ► BAKER TILLY VIRCHOW	KRAUSE LLP		Firm's EIN ► 39	-08599	10
Pre Use	-		Firm's address ► 20 STANWIX ST STE 80	0		Phone no (412)) 697-6	400
USE	UII	ıy	PITTSBURGH, PA 1522	22				
			,			1		

. Ves No

Form	1990 (2014)					Page 2
Par			Accomplishments or note to any line in t	hıs Part III		
1	Briefly describe the organi	ızatıon's mıssıon				
MER	LOW UNIVERSITY, ROOTE CY, OFFERS TRANSFORMA OWERS THEM TO EXCEL					
2	Did the organization undert the prior Form 990 or 990-	-EZ?		the year which we	re not listed on	┌ Yes ┌ No
	If "Yes," describe these ne	ew services on Sched	ule O			
3	Did the organization cease services?			how it conducts, ai	ny program · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these ch	nanges on Schedule O				
4	Describe the organization's expenses Section 501(c)(the total expenses, and rev	(3) and 501(c)(4) org	anizations are required	to report the amou		
4a	(Code)	(Expenses \$ 4	3,729,473 including gran	ts of \$ 9,0	79,100) (Revenue \$	48,189,369)
	CARLOW UNIVERSITY, A CATHO ITS DIVERSE COMMUNITY IN A CLEARLY AND CREATIVITY, TO A RESPOND REVERENTLY TO GOD DEGREE PROGRAMS IN THE AR ADMINISTRATION AND MANAGE	PROCESS OF LIFE-LONG L ACTIVELY PURSUE INTELLE AND OTHERS, AND TO EN TS AND SCIENCES, EDUCA	EARNING, SCHOLARSHIP, A ECTUAL ENDEAVORS, TO DIS MBRACE AN ETHIC OF SERV ATION, MANAGEMENT, AND	ND RESEARCH THIS EI GCOVER, CHALLENGE, C ICE FOR A JUST AND M HEALTH CARE PROFESS	NGAGEMENT EMPOWERS IND OR AFFIRM CULTURAL AND A ERCIFUL WORLD CARLOW (OVIDUALS TO THINK ESTHETIC VALUES, TO DEFERS UNDERGRADUATE
4b	(Code)	(Expenses \$	ıncludıng grant	s of \$) (Revenue \$)
4 c	(Code)	(Expenses \$	ıncludıng grant	s of \$) (Revenue \$)
	-					
4d	Other program services (I (Expenses \$		O) grants of \$) (Rev	enue \$)
4e	Total program service exp	penses ► 43	,729,473			

art TV	Check	list 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^{\bullet}	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
e	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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? <i>If "Yes," complete Schedule R, Part I</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		Νo
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

ГС	Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule O contains a response of note to any fine in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,240			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-		
6-	Does the ergonization have annual gross rescents that are normally greater than \$100,000, and did the	5с 6а		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	- ba		No
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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			
C	Enter the amount of reserves on hand			ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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 res	nonco or	note to any	linair	thic Dart VI									
Check ii Schedule O	contains a res	polise of	note to any	IIIIe II	i tilis Pait 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		Νo
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	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		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 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	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	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	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	No 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	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	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	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
10a b 11a b 12a b c 13 14 15 a 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 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a 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 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a 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 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA, AK, CO, MA, MD, NH, SC, MI
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►DAVID MEADOWS
 - 3333 FIFTH AVENUE

 - PITTSBURGH, PA 15213 (412) 578-8842

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 for related	(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)	►	1,239,740	0	174,610

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►11

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	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 I 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
MASSARO CORPORATION 120 DELTA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	12,169,251
VOLPLATT CONTRUCTION 100 CASTLE VIEW ROAD PITTSBURGH, PA 15213	CONSTRUCTION	3,065,648
ALADDIN FOOD MANAGEMENT SERVICES 16567 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	FOOD	1,978,096
MACLACHLAN CORNELIUS & FILONI 307 FOURTH AVENUE 200 THE BANK TOW PITTSBURGH, PA 15222	ARCHITECT	678,991
ELLUCIAN INC 62814 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	TECHNOLOGY	408,561
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 ►23

•	יב	
6 4 6 3		
1)	

Form 99			_					Page 9
Part V	<u> </u>	Statement o Check if Schedu	f Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ω 2</u>	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
وَ ق	С	Fundraising eve	ents 1 c	11,606				
iffs ar A	d	Related organiz	zations 1d					
9 iii 11 iii	e	Government grants	s (contributions) 1e	601,432				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	7,609,874				
ontrib id Ott	g	1a-1f \$	ons included in lines	435,019	9 222 012			
<u>3 F</u>	h	Total. Add lines	sla-lf	· · · •	8,222,912			
a				Business Code				
ven	2a	TUITION AND FEES		611600	40,291,267	40,291,267		
2 <u>4</u>	b c	RESIDENCE HALLS CARLOW CAMPUS		611600 721310	4,185,561 3,082,227	4,185,561 3,082,227		
Program Service Revenue	d	AUXILIARY PROGRA		900099	3,082,227	3,082,227		
3g	e	EARLY LEARNING O		624410	305,355	305,355		
iran.	f	All other progra	am service revenue			332,533		
Ş.	g	Total. Add lines	- 2a-2f		48,189,369			-
	3		ome (including dividen					
	_	and other simils	aramounts)	•	408,075			408,075
	4 5	Royalties	stment of tax-exempt bond	proceeds				+
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	19,330	,				
	ь	Less rental expenses	0					
	С	Rental income or (loss)	19,330					
	d				19,330			19,330
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,037,952	199				
	b	Less cost or other basis and	0	92,850				
	c	sales expenses Gaın or (loss)	1,037,952	-92,651				
	d	Net gain or (los	s)		945,301			945,301
Other Revenue	8a	*	luding ,606 s reported on line 1c) de 18					
Ē	ь	Lace direction	penses b	23,983				
₹	c		(loss) from fundraising		3,386			3,386
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inv	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	PARKING PER		900099	309,394			309,394
	Ь	BOOKSTORE	COMMISSIONS	900099	38,052			38,052
	C	A II						
	d e		ue s 11a-11d	▶				+
				. -	347,446			
	12		See Instructions .		58,135,819	48,189,369	(1,723,538

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	9,079,100	9,079,100		
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	1,993,550	1,397,011	417,289	179,250
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	18,848,129	15,975,918	2,219,360	652,851
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	795,746	680,336	89,035	26,375
9	Other employee benefits	4,381,408	3,538,586	719,354	123,468
10	Payroll taxes	1,412,065	1,178,189	175,692	58,184
11	Fees for services (non-employees)				
а	Management	36,614	28,193	8,421	
b	Legal	28,038	21,589	6,449	
c	Accounting	56,480	43,490	12,990	
d	Lobbying	67,251	67,251		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	63,962	49,251	14,711	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	508,390	432,502	36,378	39,510
12	Advertising and promotion	899,101	697,907	198,159	3,035
13	Office expenses	1,803,255	1,339,701	361,931	101,623
14	Information technology	2,134,306	1,673,483	431,647	29,176
15	Royalties	940	724	216	
16	Occupancy	1,560,911	1,181,945	372,252	6,714
17	Travel	647,193	508,153	115,857	23,183
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	289,744	177,432	39,348	72,964
20	Interest	1,204,792	927,690	277,102	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,758,265	2,123,864	634,401	
23	Insurance	331,613	255,555	76,058	
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	AUXILIARY	1,599,631	1,231,716	367,915	0
b	MISCELLANEOUS	447,822	379,151	68,671	0
c	ENROLLMENT & REGISTRAR	403,496	310,692	92,804	0
d	STUDENT PROGRAMS	368,163	297,512	70,651	0
е	All other expenses	172,120	132,532	39,588	
25	Total functional expenses. Add lines 1 through 24e	51,892,085	43,729,473	6,846,279	1,316,333
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)				

Form 990 (2014)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in t	thıs Pa	art X		_	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			11,147,884	1	3,592,287
	2	Savings and temporary cash investments			1,031,011	2	968,369
	3	Pledges and grants receivable, net			6,566,372	3	5,186,659
	4	Accounts receivable, net			867,054	4	957,579
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L					
22	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elorganizations (see instructions) Complete Part II of Schedule	outing employers		5		
ē.				6			
Assets	7	Notes and loans receivable, net			2,041,713	7	1,924,266
_	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,057,394	9	969,108
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	85,217,050			
	b	Less accumulated depreciation	10b	39,988,651	29,713,996	10 c	45,228,399
	11	Investments—publicly traded securities			21,651,399	11	28,683,126
	12	Investments—other securities See Part IV, line 11			5,250	12	5,250
	13	Investments—program-related See Part IV, line 11		•		13	
	14	Intangible assets		•		14	
	15	Other assets See Part IV, line 11			5,985,190	15	1,480,911
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			80,067,263	16	88,995,954
	17	Accounts payable and accrued expenses	•		2,912,136	17	6,213,121
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			17,719,969	20	17,550,190
ø.	21	Escrow or custodial account liability Complete Part IV of Sch	edule I	o		21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		ustees,			
<u>a</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	300,000
	25	Other liabilities (including federal income tax, payables to relaand other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	2 200 200		0.744.070
		D			2,689,338	25	2,744,079 26,807,390
	26	Total liabilities. Add lines 17 through 25			23,321,443	26	26,607,390
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	√ and	complete			
<u>8</u>	27	Unrestricted net assets	26,308,272	27	27,234,691		
B	28	Temporarily restricted net assets	13,208,773	28	16,197,977		
Ε	29	Permanently restricted net assets		17,228,775	29	18,755,896	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ►	┌─ and			
8	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			56,745,820	33	62,188,564
_	34	Total liabilities and net assets/fund balances			80,067,263	34	88,995,954

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		58.:	135,819
2	Total expenses (must equal Part IX, column (A), line 25)	2			392,085
3	Revenue less expenses Subtract line 2 from line 1				,,,,,,,,
4	Net conto ou find belonged at homeony of constant and Doub V. Inc. 22. column (A.).	3		6,2	243,734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		56,7	745,820
5	Net unrealized gains (losses) on investments	5		_ \$	300,990
6	Donated services and use of facilities	6			700,550
7	Investment expenses				
_		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		62,:	188,564
Par	t XII Financial Statements and Reporting	<u> </u>			
	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		No
	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	wed 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 separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
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?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 25-0965438

Name: CARLOW UNIVERSITY

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

Form 990, Part VII - Compensation Compensated Employees, and Inde				· · · u	SIC	сэ, г	(e y	Employees, mgi	lest	_
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne booth a	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	Key employee	Highest compensated employee	Former		-,,	related organizations
(1) MICHELE R ATKINS CHAIR	2 00	х		х				0	0	0
(1) THERESA A SCOTTI	2 00	x		х				0	0	0
VICE CHAIR (2) PATRICIA MARY HESPELEIN RSM	2 00	X		Х				0	0	0
VICE CHAIR, MISSION (3) JOHN K GISLESON	2 00	, , , , , , , , , , , , , , , , , , ,							0	
SECRETARY (4) PAULA J HASBACH	2 00	X		Х				0	0	0
TREASURER		х		х				0	0	0
(5) DEBORAH L ACKLIN BOARD MEMBER	2 00	×						0	0	0
(6) SISTER GILMARY BAUER BOARD MEMBER	2 00	х						0	0	0
(7) JOYCE A BENDER	2 00	х						0	0	0
BOARD MEMBER (8) KATHLEEN W BUECHEL	2 00	×						0	0	0
BOARD MEMBER (9) STEPHEN CASEY	2 00									
BOARD MEMBER (10) JOANNE COURNEEN RSM	2 00	X						0	0	0
BOARD MEMBER (11) DOROTHY DAVIS	2 00	×						0	0	0
BOARD MEMBER		х						0	0	0
(12) JOHN R DENNY JR BOARD MEMBER	2 00	х						0	0	0
(13) JACKIE DIXON BOARD MEMBER	2 00	x						0	0	0
(14) WILLIAM J GATTI	2 00	х						0	0	0
BOARD MEMBER (15) JEANNE GLEASON	2 00	х						0	0	0
BOARD MEMBER (16) DEBORAH F GRAVER	2 00	X						0	0	0
BOARD MEMBER (17) DONNA HUDSON	2 00	X						0	0	0
BOARD MEMBER (18) MARY BETH JENKINS	2 00							_		, , , , , , , , , , , , , , , , , , ,
BOARD MEMBER (19) LARRY KARNOFF	2 00	X						0	0	0
BOARD MEMBER		Х						0	0	0
(20) LOUISE R MALAKOFF JD BOARD MEMBER	2 00	х						0	0	0
(21) DIANE C MATJE RSM BOARD MEMBER	2 00	х						0	0	0
(22) MILDRED S MYERS DA BOARD MEMBER	2 00	х						0	0	0
(23) HELENE E PAHARIK	2 00	х						0	0	0
BOARD MEMBER (24) GEORGE L PRY	2 00	X						0	0	0
BOARD MEMBER		_ ^								<u> </u>

Form 990 Part VII - Compensation of Officers Directors Trustees Key Employees Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	rage Position (do not check sper more than one box, unless (list person is both an officer and a director/trustee)				ınless 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 related
	below dotted line)	Individual trustee or director	Institutional Trustee	cel	emplo) ee	Highest compensated employee	Former			organizations
(26) WILLIAM SCHENCK	2 00	l x						0	0	0
BOARD MEMBER								Ů		
(1) SUSAN SHIPLEY BOARD MEMBER	2 00	х						0	0	0
(2) JANET SIMON PHD	2 00	x						0	0	0
BOARD MEMBER		_ ^						0	U	0
(3) JUDITH STOJHOVIC RSM	2 00	x						0	0	0
BOARD MEMBER		^						0	0	
(4) NANCY STUEVER	2 00	l x						0	0	0
BOARD MEMBER		^						Ů	Ů	0
(5) GEORGE R WHITMER	2 00	l x						0	0	0
BOARD MEMBER										
(6) SUZANNE K MELLON PHD	50 00	l x		х				331,723	0	44,254
PRESIDENT								,		,
(7) MARGARET MCLAUGHLIN	50 00			х				87,587	0	7,933
PROVOST/VP ACADEMIC AFFAIRS	50.00									
(8) PATRICK J CUNNINGHAM VP FINANCE AND ADMINSTRATION	50 00			х				160,754	0	29,588
(9) DEANNE D'EMILIO	40 00								_	
PROVOST/VP ACADEMIC AFFAIRS				Х				67,618	0	13,694
(10) JAMES FREY	40 00					, ,		105.750		
INTERIM VP FOR ADVANCEMENT						×		135,750	0	0
(11) AMY NEIL	40 00					, ,		120 122		24 510
VP UNIVERSITY COMMUNICATIONS						X		120,123	0	24,518
(12) CAROL DESCAK	40 00					х		119,285	0	2,845
VP FOR ENROLLMENT MANAGEMENT						<u> </u>		113,203		2,013
(13) CLARE HOPKINS	40 00					×		115,049	0	19,112
DEAN TANE MATTHEWS								,		,
(14) DIANE MATTHEWS	40 00					×		101,851	0	32,666
PROFESSOR										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133030916

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

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

	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
	rt I							ons.			
he o	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)									
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).				
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospital or a cooper	atıve hospıtal	service organization of	described in sec	tion 170(b)(1))(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
	_	hospital's name, city, and state									
5	Г	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). (Complet	e Part II)							
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in s e	ection 170(b)(:	1)(A)(v).				
7	Γ	An organization that n	•	•	• •	om a governme	ental unit or from the g	general public			
_	_	described in section 1									
8	<u> </u>	A community trust de									
9	ı	An organization that n									
		receipts from activitie									
		its support from gross						n businesses			
	_	acquired by the organ									
10	<u> </u>	An organization organ	·		•	•					
11	Г	An organization organ									
		one or more publicly s the box in lines 11a th									
а	Г	Type I. A supporting of									
_	,	supported organization			•	• •					
	_	organization You mus	t complete Pa	rt IV, Sections A and	В.						
b	Г	Type II. A supporting	_				=				
		management of the su			same persons t	hat control or i	manage the supported	organization(s) You			
_	Г	must complete Part IV Type III functionally	•		n operated in c	onnection with	and functionally inte	grated with its			
•	,	supported organization	_		•			gracea with, its			
d	Γ	Type III non-function						janization(s) that is			
		not functionally integr					ement and an attentiv	eness requirement			
_	_	(see instructions) Yo					T I T II T	TIT formationally			
е	1	Check this box if the contegrated, or Type II.					s a Type I, Type II, T	ype III functionally			
f		Enter the number of su									
g		Provide the following i									
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of			
		organızatıon		organızatıon	listed in your		monetary support	other support (see			
								instructions)			
	1-9 above or IRC section (see										
				instructions))							
					Yes	No					
					ļ			<u> </u>			
	_										
Гotа	I						1				

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
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) 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	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 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	Total support 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					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. 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 stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain						
	in Part VI how the organization 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	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

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 2013 Schedule A, Part III, line 17

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 Part VI 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 Part VI 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 Part VI 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 Part VI 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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 Part VI .	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 Part VI .	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 Part VI .	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 Part VI .	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
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 Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	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.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

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	Discount 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	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	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			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e 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 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)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c 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

DLN: 93493133030916

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organization	anizations Complete Part III		Employer iden	tification number
	ARLOW UNIVERSITY			Linployer iden	en loution number
D-	The Commission of the ow			25-0965438	
Ра		ganization is exempt unde			organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	itical campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Pa	TITE: Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1		e tax incurred by the organization i			<u> </u>
2	,	e tax incurred by organization man			\$
3		section 4955 tax, did it file Form 4			☐ Yes ☐ No
- 4a	Was a correction made?		, _ , , , , , , , , , , , , , , , , , ,		Γ Yes Γ No
b					, 155 , 115
		ganization is exempt unde	r section 501(c), except section 50	1(c)(3).
1	· · · · · · · · · · · · · · · · · · ·	ended by the filing organization for			\$
2	Enter the amount of the filing o	organization's funds contributed to	other organizations	s for section 527	
	exempt function activities		_	▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter hei	re and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa		ation is exempt under section 501(c)(3) and has lon under section 501(h)).	NOT				
For e	each "Yes" response to lines 1a through 1; be	low, provide in Part IV a detailed description of the lobbying	(8	a)	(b)		
activ		, , , , , , , , , , , , , , , , , ,	Yes	No	4	moui	nt
1		n attempt to influence foreign, national, state or local		<u> </u>			
		ience public opinion on a legislative matter or referendum,	ı				
а	through the use of Volunteers?		, ,	l No			
b		ensation in expenses reported on lines 1c through 1i)?		No	+		
c	Media advertisements?	ensution in expenses reported on lines to through try		No	-		
d	Mailings to members, legislators, or the	public?		No			
e	Publications, or published or broadcasts			No			
f	Grants to other organizations for lobbyin	l l		No			
g		ffs, government officials, or a legislative body?	Yes				67,251
h		entions, speeches, lectures, or any similar means?		No			
i	Other activities?			No			
j	Total Add lines 1c through 1i					(67,251
2a	Did the activities in line 1 cause the org	anization to be not described in section 501(c)(3)?	. !	Νo			
b	If "Yes," enter the amount of any tax inc	urred under section 4912			1		
С	If "Yes," enter the amount of any tax inc	urred by organization managers under section 4912	ı				
d	If the filing organization incurred a section	on 4912 tax, did it file Form 4720 for this year?	. !				
Par	t III-A Complete if the organiz 501(c)(6).	ation is exempt under section 501(c)(4), section	501(c)(5),	or se	ectio	n
	301(0)(0).					Yes	No
1	Were substantially all (90% or more) du	es received nondeductible by members?		ſ	1		
2	Did the organization make only in-house	lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over	lobbying and political expenditures from the prior year?			3		
Pai		ation is exempt under section 501(c)(4), section					
		(a) BOTH Part III-A, lines 1 and 2, are answered "	'No" C)R (b)	Par	t III	-A,
1	line 3, is answered "Yes Dues, assessments and similar amounts		T 4 1				
2		and political expenditures (do not include amounts of political	1				
_	expenses for which the section 527(f) to						
а	Current year	• •	2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section 6	033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ine 2c exceeds the amount on line 3, what portion of the excess					
	does the organization agree to carryover political expenditure next year?	to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and political	expenditures (see instructions)	5				
	art IV Supplemental Informat						
Pro	ovide the descriptions required for Part I-A	, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	up list),	Part I	[-A, l	ines 1	. and
	Return Reference	o, complete this part for any additional information Explanation					
		DBBYING FEES WERE PAID TO MALADY & WOOTEN					
rak	T II-B, LINE 1 THE LO	DUDITING ILLS WERE FAID TO MALADY & WOOTEN					

Part IV Supplemental Info	Part IV Supplemental Information (continued)								
Return Reference	Explanation								

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493133030916

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

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

Name of the organization CARLOW UNIVERSITY			Employer identification number			
C/				0965438		
Pa	t I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		unds	or Accounts. Complete if the		
	ergameation anonotou 100 to 101111 220	(a) Donor advised funds		(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		nor adv	rsed ┌ Yes 		
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?					
Par	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.		
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	ically important land area d historic structure n of a conservation		
	easement on the last day of the tax year			Hold at the Find of the Year		
а	Total number of conservation easements		2a	Held at the End of the Year		
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accommodate in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during		
	the tax year ►					
4	Number of states where property subject to conservat	ion easement is located be				
5	Does the organization have a written policy regarding		—— dlıng of			
6	enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	Yes No during the year		
•	>					
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year		
_	* \$					
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(I)		
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemetrics.	e footnote to the organization's financia ents	l stater	ments that describes		
Par	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.		
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reve	or rese	arch in furtherance of public		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	ent and balance sheet		
	(i) Revenue included in Form 990, Part VIII, line 1			▶ \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
а	Revenue included in Form 990, Part VIII, line 1			► \$		
b	Assets included in Form 990, Part X			<u></u>		

Part	•••• Organizations Maintaining Co	<u>llections of Art,</u>	Hist	torica	<u>l Treas</u>	<u>ures, or Ot</u>	<u>:her</u>	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, ch	eck any	of the fo	llowing that a	re a s	significant use	e of its	
а	Public exhibition		d	Г	oan or ex	change progra	ams			
b	Scholarly research		e	Γ 0	ther					
c	Preservation for future generations									
4	Provide a description of the organization's control XIII	ollections and explair	n how	they fo	ırther the	organization'	s exe	mpt purpose	ın	
5	During the year, did the organization solicit							lar	_	_
Do	assets to be sold to raise funds rather than							-!! to Farms (┌ Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answered	re	s" to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed	liary	for con	tributions	or other asse	ets no	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollow	ng tab	е					
								1A	nount	
C	Beginning balance					_ :	1c			
d	Additions during the year					<u> :</u>	ld			
e	Distributions during the year					<u> :</u>	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21,f	for escr	ow or cus	todial accoun	t lıab	oility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I Check here if the 6	expla	nation	has been	provided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year		rıor year	b (c)	Two years back		ree years back	(e) Four	years back
1a	Beginning of year balance	23,116,528		20,654		19,392,305		17,705,011		13,271,664
b	Contributions	1,527,121		335	,259	171,220		2,586,048		2,409,867
C	Net investment earnings, gains, and losses	563,590		2,878	,139	1,666,207		-369,931		2,518,714
d	Grants or scholarships	783,717		751	,376	575,226		249,643		273,587
e	Other expenditures for facilities and programs							279,180		221,647
f	Administrative expenses									
g	End of year balance	24,423,522		23,116	,528	20,654,506		19,392,305		17,705,011
2	Provide the estimated percentage of the cur	rent year end balance	e (line	e 1g, co	lumn (a)) held as				
а	Board designated or quasi-endowment 🕨	9 670 %								
b	Permanent endowment ► 76 800 %									
c	Temporarily restricted endowment ► 13 The percentages in lines 2a, 2b, and 2c sho	530 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	tion t	:hat are	held and	administered	for tl	he		
	organization by								Ye	_
	(i) unrelated organizations						•	3a	• •	No
L	(ii) related organizations							3a	_	No
ь 4	Describe in Part XIII the intended uses of the	•					•	3	ן ע	
	t VI Land, Buildings, and Equipme					wered 'Yes'	to F	orm 990 Pa	art IV	line
	11a. See Form 990, Part X, line			gamz	reioir and	mered res		01111 330,11	arc 1 v ,	
	Description of property				st or other nvestment)	(b)Cost or oth basis (other		(c) Accumulated depreciation	(d) i	Book value
1a	Land					1,256,	517			1,256,517
Ь	Buildings		ı			50,376,	365	31,413,42	:4	18,962,941
c	Leasehold improvements									
d I	Equipment					14,423,4	485	8,575,22	27	5,848,258
e	Other		<u>. </u>			19,160,	683			19,160,683
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part X,	colui	mn (B),	line 10(c)	.)				45,228,399
								Schedule I	O (Form	990) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(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)	F	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	omplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. Complete if the organization (a) Description		O, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(a) best.	TPCTOTI	(D) BOOK VAILED
- 1.401 (1)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization		o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		,,
1 (a) Description of liability Federal income taxes	(b) Book value	
STUDENT DEPOSITS	138,847	
FEDERAL LOAN ADVANCES	2,530,468	
CAPITAL LEASES	74,764	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,744,079	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	Return Complete If
1	Total revenue, gains, and other support per audited financial statements	1	48,849,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -800,990		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-9,296,056
3	Subtract line 2e from line 1	3	58,145,436
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-9,617
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	58,135,819
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses of the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1	Total expenses and losses per audited financial statements	1	43,406,636
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII) 2d 9,617		
e	Add lines 2a through 2d	2e	9,617
3	Subtract line 2e from line 1	3	43,397,019
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 62,984		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	8,495,066
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	51.892.085

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 150 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS
PART X, LINE 2	THE UNIVERSITY ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE, WHICH PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD AT JUNE 30, 2015 AND 2014
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES -62,984 SCHOLARSHIPS -8,432,082
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES -20,597 RENTAL INCOME NETTED AGAINST EXPENSES 10,980
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES 20,597 RENTAL INCOME NETTED AGAINST EXPENSES -10,980
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS 8,432,082

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

Schedule D (Form 990) 2014

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DLN: 93493133030916

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

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

	e of the organization DW UNIVERSITY	Employer identificatio	n nun	nber	
		25-0965438			
Pa	rt I			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	I
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student addrograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadd the period of solicitation for students, or during the registration period if it has no solicitation pro that 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, in a way	3	Yes	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory -	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	L	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No
Ь	Admissions policies?	-	5b		Νo
	Employment of faculty or administrative staff?	-	5c		No
	I Scholarships or other financial assistance?	-	5d		No
	Educational policies? Use of facilities?		5e 5f		No No
	Athletic programs?		5g		No
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?		6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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 nondiscrimination? If "No," explain on Pa	- I	7	Yes	

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	CERTAIN RECRUITING PUBLICATIONS AND COLLEGE CATALOGS CONTAINS EXPRESS STATEMENTS THAT THE COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, SEX OR RELIGION
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY DISTRIBUTES STUDENT FINANCIAL ASSISTANCE FUNDS ON BEHALF OF FEDERAL AND STATE GOVERNMENTS THIS ASSISTANCE INCLUDED FEDERAL AID FROM PELL GRANT AWARDS OF \$2,861,578, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT AWARDS OF \$172,543, AND COLLEGE WORK STUDY AWARDS OF \$182,982 THE UNIVERSITY ALSO RECEIVED STATE AID FROM THE PA HIGHER EDUCATION ASSISTANCE AUTHORITY IN THE AMOUNT OF \$2,263,339

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

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DLN: 93493133030916

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

Name of the organization	n
CARLOW UNIVERSITY	

(a) Region

25-0965438 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria

(f) Total expenditures

No

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(,)	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
(1) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	STUDY ABROAD	144,913
(2) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	INTERNATIONAL TRAVEL	39,012
(3) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE	INTERNATIONAL TRAVEL	15,095
(4) NORTH AMERICA	0	0	PROGRAM SERVICE	INTERNATIONAL TRAVEL	2,000
(5)					
3a Sub-total	0	0			201,020
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			201,020

Ľ				ived more than \$5,0					to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of 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 re or counsel has pro					
3	Enter total nu	mber of other or	ganizations or ent	ities					

Schedule F (Form 990) 2014

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	ional 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	(h) 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)							
	1			l .			

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	<u> </u>	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	<u>\</u>	Νo
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	<u> </u>	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	⊽	Νo
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)	Г	Yes	▼	Νo
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	<u> </u>	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 25-0965438

Name: CARLOW UNIVERSITY

Schedule F (Form 990) 2014

Page 5

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).

Internet and email solicitations

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

DLN: 93493133030916

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE G

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.

Supplemental Information Regarding

Open to Public **Inspection**

Name of the organization **CARLOW UNIVERSITY**

Mail solicitations

Phone solicitations

(Form 990 or 990-EZ)

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

25-0965438

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

e Solicitation of non-government grants

Solicitation of government grants

Special fundraising events

d	In-person solicitations	3					
2a	Did the organization have a or key employees listed in						Γ _{Yes} Γ _{No}
b	If "Yes," list the ten highes to be compensated at least			undraise	rs) pursuant to agreem	ents under which the fu	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(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			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota	al			.			
3	List all states in which the registration or licensing	organization is regis	stered or li	censed to	solicit contributions o	r has been notified it is	exempt from

Pai	t II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 ALUMNI SCHOLARSHIP BENEFIT LUNCHEON	(b) Event #2 (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
⊕		_	(event type)			35,589
Revenue	1 2	Gross receipts Less Contributions				
8	3	Gross income (line 1 minus line 2)	23,98			23,983
	4	Cash prizes	23,30			23,303
	5	Noncash prizes	10,77	5		10,775
Expenses	6	Rent/facility costs	5,69			5,697
a S	7	Food and beverages .				
Direct B	8	Entertainment	500	o l		500
占	9	Other direct expenses .	3,62	5		3,625
	10	Direct expense summary Add lin	es 4 through 9 in columr	n (d)		(20,597)
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)		3,386
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more than
Revenue		\$13,000 OH FORM 350 EZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
sesue	2	Cash prizes				
Çen	3	Non-cash prizes				
ង ស្ត	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor			┌ Yes <u>%</u>	_
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	<u> </u>	
9 a b	Is th	er the state(s) in which the organization licensed to conduction." explain	t gaming activities in eac	th of these states?		. Fyes Fno
10a b		e any of the organization's gaming	licenses revoked, suspei	nded or terminated during	the tax year?	· · 「Yes 「No

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3					
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity							
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No					
13	Indicate the percentage of gaming acti		1 1	, , , ,						
а	The organization's facility		13a		%					
b	An outside facility				%					
14	Enter the name and address of the pers	Enter the name and address of the person who prepares the organization's gaming/special events books and records								
	Name ▶									
	Address ►									
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming							
154				┌ Yes 「	– _{No}					
b	If "Yes," enter the amount of gaming revenue received by the organization * \$ and the amount of gaming revenue retained by the third party * \$									
С	If "Yes," enter name and address of the third party									
	Name ►									
	Address 🏲									
16	Gaming manager information									
	Name 🕨									
	Gaming manager compensation 🕨 \$		······							
	Description of services provided									
	Director/officer	_ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to							
	retain the state gaming license?									
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent							
	ın the organization's own exempt activi		·							
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr							
	Return Reference		Explanation							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493133030916 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 **CARLOW UNIVERSITY** 25-0965438 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) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT SCHOLARSHIPS	951	8,806,433			
(2) CAMPUS SCHOOL STUDENT SCHOLARSHIPS	144	272,667			

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
PART I, LINE 2	GRANT FUNDS ARE MONITORED BY THE FINANCIAL AID OFFICE AND ACCOUNTING OFFICES
	Sahadula T (Sama 000) 2014

Schedule I (Form 990) 2014

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DLN: 93493133030916

OMB No 1545-0047

Compensation Information

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

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

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

Open to Public Inspection

Name of the organization CARLOW UNIVERSITY

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

25-0965438

Par	rt I Questions Regarding Compensati	ion			
				Yes	No
1a		provided any of the following to or for a person listed in Form 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)			
b		organization follow a written policy regarding payment or described above? If "No," complete Part III to explain	1b	Yes	
2	•	o reimbursing or allowing expenses incurred by all xecutive Director, regarding the items checked in line 1a?	2	Yes	
3	organization's CEO/Executive Director Check all	ganization used to establish the compensation of the I that apply Do not check any boxes for methods ensation 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			
	During the year, did any person listed in Form 990 or a related organization	O, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	rol payment?	4a		No
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-	-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of				
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed " describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII	I, 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			
	ın Part III		8		Νo
	If "Yes" to line 8, did the organization also follow t section 53 $4958-6(c)$?	the rebuttable presumption procedure described in Regulations	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	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column(B) reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
1 SUZANNE K MELLON PHD, PRESIDENT	(i)	279,723	10,000	42,000	37,311	6,943	375,977	0	
	(ii)	0	0	0	0	0	0	0	
2 PATRICK J CUNNINGHAM, VP FINANCE AND	(i)	160,754	0	0	7,462	22,126	190,342	0	
	(ii)	0	0	0	0	0	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
•	HOUSING ALLOWANCE PAID AND INCLUDED AS GROSS WAGES ON W-2 FORM FOR PRESIDENT DUQUESNE CLUB DUES PAID BY CARLOW UNIVERSITY THROUGH ACCOUNTS PAYABLE NOT TAXED TO AN INDIVIDUAL
•	THE FOLLOWING EMPLOYEES PARTICIPATED IN A 457(F) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN IN FY 2015 SUZANNE MELLON - \$24,500

Schedule J (Form 990) 2014

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Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2014

DLN: 93493133030916

Open to Public Inspection

Employer identification number

CARLOW UNIVERSITY 25-0965438 **Bond Issues** Part I (b) Issuer EIN (c) CUSIP # (d) Date issued (i) Pool (a) Issuer name (e) Issue price (f) Description of purpose (g) Defeased (h) O n behalf of financing ıssuer Yes No Yes No Yes No ALLEGHENY COUNTY 18.052.311 REFUNDING AND CAPITAL Χ 25-1650137 01728RHT9 06-09-2011 Х Χ HIGHER EDUCATION IMPROVEMENT **BUILDING AUTHORITY** Proceeds Part II Α В С D Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 18,052,311 Gross proceeds in reserve funds 1,480,902 Capitalized interest from proceeds 5 Proceeds in refunding escrows 6 Issuance costs from proceeds 7 292.824 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 8,801,488 Other spent proceeds 11 7,479,448 Other unspent proceeds 12 Year of substantial completion 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Χ allocation of proceeds? Part IIII Private Business Use C Α В D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned 1 Χ property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-Χ

financed property?

Sche	dule K (Form 990) 2014									Page 2
Par	Private Business Use (Continued)		•							
				Α		В		C		D
2-	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No
За	of bond-financed property?	business use		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			•		•		•		'
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a				х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х							
Pai	t IV Arbitrage					•	•	•	•	
		А	_		В	B C		D		
		Yes	No	Yes	No	<u>, </u>	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?									
<u>a</u>	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge		_							
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
		•	•	_						

self-remediation is not available under applicable regulations?

Pai	rt IV Arbitrage (Continued)								
	<u> </u>	А	A B		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	rt V Procedures To Undertake Corrective Action	•							
		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		×						

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

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DLN: 93493133030916

OMB No 1545-0047

SCHEDULE M (Form 990)

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 www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury	▶:
Internal Revenue Service	
Name of the organiza	tıon
CARLOW UNIVERSITY	

Employer identification number

25-0965438

Pa	rt I	Types of Property								
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	n	(d Method of do oncash contrib	etermı	_	:s
1	Art—V	Vorks of art			,					
2	Art—H	listorical treasures .								
3	Art—F	ractional interests								
4	Books	and publications								
5	Clothi	ng and household								
	goods									
		and other vehicles								
		and planes								
		ectual property								
		ties—Publicly traded .	Х	3	435,019	FMV				
		ties—Closely held stock .								
.1		ties—Partnership, LLC,								
12		ties—Miscellaneous								
	Q ualıf contrı	ied conservation bution—Historic ures								
L 4		ied conservation								
		bution—Other								
L 5	Reale	state—Residential .								
L6	Reale	state—Commercial								
		state—Other								
		tibles								
		nventory								
		and medical supplies .								
		ermy								
		rical artifacts								
		ific specimens								
		ological artifacts								
		▶ ()								
		►() ►()								
	Other									
		er of Forms 8283 received	hy the orga	nization during the tax yea	r for contributions					
		ch the organization comple				29		I	Yes	No
30a	Durin	g the year, dıd the organıza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1 thr	ough 28, that			
	ıt mu	st hold for at least three yea	ars from the	e date of the initial contribu	ition, and which is not requi	red to	be used			
	forex	empt purposes for the entir	e holding p	eriod?				30a		No
ь	If "Y €	es," describe the arrangeme	ent in Part I	Ι						
					review of any non-standard	contr	ibutions?	31	Yes	
32a		the organization hire or use ibutions?	third parti	es or related organizations	to solicit, process, or sell r	nonca •	sh • •	32a		No
ь 33	Ifthe	es," describe in Part II organization did not report ibe in Part II	an amount	ın column (c) for a type of	property for which column (a)ıs o	hecked,			

chedule if (Total 330) (2014)			
Part II Supplemental Information. Provide the information required by Part I, lines 30b,			
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the			
number of items rec	number of items received, or a combination of both. Also complete this part for any additional information.		
Return Reference Explanation			
PART I COLUMN (B)	THE NUMBER OF CONTRIBUTIONS OF SECURITES FOUALS THE NUMBERS OF DONORS		

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493133030916

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization CARLOW UNIVERSITY	Employer identification number
	25-0965438

Return Reference	Explanation
, ,	THE SOLE MEMBER OF THE UNIVERSITY IS THE CONFERENCE FOR MERCY HIGHER EDUCATION WHICH EXERCISES RESERVED CANONICAL POWERS DELEGATED BY THE INSTITUTE OF THE SISTERS OF MERCY OF THE AMERICAS AND AS OUTLINED IN THE UNIVERSITY'S BY LAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	UP TO SIX OF THE TOTAL TRUSTEES (EX-OFFICIO AND ELECTED TRUSTEES) SHALL BE PROFESSED SISTERS OF THE INSTITUTE OF THE SISTERS OF MERCY OF THE AMERICAS OR ITS CANONICAL SUCCESSOR THERE SHALL BE THREE EXOFFICIO TRUSTEES, WHO SHALL BE VOTING MEMBERS OF THE BOARD OF TRUSTEES AND INCLUDED IN THE TOTAL NUMBER OF TRUSTEES, AND SUCH EX-OFFICIO TRUSTEES SHALL CONSIST OF ONE SISTER OF MERCY, APPOINTED BY THE INSTITUTE OF THE SISTERS OF MERCY OF THE AMERICAS, THE PRESIDENT OF THE UNIVERSITY, AND THE BISHOP OF THE DIOCESE OF PITTSBURGH OR HIS DESIGNEE.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS TO THE EXTENT SUCH ACTIONS ARE TAKEN BY THE BOARD OF TRUSTEES AMENDMENTS TO THE ARTICLES OF INCORPORATION, IF THEY RELATE TO THE RESERVED POWERS DELEGATED TO THE CONFERENCE FOR MERCY HIGHER EDUCATION, THE ADOPTION OR AMENDMENT TO THE MISSION OF THE UNIVERSITY, THE INCURRENCE BY THE UNIVERSITY OF ANY DEBT, AND ANY SALE, TRANSFER, LONG-TERM LEASE OR EMCUMBRANCE OF ANY REAL OR PERSONAL PROPERTY, TANGIBLE OR INTANGIBLE, OF THE UNIVERSITY OUTSIDE THE ORDINARY COURSE OF BUSINESS ONLY TO THE EXTENT SUCH APPROVAL IS REQUIRED UNDER CANON LAW, ANY MERGER, CONSOLIDATION, DISSOLUTION, TRANSFER OF SUBSTANTIALLY ALL THE ASSETS, OR OTHER FUNDAMENTAL TRANSACTION WITHIN THE CONTEMPLATION OF THE PENNSYLVANIA NONPROFIT CORPORATION LAW, OF OR BY THE UNIVERSITY TO THE EXTENT SUCH APPROVAL IS REQUIRED BY CANON LAW

Return Reference	Explanation
VI, SECTION B, LINE	FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT FORM 990 IS REVIEWED BY MANAGEMENT AND SUBMITTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL, ONCE THE AUDIT COMMITTEE APPROVES THE SUBMITTED FORM 990, IT IS SUBMITTED TO THE BOARD OF TRUSTEES PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY APPLIES TO ALL "COVERED PERSONS" AS DEFINED IN THE POLICY EACH COVERED PERSON IS GIVEN A COPY OF THE POLICY, REQUIRED TO SIGN A STATEMENT ACKNOWLEDGING THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY, UNDERSTANDS IT, AND AGREES TO COMPLY WITH IT THE COVERED PERSON IS ALSO REQUIRED TO COMPLETE A COVERED PERSONS QUESTIONNAIRE ON AN ANNAL BASIS EACH COVERED PERSON IS ALSO REQUIRED TO COMPLETE A COVERED PERSON ON SUBSTIONNAIRE ON AN ANNAL BASIS EACH COVERED PERSON IS ALSO REQUIRED TO COMPLETE A COVERED PERSON ON FLICTS AS SET OUT IN THE POLICY COMPLIANCE WITH THIS POLICY IS MONITORED AND ENFORCED BY THE FOLLOWING PROCEDURE - EACH YEAR THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION, OR HIS DESIGNEE, UNDER THE SUPERVISION OF THE CHAIR OF THE AUDIT COMMITTEE, PREPARES A LIST OF COVERED PERSONS - A COVERED PERSON QUESTIONNAIRE IS DISTRIBUTED TO EACH PERSON ON THE LIST - FORMS ARE COMPLETED AND SIGNED BY EACH COVERED PERSON - COMPLETED FORMS FOR ALL TRUSTEES ARE REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE TO DETERMINE IF ANY ACTUAL OR POTENTIAL CONFLICT SEXIST - COMPLETED FORMS FOR ALL COVERED PERSONS WHO ARE MEMBERS OF STAFF OR FACULTY ARE REVIEWED BY THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION, OR HIS DESIGNEE - THE CHAIR OF THE AUDIT COMMITTEE ASKS AT A MINIMUM OF TWO BOARD MEETINGS IF ANY TRUSTEE IS AWARE OF ANY CONFLICTS AND IT IS DOCUMENTED IN THE BOARD MINUTES DISCLOSURE OF ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST MUST BE DISCLOSED AT THE TIME THEY BECOME A COVERED PERSON, OR AT THE TIME A POTENTIAL OR ACTUAL CONFLICT OF INTEREST MUST BE DISCLOSED AT THE TIME OF THE COMPLETION OF THE ANNUAL QUESTIONNAIRE - ALL DISCLOSURES DETERMINED TO BE A CONFLICT OF INTEREST ACCORDING TO THE POLICY ARE DISCUSSED WITH THE CHAIR OF THE AUDIT COMMITTEE AND BROUGHT FORWARD TO THE NEXT BOARD OF TRUSTEE MEETING - ANY IDENTIFIED CONFLICT SHALL BE REFLECTED IN THE MINUTES OF THE BOARD OF TRUSTEE MEETINGS ALONG WITH THE NATURE OF SUCH CONFLICT - THE MINUTES SHALL ALSO REFLECT ALL PERSONS PR

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE EXECUTIVE COMMITTEE IS THE AUTHORIZED COMMITTEE OF THE BOARD OF TRUSTEES TO REVIEW COMPENSATION OF THE PRESIDENT THE EXECUTIVE COMMITTEE CREATED A COMPENSATION COMMITTEE (THE SUBCOMMITTEE) TO PERFORM ANNUAL PERFORMANCE REVIEWS AND SET THE PRESIDENT'S ANNUAL SALARY, IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION PHILOSOPHY, POLICIES AND PROCEDURES APPROVED BY THE BOARD NO MEMBER OF THE GOVERNANCE COMMITTEE MAY HAVE A CONFLICT OF INTEREST WITHIN THE MEANING OF THE APPLICABLE TREASURY REGULATIONS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 THE GOVERNANCE COMMITTEE SHALL DOCUMENT ITS DECISIONS WITH RESPECT TO COMPENSATION AS REQUIRED BY THE APPLICABLE TREASURY REGULATIONS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 THE ACTIONS OF THE GOVERNANCE COMMITTEE ARE INTENDED TO QUALIFY UNDER THE REBUTTABLE PRESUMPTION PROVISIONS IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 OTHER SENIOR EXECUTIVES COMPENSATION NO PROSPECTIVE SALARY ADJUSTMENTS WERE ANTICIPATED FOR OTHER SENIOR LEVEL EXECUTIVES COMPENSATION NO PROSPECTIVE SALARY ADJUSTMENTS WERE ANTICIPATED FOR OTHER SENIOR LEVEL EXECUTIVES COMPENSATION OF TRUSTEES THE PROCEDURE STATES THAT, THE GOVERNANCE COMMITTEE SHALL PROVIDE A WRITTEN REPORT TO THE BOARD OF TRUSTEES NO LATER THAN THE NEXT REGULARLY SCHEDULED MEETING OF THE BOARD FOLLOWING THE GOVERNANCE COMMITTEE ACTION ON THE COMPENSATION OF SENIOR EXECUTIVES COMPENSATION OF THE CRITERIA AND PROCESSES USED TO MAKE THE COMPENSATION DECISIONS AND TO ASSURE THAT THE COMPENSATION IS "REASONABLE AND NOT "EXCESSIVE" WITHIN IRS POLICY AND CRITERIA RELIANCE ON COMPARABILITY DATA DERIVED FROM MARKET REVIEW AND SELECTION OF PEER INSTITUTIONS IN DETERMINING AND APPROVING COMPENSATION, THE GOVERNANCE COMMITTEE SHALL RELY ON COMPARABILITY DATA DERIVED FROM MARKET REVIEW AND SELECTION OF PEER INSTITUTIONS IN DETERMINING AND APPROVING COMPENSATION, THE GOVERNANCE COMMITTEE SHALL RELY ON COMPARABILITY DATA DERIVED FROM THE PRIOR FISCAL OR ACADEMIC YEARS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY THE PUBLIC AT THE CORPORATE ADDRESS

Return Reference	Explanation
1	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT AUDITOR THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR