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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DOMINICAN UNIVERSITY

Doing business as

Number and street (or P O box if mail is not delivered to street address) 7900 W DIVISION

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
RIVER FOREST, IL 603051099

D Employer identification number
36-2167855

E Telephone number
(708) 366-2490

G Gross receipts $ 100,667,670

F Name and address of principal officer
AMY MCCORMACK
7900 W DIVISION
RIVER FOREST, IL 603051099

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW DOM EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1901

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O FOR THE UNIVERSITY'S MISSION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	1,863
6	Total number of volunteers (estimate if necessary)	**6**	217
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,774,069	12,850,252
9	Program service revenue (Part VIII, line 2g)	77,795,699	83,103,329
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,114,736	1,231,063
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,072,985	1,110,357
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,757,489	98,295,001
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,610,110	30,843,495
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,640,953	39,491,685
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,047,501		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,420,919	21,410,404
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	87,671,982	91,745,584
19	Revenue less expenses Subtract line 18 from line 12	9,085,507	6,549,417

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	130,140,511	134,028,026
21	Total liabilities (Part X, line 26)	46,681,742	46,469,925
22	Net assets or fund balances Subtract line 21 from line 20	83,458,769	87,558,101

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2015-11-16 — Date

AMY MCCORMACK SR VP FOR FINANCE & ADMINISTRATION — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CAROL LALONDE CPA	CAROL LALONDE CPA			P00181637

Firm's name ▶ PLANTE & MORAN PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 750 TRADE CENTRE WAY STE 300, PORTAGE, MI 49002 — Phone no (269) 567-4500

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O FOR THE UNIVERSITY'S MISSION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 59,504,135 including grants of $ 30,843,495) (Revenue $ 60,896,630)

INSTRUCTIONAL - SEE SCHEDULE O FOR DETAIL ON THE PROGRAM SERVICE ACCOMPLISHMENTS

4b (Code) (Expenses $ 9,163,667 including grants of $) (Revenue $ 9,378,112)

ACADEMIC SUPPORT - SEE SCHEDULE O FOR DETAIL ON THE PROGRAM SERVICE ACCOMPLISHMENTS

4c (Code) (Expenses $ 7,566,465 including grants of $) (Revenue $ 7,743,533)

STUDENT SERVICES AND ATHLETICS - SEE SCHEDULE O FOR DETAIL ON THE PROGRAM SERVICE ACCOMPLISHMENTS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 5,260,176 including grants of $) (Revenue $ 6,055,775)

4e **Total program service expenses** ▶ 81,494,443

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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	Yes	
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 V*	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	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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? *If "Yes," complete Schedule F, Parts III and IV*	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		

Part 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**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	132		
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	2a	1,863		
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? . . .	3a			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		Yes	
b	If "Yes," enter the name of the foreign country ▶ UK 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			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	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	7d			
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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** 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			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	29		
	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	**1b**	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
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				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶EWA HERDEA ASSOCIATE VICE PRESIDENT AND CONTROLLER

7900 W DIVISION
RIVER FOREST, IL 603051099 (708) 524-6935

Part VII 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) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	2,418,217	0	475,551

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 39

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS CHARGES 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	FOOD SERVICES MANAGEMENT	2,172,858
KIMCO FACILITY SERVICES LLC 135 S LASALLE STREET CHICAGO, IL 60674	JANITORIAL SERVICES	1,417,875
MARKETING PARTNERS INTERNATIONAL 20 N WACKER DRIVE CHICAGO, IL 60606	MARKETING SERVICES	420,734
ROYALL AND COMPANY 1920 E PARHAM ROAD RICHMOND, VA 23228	ENROLLMENT MANAGEMENT CONSULTING	333,587
MB FINANCIAL BANK 6111 N RIVER ROAD ROSEMONT, IL 60018	BANKING	239,241

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 10

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	166,584			
	d	Related organizations . . .	1d	119,800			
	e	Government grants (contributions)	1e	6,176,664			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,387,204			
	g	Noncash contributions included in lines 1a-1f $		248,586			
	h	**Total.** Add lines 1a-1f . . . . . ▶			12,850,252		
Program Service Revenue			Business Code				
	2a	TUITION & FEES	900099		77,047,554	77,047,554	
	b	ROOM & BOARD	721310		5,890,882	5,890,882	
	c	PERFORMING ARTS	900099		164,893	164,893	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶			83,103,329		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			948,005		948,005
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	375,351				
	b	Less rental expenses	411,772				
	c	Rental income or (loss)	-36,421				
	d	Net rental income or (loss) . . . . . ▶			-36,421		-36,421
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,076,271				
	b	Less cost or other basis and sales expenses	1,793,213				
	c	Gain or (loss)	283,058				
	d	Net gain or (loss) . . . . . ▶			283,058		283,058
Other Revenue	8a	Gross income from fundraising events (not including $ 166,584 of contributions reported on line 1c) See Part IV, line 18 . . a	343,741				
	b	Less direct expenses . . . b	167,684				
	c	Net income or (loss) from fundraising events . . ▶			176,057		176,057
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	PAYMENT PLAN FEES	900099		232,512	232,512	
	b	MONTHLY FINANCE CHARGES	900099		170,625	170,625	
	c	PARKING AND SECURITY	900099		134,039	134,039	
	d	All other revenue			433,545	433,545	
	e	**Total.** Add lines 11a–11d . . . . . ▶			970,721		
	12	**Total revenue.** See Instructions . . . . . ▶			98,295,001	84,074,050	0	1,370,699

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	30,843,495	30,843,495		
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	1,794,335	1,120,304	320,045	353,986
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	29,187,386	26,184,264	1,602,038	1,401,084
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,887,319	1,683,756	94,504	109,059
9 Other employee benefits	4,392,513	3,870,494	206,249	315,770
10 Payroll taxes	2,230,132	2,010,213	99,596	120,323
11 Fees for services (non-employees)				
a Management	957,903	60,061	373,108	524,734
b Legal	63,012		63,012	
c Accounting	110,337		110,337	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,458,027	4,058,693	215,981	183,353
12 Advertising and promotion	1,098,109	634,632	1,939	461,538
13 Office expenses	2,507,753	2,330,101	15,799	161,853
14 Information technology	1,312,012	1,248,209	12,784	51,019
15 Royalties				
16 Occupancy	1,254,585	1,051,474	142,436	60,675
17 Travel	551,731	527,478	10,293	13,960
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,029,132	835,186	127,554	66,392
20 Interest	1,713,775		1,713,775	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,434,558	2,919,374	343,456	171,728
23 Insurance	655,459	531,451	92,746	31,262
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)				
a INTERCOLLEGIATE SPORTS	434,809	434,314	330	165
b UNCOLLECTABLE ACCOUNTS	387,148		387,148	
c ACCREDITATION AND ACADE	217,804	105,536	112,268	
d HONORARIUM	91,436	74,262	17,174	
e All other expenses	1,132,814	971,146	141,068	20,600
25 **Total functional expenses.** Add lines 1 through 24e	91,745,584	81,494,443	6,203,640	4,047,501
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		4,618,978	2	6,293,918
	3	Pledges and grants receivable, net		8,504,708	3	7,865,771
	4	Accounts receivable, net		4,298,184	4	3,773,360
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		45,000	5	30,000
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		712,769	7	520,159
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		744,716	9	825,342
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 123,500,828			
	b	Less accumulated depreciation	10b 45,203,084	79,207,613	10c	78,297,744
	11	Investments—publicly traded securities		28,053,948	11	32,265,594
	12	Investments—other securities See Part IV, line 11		50,000	12	50,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,904,595	15	4,106,138
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		130,140,511	16	134,028,026
Liabilities	17	Accounts payable and accrued expenses		3,923,290	17	3,809,724
	18	Grants payable			18	
	19	Deferred revenue		71,815	19	63,587
	20	Tax-exempt bond liabilities		33,102,818	20	32,408,178
	21	Escrow or custodial account liability Complete Part IV of Schedule D		778,128	21	787,535
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		8,805,691	25	9,400,901
	26	**Total liabilities.** Add lines 17 through 25		46,681,742	26	46,469,925
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		51,267,176	27	52,746,300
	28	Temporarily restricted net assets		13,114,943	28	13,912,136
	29	Permanently restricted net assets		19,076,650	29	20,899,665
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		83,458,769	33	87,558,101
	34	Total liabilities and net assets/fund balances		130,140,511	34	134,028,026

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,295,001
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,745,584
3	Revenue less expenses Subtract line 2 from line 1	3	6,549,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,458,769
5	Net unrealized gains (losses) on investments	5	-2,450,085
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	87,558,101

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			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 reviewed on a separate basis, consolidated basis, or both ☐ 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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-2167855
Name: DOMINICAN UNIVERSITY

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 5,260,176 including grants of $) (Revenue $ 6,055,775)

AUXILIARY SERVICES - AUXILIARY SERVICES INCLUDES STUDENT HOUSING AND CAMPUS DINING THE UNIVERSITY OFFERS FOUR CAMPUS RESIDENCE HALL OPTIONS HOUSING INCLUDES A VARIETY OF OPTIONS RANGING FROM SUITES TO SINGLE ROOMS THE STUDENT MEAL PLAN CAN BE TAILORED FOR A NUMBER OF FLEX MEAL ARRANGEMENTS AND CAN BE USED AT SEVERAL CAMPUS DINING FACILITIES APPROXIMATELY 26% OF ALL UNDERGRADUATE STUDENTS POPULATION TAKES ADVANTAGE OF HOUSING OPPORTUNITIES AUXILIARY SERVICES ALSO INCLUDES THE ACTIVITY OF THE PERFORMING ARTS CENTER, WHICH OFFERS A VARIETY OF MUSICAL AND THEATER ACTS TO THE UNIVERSITY AND NEARBY COMMUNITIES THEATER PRODUCTIONS ARE INTEGRATED WITH THE UNDERGRADUATE THEATER PROGRAM AND UTILIZE MANY STUDENTS AS PART OF THE PRODUCTIONS THEATER STUDENTS ALSO LEARN AND ASSIST WITH BOX OFFICE, STAGE CREW, AND AUDIENCE/GUEST ARTIST, AND SUPPORT ALL MUSICAL EVENTS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA CARROLL PRESIDENT AND TRUSTEE	65 00 0 00	X		X				354,378	0	130,359
(1) KEVIN M KILLIPS TRUSTEE	4 00 0 00	X						0	0	0
(2) DANIEL C HILL TRUSTEE	4 00 0 00	X						0	0	0
(3) TOM ABRAHAMSON TRUSTEE	3 00 0 00	X						0	0	0
(4) PATRICIA O'NEILL BAKER TRUSTEE	3 00 0 00	X						0	0	0
(5) LAURIE BRINK OP TRUSTEE	3 00 0 00	X						0	0	0
(6) MARY E CALLOW TRUSTEE	3 00 0 00	X						0	0	0
(7) GREGORY W CAPPELLI TRUSTEE	3 00 0 00	X						0	0	0
(8) MARK CARROLL TRUSTEE	3 00 0 00	X						0	0	0
(9) ROBERT F COLEMAN TRUSTEE	3 00 0 00	X						0	0	0
(10) DANIEL J CRONIN TRUSTEE	3 00 0 00	X						0	0	0
(11) MARY ANN CRONIN TRUSTEE	3 00 0 00	X						0	0	0
(12) THOMAS R DEE TRUSTEE	3 00 0 00	X						0	0	0
(13) MANUEL FLORES TRUSTEE	3 00 0 00	X						0	0	0
(14) NANCY GUZMAN STUDENT TRUSTEE	3 00 0 00	X						3,181	0	0
(15) MARCELLA HERMESDORF OP FACULTY TRUSTEE	3 00 0 00	X						61,157	0	5,997
(16) JUDITH A JEWISON OP TRUSTEE	3 00 0 00	X						0	0	0
(17) ANNE M KOHLER TRUSTEE	3 00 0 00	X						0	0	0
(18) LILY ELIZABETH LI TRUSTEE	3 00 0 00	X						0	0	0
(19) PATRICIA A MULCAHEY OP TRUSTEE	3 00 0 00	X						0	0	0
(20) KEVIN MCCOYD MD TRUSTEE	3 00 0 00	X						0	0	0
(21) ANTONIO ORTIZ TRUSTEE	3 00 0 00	X						0	0	0
(22) RAYMOND C PARMER TRUSTEE	3 00 0 00	X						0	0	0
(23) J DAVID PEPPER TRUSTEE	3 00 0 00	X						0	0	0
(24) NANCY C RODRIGUEZ TRUSTEE	3 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GAIL L ROSSEAU MD TRUSTEE	3 00 0 00	X						0	0	0
(1) MARY JO SCHULER TRUSTEE	3 00 0 00	X						0	0	0
(2) CHERYL SKENDER TRUSTEE	3 00 0 00	X						0	0	0
(3) JAMES WINIKATES TRUSTEE	3 00 0 00	X						0	0	0
(4) CHERYL JOHNSON-ODIM SR VICE PRESIDENT FOR ACADEMIC AFFAIRS AND PROVOS	50 00 0 00			X				217,023	0	36,161
(5) AMY MCCORMACK SR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION	50 00 0 00			X				209,496	0	14,015
(6) GRAZYNA CICHOMSKA VICE PRESIDENT UNIVERSITY ADVANCEMENT	50 00 0 00			X				192,318	0	20,141
(7) JILL ALBIN-HILL VICE PRESIDENT AND CHIEF INFORMATION OFFICER	50 00 0 00			X				123,977	0	24,566
(8) CLAIRE NOONAN VICE PRESIDENT UNIVERSITY MINISTRY	50 00 0 00			X				97,671	0	27,693
(9) KARL STUMO VICE PRESIDENT ENROLLMENT	50 00 0 00			X				90,271	0	14,407
(10) MARYALYCE BURKE INTERIM DEAN OF BRENNAN SCHOOL OF BUSINESS	50 00 0 00				X			170,672	0	31,668
(11) KHALID RAZAKI PROFESSOR OF ACCOUNTANCY	45 00 0 00					X		150,342	0	15,647
(12) JEFFEREY CARLSON DEAN OF ROSARY COLLEGE OF ARTS & SCIENCE	50 00 0 00					X		143,746	0	26,343
(13) DEBRA GURNEY DIRECTOR OF NURSING	50 00 0 00					X		135,464	0	22,094
(14) CYRUS GRANT PROFESSOR OF COMPUTER SCIENCE	45 00 0 00					X		131,805	0	31,183
(15) CHARLES STOOPS DEAN OF GRADUATE SCHOOL OF SOCIAL WORK	50 00 0 00					X		126,343	0	25,548
(16) THERESE HOGAN FORMER TRUSTEE	0 00 0 00						X	117,269	0	18,891
(17) CHAD ROHMAN FORMER TRUSTEE	0 00 0 00						X	93,104	0	30,838

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

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

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

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

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

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

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	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% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

			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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3c		
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)? *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? *If "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		
10a	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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		

Part IV Supporting Organizations (continued)

Section 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		

Section 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		

Section 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		

Section 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 instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 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 Type III 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		
a	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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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 required--see 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 Applied 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.			
e From 2014.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320080275

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	30,044,320	24,589,468	21,825,919	22,813,514	18,757,836
b	Contributions	2,627,462	2,588,349	1,400,249	319,677	2,909,852
c	Net investment earnings, gains, and losses	-503,912	3,606,503	2,078,300	-526,772	4,329,670
d	Grants or scholarships	850,000	740,000	715,000	780,500	3,183,844
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	31,317,870	30,044,320	24,589,468	21,825,919	22,813,514

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 34 650 %
- b Permanent endowment ▶ 58 610 %
- c Temporarily restricted endowment ▶ 6 740 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,070,652		3,070,652
b Buildings		102,880,151	35,278,711	67,601,440
c Leasehold improvements		6,189,581	4,297,628	1,891,953
d Equipment		10,684,890	5,626,745	5,058,145
e Other		675,554		675,554
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				78,297,744

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
FINANCIAL INSTRUMENTS	6,910,048
U S GOVERNMENT GRANTS REFUNDABLE	461,381
ACCRUED POST RETIREMENT OBLIGATION	1,285,267
LEASE OBLIGATION	744,205
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	9,400,901

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	66,529,750
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-2,450,085		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-2,450,085
3	Subtract line **2e** from line **1**			3	68,979,835
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	29,315,166		
c	Add lines **4a** and **4b**			4c	29,315,166
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	98,295,001

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	62,430,418
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	62,430,418
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	29,315,166		
c	Add lines **4a** and **4b**			4c	29,315,166
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	91,745,584

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 IV, LINE 2B	THE BALANCE INCLUDES A) STUDENT TUITION PREPAYMENTS FOR THE JULY/AUGUST SUMMER TERM, B) FUNDS ON DEPOSIT FOR VARIOUS STUDENT ORGANIZATIONS, AND C) CHARITABLE GIFT ANNUITY OBLIGATIONS DEPOSIT AMOUNTS RELATED TO STUDENTS INCLUDE STUDENT TUITION AND HOUSING DEPOSITS FOR SUBSEQUENT ACADEMIC TERMS THE UNIVERSITY ALSO HOLDS THESE AMOUNTS IN INTERNALLY DESIGNATED ACCOUNTS STUDENT ORGANIZATIONS DEPOSIT FUNDS TO AND REQUEST FUNDS FROM THEIR INTERNAL ACCOUNTS THROUGH THE UNIVERSITY'S NORMAL RECEIPTING AND ACCOUNTS PAYABLE PROCEDURES THE BALANCE ALSO INCLUDES THE UNIVERSITY'S OBLIGATION UNDER TWO CHARITABLE GIFT ANNUITIES ANNUAL DISBURSEMENTS ARE MADE TO THE ANNUITANTS OUT OF INVESTED ANNUITY FUNDS
PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF 182 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES ITS ENDOWMENT INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS, ENDOWMENT PLEDGES RECEIVABLE AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS UNIVERSITY MANAGEMENT, SUBJECT TO BOARD RATIFICATION, HAS INTERPRETED THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, THE UNIVERSITY CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF THE GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED AS PERMANENT RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE UNIVERSITY IN A MANNER CONSISTENT WITH THE STANDARD PRUDENCE PRESCRIBED BY UPMIFA IN ACCORDANCE WITH UPMIFA, THE UNIVERSITY WILL CONSIDER THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS (1) THE DURATION AND PRESERVATION OF THE FUND (2) THE PURPOSES OF THE ORGANIZATION AND THE DONOR-RESTRICTED ENDOWMENT FUND (3) GENERAL ECONOMIC CONDITIONS (4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION (5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS (6) OTHER RESOURCES OF THE ORGANIZATION (7) THE INVESTMENT POLICIES OF THE ORGANIZATION FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES THE UNIVERSITY TO RETAIN AS A FUND OF PERPETUAL DURATION THERE WERE NO DEFICIENCIES OF THIS NATURE AS OF JUNE 30, 2015 AND 2014, RESPECTIVELY
PART X, LINE 2	THE UNIVERSITY HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE, STATING THAT THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS, AND HAS PROPERLY NOT ACCRUED ANY PROVISION FOR INCOME TAXES FOR THE UNIVERSITY THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES OR STATEMENTS OF FINANCIAL POSITION THE TAX YEARS ENDED 2011, 2012, 2013, 2014 AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -411,772 FUNDRAISING EXPENSES -167,684 DISCOUNTS ON TUITION & FEES 29,894,622
PART XII, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -411,772 FUNDRAISING EXPENSES -167,684 DISCOUNTS ON TUITION & FEES 29,894,622

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	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			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	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	THE SCHOOL'S NONDISCRIMINATION POLICY IS PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION THAT SERVES ALL RACIAL SEGMENTS OF THE COMMUNITY, AND IN UNIVERSITY VIEWBOOKS, THE BROCHURE DEALING WITH STUDENT ADMISSIONS AND PROGRAMS
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES FUNDS FROM THE U S DEPARTMENT OF EDUCATION FOR SEVERAL STUDENT FINANCIAL ASSISTANCE PROGRAMS, INCLUDING THE FEDERAL PELL GRANT PROGRAM, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM, FEDERAL WORK-STUDY PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL FAMILY EDUCATION LOAN PROGRAM, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT PROGRAM THE UNIVERSITY ALSO RECEIVES STATE FUNDING FROM THE ILLINOIS MONETARY ASSISTANCE PROGRAM

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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

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES	ACADEMIC PROGRAM	142,777
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			142,777
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	1	1			142,777

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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 additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount 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)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the 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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 36-2167855
Name: DOMINICAN UNIVERSITY

Part V **Supplemental Information**

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 BENEFIT CONCERT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	510,325			510,325
	2 Less Contributions	166,584			166,584
	3 Gross income (line 1 minus line 2)	343,741			343,741
Direct Expenses	4 Cash prizes	7,000			7,000
	5 Noncash prizes	6,595			6,595
	6 Rent/facility costs				
	7 Food and beverages	95,370			95,370
	8 Entertainment	33,500			33,500
	9 Other direct expenses	25,219			25,219
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(167,684)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				176,057

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

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

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

3 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) UNDERGRADUATE SCHOLARSHIPS & GRANTS	1629	23,776,650			
(2) GRADUATE SCHOLARSHIPS & GRANTS	352	1,815,936			
(3) FEDERAL PELL GRANTS	1122	4,924,909			
(4) FEDERAL SEOG GRANTS	174	326,000			

Part IV **Supplemental Information.** 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	THE AWARDING OF STUDENT FINANCIAL AID GRANTS UNDER THE U S DEPARTMENT OF EDUCATION'S STUDENT FINANCIAL ASSISTANCE PROGRAM ARE MONITORED BY THE UNIVERSITY'S FINANCIAL AID OFFICE, WHICH ENSURES THAT THE UNIVERSITY MEETS THE COMPLIANCE REQUIREMENTS OF OMB CIRCULAR A-133 THE FINANCIAL AID OFFICE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING EFFECTIVE INTERNAL CONTROL OVER COMPLIANCE WITH THE REQUIREMENTS OF LAWS, REGULATIONS, CONTRACTS, AND GRANTS APPLICABLE TO FEDERAL PROGRAMS ADMINISTRATION OF GRANT ACTIVITIES IS COORDINATED BETWEEN THE ACADEMIC OFFICE OF RESEARCH AND SPONSORED PROJECTS, THE UNIVERSITY ADVANCEMENT OFFICE, AND THE BUSINESS OFFICE THESE OFFICES ENSURE THAT APPROPRIATE CONTROLS ARE ESTABLISHED AND THAT GRANT REQUIREMENTS FOR DOCUMENTATION, TRACKING, EXPENDITURE OF FUNDS, AND REPORTING ARE MET

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☑ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	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) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		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 A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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
PART I, LINE 1A	PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE ANNUALLY, THE UNIVERSITY PAYS $15,000 TO THE PRESIDENT FOR THE USE OF HER HOME FOR UNIVERSITY FUNCTIONS THIS ARRANGEMENT IS PART OF THE PRESIDENT'S EMPLOYMENT CONTRACT AND THE PAYMENT WAS INCLUDED IN HER W-2 REPORTABLE COMPENSATION
PART I, LINE 4B	THE UNIVERSITY HAS A NON-QUALIFIED PLAN AND A QUALIFIED 457(F) PLAN FOR THE UNIVERSITY'S PRESIDENT, DONNA CARROLL THE DEFERRED AMOUNT FOR THE NON-QUALIFIED PLAN FOR FY 2015 WAS $63,442 AND THE DEFERRED AMOUNT FOR THE QUALIFIED 457(F) PLAN FOR FY 2015 WAS $34,945 00

Additional Data

Software ID:
Software Version:
EIN: 36-2167855
Name: DOMINICAN UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 DONNA CARROLL, PRESIDENT AND TRUSTEE	(I)	336,458	254	17,666	121,387	8,972	484,737	0
	(II)	0	0	0	0	0	0	0
1 CHERYL JOHNSON-ODIM, SR VICE PRESIDENT FOR ACADEMIC AFFA	(I)	216,769	254	0	21,642	14,519	253,184	0
	(II)	0	0	0	0	0	0	0
2 AMY MCCORMACK, SR VICE PRESIDENT FOR FINANCE AND A	(I)	191,962	254	17,280	13,192	823	223,511	0
	(II)	0	0	0	0	0	0	0
3 GRAZYNA CICHOMSKA, VICE PRESIDENT UNIVERSITY ADVANCEMEN	(I)	183,960	254	8,104	18,396	1,745	212,459	0
	(II)	0	0	0	0	0	0	0
4 MARYALYCE BURKE, INTERIM DEAN OF BRENNAN SCHOOL OF BU	(I)	105,299	254	65,119	17,042	14,626	202,340	0
	(II)	0	0	0	0	0	0	0
5 KHALID RAZAKI, PROFESSOR OF ACCOUNTANCY	(I)	137,970	254	12,118	15,009	638	165,989	0
	(II)	0	0	0	0	0	0	0
6 JEFFEREY CARLSON, DEAN OF ROSARY COLLEGE OF ARTS & SCI	(I)	143,425	271	50	13,760	12,583	170,089	0
	(II)	0	0	0	0	0	0	0
7 DEBRA GURNEY, DIRECTOR OF NURSING	(I)	135,000	254	210	13,521	8,573	157,558	0
	(II)	0	0	0	0	0	0	0
8 CYRUS GRANT, PROFESSOR OF COMPUTER SCIENCE	(I)	113,634	271	17,900	13,153	18,030	162,988	0
	(II)	0	0	0	0	0	0	0
9 CHARLES STOOPS, DEAN OF GRADUATE SCHOOL OF SOCIAL WO	(I)	126,072	271	0	12,607	12,941	151,891	0
	(II)	0	0	0	0	0	0	0
10 THERESE HOGAN, FORMER TRUSTEE	(I)	89,222	271	27,776	10,530	8,361	136,160	0
	(II)	0	0	0	0	0	0	0
11 CHAD ROHMAN, FORMER TRUSTEE	(I)	80,243	271	12,590	9,283	21,555	123,942	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	VILLAGE OF RIVER FOREST COOK COUNTY IL	36-6006070		10-28-2014	3,074,527	REFINANCING OF BONDS		X	X			X
B	VILLAGE OF RIVER FOREST COOK COUNTY IL	36-6006070		10-28-2014	10,000,000	REFINANCING OF BONDS		X	X			X
C	ILLINOIS FINANCE AUTHORITY	86-1091967		08-20-2014	19,800,000	REFINANCING OF BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,074,527	10,000,000	19,800,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			5 000 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5			5 000 %					
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	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		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I	2006 DEMAND REVENUE BONDS PAYABLE IN MARCH 2006, THE UNIVERSITY ISSUED $30,000,000 OF 30-YEAR ADJUSTABLE-RATE DEMAND REVENUE BONDS THROUGH THE ILLINOIS FINANCE AUTHORITY THE PROCEEDS WERE USED TO ACQUIRE, CONSTRUCT AND EQUIP CERTAIN OF THE UNIVERSITY'S FACILITIES IN AUGUST 2014, THE UNIVERSITY REFINANCED THE OUTSTANDING BALANCE OF THE ABOVEMENTIONED BOND FUNDING WAS PROVIDED THROUGH A $19,800,000 ILLINOIS FINANCE AUTHORITY REVENUE REFUNDING BOND, SERIES 2014 THE REFUNDING BOND WAS PURCHASED BY MB FINANCIAL BANK ON AUGUST 5, 2014, AND HAS A 10-YEAR MATURITY DATE OF 2024 2009 INDUSTRIAL PROJECT REVENUE BONDS PAYABLE DURING 2009, THE VILLAGE OF RIVER FOREST ISSUED $16,200,000 OF 20-YEAR ADJUSTABLE RATE INDUSTRIAL PROJECT REVENUE BONDS PURSUANT TO A LOAN AGREEMENT DATED DECEMBER 1, 2009, THE VILLAGE OF RIVER FOREST LOANED PROCEEDS OF THE BOND ISSUE TO THE UNIVERSITY THE PROCEEDS WERE USED TO REFUND THE BALANCE OF A 2000 DEMAND REVENUE BOND AND A 2006 INDUSTRIAL REVENUE BOND IN OCTOBER 2014, THE UNIVERSITY REFINANCED THE OUTSTANDING BALANCE OF THE ABOVEMENTIONED BOND FUNDING WAS PROVIDED THROUGH A $13,074,527 VILLAGE OF RIVER FOREST, COOK COUNTY, ILLINOIS INDUSTRIAL PROJECT REVENUE BOND SERIES 2014A AND SERIES 2014B, BOTH SET TO MATURE ON AUGUST 5, 2024 THE SERIES 2014A BOND HAD A NOMINAL VALUE OF $10,000,000 AND THE SERIES 2014B BOND HAD A NOMINAL VALUE OF $3,074,527

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3B, COLUMN A	BOND COUNSEL WAS ENGAGED TO REVIEW MANAGEMENT AND SERVICE CONTRACTS RELATED TO FINANCED PROPERTY AT THE INITIAL BOND OFFERING THERE HAVE BEEN NO CHANGES IN MANAGEMENT AND SERVICE CONTRACTS SINCE THE INITIAL BOND OFFERING AND NO ADDITIONAL BOND COUNSEL REVIEW HAS BEEN PERFORMED

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN B	REBATE COMPUTATION WAS PERFORMED SEPTEMBER 15, 2007

Return Reference	Explanation
SCHEDULE K, PART V	DOMINICAN UNIVERSITY HAS NOT VIOLATED APPLICABLE REQUIREMENTS FOR TAX EXEMPT BONDS BENEFITING THE UNIVERSITY THE UNIVERSITY IS IN THE PROCESS OF ESTABLISHING WRITTEN PROCEDURES TO ENSURE TIMELY IDENTIFICATION OF VIOLATIONS OF FEDERAL TAX REQUIREMENTS OR TIMELY CORRECTION OF ANY IDENTIFIED VIOLATIONS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) AMY MCCORMACK	OFFICER	(SEE BELOW)		X	75,000	30,000		No	Yes		Yes	
Total	▶ $					30,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE L, PART II	THE PURPOSE OF THE LOAN WAS TO PROVIDE A VICE PRESIDENT SUPPORT FOR ADVANCED EDUCATION IN THE FIELD OF EDUCATIONAL LEADERSHIP, AND TO ENHANCE HER PORTFOLIO FOR GREATER LEADERSHIP RESPONSIBILITIES IN THE FUTURE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	248,586	COMPARABLE SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II **Supplemental Information.** 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 received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	THE UNIVERSITY USES AN INDEPENDENT THIRD PARTY BROKER TO RECEIVE DONATIONS OF STOCK THE BROKER SELLS THE SECURITIES BASED ON THE DIRECTIONS FROM THE UNIVERSITY

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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.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART I, LINE 1	AS A SINSINAWA DOMINICAN-SPONSORED INSTITUTION, DOMINICAN UNIVERSITY PREPARES STUDENTS TO PURSUE TRUTH, TO GIVE COMPASSIONATE SERVICE AND TO PARTICIPATE IN THE CREATION OF A MORE JUST AND HUMANE WORLD

Return Reference	Explanation
FORM 990, PART III, LINE 1	DOMINICAN UNIVERSITY PROVIDES UNDERGRADUATE AND GRADUATE INSTRUCTION TO STUDENTS AND ADMINISTERS ALL OF ITS PROGRAMS WITHOUT DISCRIMINATION AS TO RACE, COLOR, GENDER, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, AGE, MARITAL STATUS OR SEXUAL ORIENTATION AS A SINSINAWA DOMINICAN-SPONSORED INSTITUTION, DOMINICAN UNIVERSITY PREPARES STUDENTS TO PURSUE TRUTH, TO GIVE COMPASSIONATE SERVICE AND TO PARTICIPATE IN THE CREATION OF A MORE JUST AND HUMANE WORLD

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE UNIVERSITY OFFERS INSTRUCTION THROUGH THE UNDERGRADUATE COLLEGE OF ARTS AND SCIENCES WITH OVER 50 MAJORS, AS WELL AS EIGHT PROFESSIONAL AND PRE-PROFESSIONAL PROGRAMS, INCLUDING NURSING AND A POST BACCALAUREATE PRE-MEDICAL STUDIES PROGRAM DOMINICAN UNIVERSITY ALSO OFFERS OVER 20 GRADUATE DEGREE PROGRAMS IN BUSINESS, EDUCATION, LIBRARY AND INFORMATION SCIENCE, SOCIAL WORK, CONFLICT RESOLUTION, AND FAMILY MINISTRY THE ROSARY COLLEGE OF ARTS AND SCIENCES STRIVES TO EMBODY A COMMUNITY OF LEARNERS SEEKING TRUTH THROUGH FREE AND OPEN INQUIRY AND DIALOGUE WITH A DIVERSE ARRAY OF PERSONS, PLACES, TEXTS, OBJECTS, IDEAS AND EVENTS, PAST AND PRESENT, SUPPORTIVE OF EACH LEARNER'S DEVELOPMENT AND COMMITTED TO USING TALENTS TO MAKE A POSITIVE CONTRIBUTION OT THE WORLD THE COLLEGE STRIVES TO PRODUCE GRADUATES OF A LIBERAL ARTS AND SCIENCES PROGRAM WHO CAN THINK CRITICALLY, COMMUNICATE IDEAS WELL, ORALLY AND IN WRITING, AND ACHIEVE BOTH BREADTH OF UNDERSTANDING ACROSS FIELDS AND DEPTH OF KNOWLEDGE IN ONE FIELD THE BRENNAN SCHOOL OF BUSINESS PROVIDES ETHICS-CENTERED MANAGEMENT EDUCATION FOR STUDENTS WHO ARE EITHER ENTERING BUSINESS PROFESSIONS OR CONTINUING THEIR PROFESSIONAL DEVELOPMENT THE CURRICULUM PROVIDES STUDENTS WITH AN ENDURING FOUNDATION IN BUSINESS AND LEADERSHIP SKILLS AND AN UNDERSTANDING OF THE BEST IN CURRENT BUSINESS PRACTICES RESONANT WITH THE UNIVERSITY'S CORE VALUES OF CARITAS ET VERITAS MORE THAN 500 STUDENTS PURSUE UNDERGRADUATE AND GRADUATE DEGREES IN THE FIELDS OF ACCOUNTING, BUSINESS, ECONOMICS, AND INTERNATIONAL BUSINESS THE STUDENT BODY, WITH REPRESENTATIVES FROM AROUND THE WORLD, IS DIVERSE IN TERMS OF BOTH BUSINESS EXPERIENCE AND CULTURAL BACKGROUNDS IN RECENT YEARS, THE BRENNAN SCHOOL OF BUSINESS HAS EXPANDED ITS GLOBAL REACH BY PARTNERING WITH TOP-RANKED UNIVERSITIES ABROAD TO OFFER EXECUTIVE MBA PROGRAMS IN POLAND AND CZECH REPUBLIC THE GOALS OF THE GRADUATE SCHOOL OF LIBRARY AND INFORMATION SCIENCE ARE TO EDUCATE INDIVIDUALS FOR POSITIONS IN A WIDE SPECTRUM OF ESTABLISHED AND EMERGING LIBRARY, INFORMATION, KNOWLEDGE, AND MEDIA CONTEXTS, TO PROVIDE CONTINUING EDUCATION FOR THE PROFESSIONAL COMMUNITY, AND TO ADVANCE AND ENHANCE TEACHING BY MEANS OF FACULTY PUBLICATION, SERVICE IN PROFESSIONAL ORGANIZATIONS AND OTHER VENUES THE SCHOOL OF EDUCATION HAS BEEN DEDICATED TO PRODUCING TEACHERS WHO HAVE GONE ON TO BE THE LEADERS, CONTINUING SCHOLARS AND ROLE MODELS IN AMERICAN SCHOOLS WHILE THE PROGRAMS HAVE ADVANCED TO MEET EVER CHANGING NEEDS, THE CORE VALUES OF SCHOLARSHIP, LEADERSHIP, AND SERVICE HAVE REMAINED CONSTANT THE GRADUATE SCHOOL OF SOCIAL WORK OFFERS A RIGOROUS AND CHALLENGING CURRICULUM, WHICH EMPHASIZES A GLOBALLY FOCUSED AND FAMILY-CENTERED PRACTICE THE PROGRAM EQUIPS STUDENTS WITH NEW KNOWLEDGE TO ADDRESS DOMESTIC AND INTERNATIONAL SOCIAL WORK ISSUES DOMINICAN UNIVERSITY WAS REACCREDITED BY THE HIGHER LEARNING COMMISSION OF THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS IN 2015 FOR THE MAXIMUM TEN-YEAR TERM THE ENROLLMENT FOR THE FALL OF 2014 WAS 3,498 TOTAL STUDENTS OF WHICH 69% WERE FULL-TIME AND 31% PART-TIME. THIS POPULATION IS SPLIT WITH 2,180 UNDERGRADUATE STUDENTS AND 1,318 GRADUATE STUDENTS THE FACULTY CONSISTS OF 161 INSTRUCTIONAL (FULL-TIME) AND 270 PART-TIME FACULTY, WITH AN OVERALL STUDENT TO FACULTY RAIO OF 11 TO 1 71 OF THE FULL-TIME FACULTY ARE TENURED, AND THE OTHER 61 ARE ON TENURE-TRACK 88% OF THE FULL-TIME FACULTY HAS A DOCTORATE OR TERMINAL DEGREE IN THEIR FIELD, AND ALL FACULTY MEMBERS ARE EXPECTED TO ACTIVELY ENGAGE IN RESEARCH AND PUBLICATION UNDERGRADUATE TUITION FOR 2014-2015 SCHOOL YEAR WAS $29,400 FOR FULL-TIMIE AND $535 TO $915 PER CREDIT HOUR FOR GRADUATE, DEPNDING ON THE PROGRAM ROOM AND BOARD RANGES FROM $9,100 TO $10,986 (DOUBLE AND MEAL PLAN WITH FLEX DOLLARS)

Return Reference	Explanation
FORM 990, PART III, LINE 4B	ACADEMIC SUPPORT - ACADEMIC SUPPORT IS PROVIDED UNDER THE LEADERSHIP OF THE PROVOST AND ASSOCIATE PROVOST FACULTY ARE SUPPORTED BY THE CENTER FOR TEACHING AND LEARNING EXCELLENCE, WHOSE MISSION IS TO SUPPORT ALL DOMINICAN FACULTY (BOTH FULL-TIME AND PART-TIME), AT ALL STAGES OF THEIR CAREERS, IN THEIR ROLES AS TEACHERS, SCHOLARS, AND CITIZENS OF THE UNIVERSITY AND WIDER COMMUNITIES STUDENT SUPPORT, INCLUDING UNDERGRADUATE AND GRADUATE TUTORING PROGRAMS, IS PROVIDED BY THE ACADEMIC LEARNING RESOURCES DEPARTMENT AND THE ACADEMIC ENRICHMENT CENTER BEGINNING THE FIRST YEAR AND EXTENDING BEYOND GRADUATION, CAREER DEVELOPMENT, PART OF THE ACADEMIC ENRICHMENT CENTER, ACTIVELY ASSISTS STUDENTS OF ALL MAJORS WITH CAREER-RELATED ISSUES, EDUCATING THEM ABOUT THE CAREER PLANNING PROCESS, INTERNSHIPS, JOB SEARCH STRATEGIES AND THE GRADUATE/PROFESSIONAL SCHOOL APPLICATION PROCESS AS THEY TRANSITION FROM COLLEGE TO CAREER THE MISSION OF THE REBECCA CROWN LIBRARY MANDATES THE ACADEMIC SUPPORT OF STUDENTS, FACULTY, AND STAFF FOR RESOURCES AND SERVICES IN ADDITION TO SUPPLYING PRINT AND ELECTRONIC MATERIALS, SERVICES SUCH AS REFERENCE, CIRCULATION, INTERLIBRARY LOAN AND INSTRUCTION PROVIDE MEANS THROUGH WHICH THE UNIVERSITY MISSION MAY BE REALIZED THE LIBRARY HOUSES A COLLECTION OF OVER 250,000 VOLUMES AND SUBSCRIBES TO OVER 100 DATABASES PROVIDING ACCESS TO OVER 30,000 FULL TEXT JOURNALS THE LIBRARY IS A PARTIAL DEPOSITORY FOR U S GOVERNMENT PUBLICATIONS AND MAINTAINS SPECIAL COLLECTIONS AND ARCHIVAL MATERIALS THE LIBRARY CURRENTLY HOUSES 34% OF ALL PUBLICATIONS PRINTED BY THE GOVERNMENT PRINTING OFFICE, THE FEDERAL AGENCY RESPONSIBLE FOR PUBLISHING INFORMATION PRODUCED BY THE FEDERAL GOVERNMENT THE COLLECTION OFFERS A WIDE ARRAY OF PUBLICATIONS FROM ALL BRANCHES OF THE U S GOVERNMENT COLLECTED FORMATS INCLUDE PRINT, MICROFICHE, AND CD THE COLLECTION'S STRENGTHS INCLUDE CENSUS MATERIALS, THE CONGRESSIONAL RECORD AND ITS PREDECESSOR, THE CONGRESSIONAL GLOBE, DATING TO 1834, AND A PARTIAL COLLECTION OF THE U S SERIALS SET INFORMATION TECHNOLOGY IS RESPONSIBLE FOR CREATING AND MAINTAINING A TECHNOLOGY ENVIRONMENT THAT SUPPORTS THE UNIVERSITY'S STRATEGIC DIRECTION BY PROVIDING A HIGH-QUALITY INFRASTRUCTURE ALONG WITH SUPERIOR SUPPORT SERVICES TO ENABLE THE USER COMMUNITY TO UTILIZE TECHNOLOGIES FOR ENHANCED TEACHING, LEARNING, AND ADMINISTRATION

Return Reference	Explanation
FORM 990, PART III, LINE 4C	STUDENT SERVICES AND ATHLETICS - UNDERGRADUATE ADMISSIONS AND THE FINANCIAL AID OFFICE ARE LED BY THE VICE PRESIDENT FOR ENROLLMENT MANAGEMENT A FRESHMAN CLASS OF 473 FULL-TIME STUDENTS WAS ENROLLED IN FALL OF 2014 THE VICE PRESIDENT COORDINATES GRADUATE RECRUITMENT WITH THE INDIVIDUAL COLLEGES FINANCIAL AID FOR ALL STUDENTS, INCLUDING PARTICIPATION IN THE U S DEPARTMENT OF EDUCATION'S STUDENT FINANCIAL ASSISTANCE PROGRAMS, IS MANAGED BY THE FINANCIAL AID OFFICE THE OFFICE IS AUDITED EACH YEAR UNDER THE COMPLIANCE REQUIREMENTS OF OMB CIRCULAR A-133 STUDENT SERVICES INCLUDE THE DEAN OF STUDENTS OFFICE, PROVIDING LEADERSHIP AND SUPERVISION TO STUDENT AFFAIRS WHILE SERVING AS A LIAISON BETWEEN ADMINISTRATION AND STUDENTS AND WORKING WITH THE COMMUNITY TO DEVELOP POLICY REGARDING STUDENT LIFE THE CAMPUS WELLNESS CENTER, OFFERING A FULL ARRAY OF HEALTH CARE, COUNSELING, AND WELLNESS SERVICES AND PROGRAMS THE STUDENT INVOLVEMENT OFFICE, WHICH SUPPORTS STUDENT CLUBS AND ORGANIZATIONS AND OFFERS LEADERSHIP TRAINING, INTRAMURAL ACTIVITES, AND OTHER CAMPUS ACTIVITIES THE DEPARTMENT OF ATHLETICS PROVIDES INTERCOLLEGIATE COMPETITION OPPORTUNITIES FOR THE STUDENT-ATHLETES OF DOMINICAN UNIVERSITY WHO HAVE THE EXPERIENCE AND TALENT TO COMPETE AT THE INTERCOLLEGIATE LEVEL REGARDLESS OF RACE, GENDER, ETHNICITY, OR ORIENTATION THE OVERALL MISSION OF THE DEPARTMENT IS TO PROVIDE AN EXPERIENCE THAT WILL ENHANCE THE PARTICIPANT'S LEVEL OF SELF-ESTEEM, SELF-MOTIVATION AND SELF-ACTUALIZATION THROUGH MENTAL AND PHYSICAL TRAINING, TEAM DYNAMICS AND COMPETITIVE PARTICIPATION IT IS INTENDED THAT THE BENEFITS DERIVED FROM THE SPORT EXPERIENCE WILL POSITIVELY IMPACT MANY ASPECTS OF THE STUDENT-ATHLETE'S LIFE AND WILL SERVE AS A COMPLEMENT TO THE RIGOROUS ACADEMIC ENVIRONMENT OF DOMINICAN UNIVERSITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF TRUSTEES SHALL HAVE EXCLUSIVE RESPONSIBILITY FOR THE DETERMINATION OF POLICY FOR THE CORPORATION, INCLUDING THE GENERAL OUTLINES OF PROCEDURES ESSENTIAL TO IMPLEMENT POLICY, BUT THE ADMINISTRATION OF THE ORDINARY ACTIVITIES OF THE CORPORATION SHALL BE CONDUCTED BY ITS OFFICERS AND OTHER PERSONS APPOINTED BY THE OFFICERS FOR THAT PURPOSE. SUBJECT TO THE RIGHTS OF THE MEMBERS, THE RESPONSIBILITIES OF THE BOARD OF TRUSTEES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING (A) APPOINT OR REMOVE THE PRESIDENT AND OTHER OFFICERS OF THE UNIVERSITY IN ACCORDANCE WITH THESE BYLAWS, (B) APPROVE DEGREES IN COURSES UPON THE RECOMMENDATION OF FACULTY AND HONORARY DEGREES ON THE RECOMMENDATION OF THE PRESIDENT, (C) GRANT TENURE UPON THE RECOMMENDATION OF THE PRESIDENT, (D) ESTABLISH AND REVIEW THE EDUCATIONAL PROGRAMS OF THE UNIVERSITY, (E) OVERSEE LONG-RANGE PLANNING WHICH ENSURES THAT GOALS, PROGRAMS, SERVICES AND FUNCTIONS OF THE UNIVERSITY ARE CONSISTENT WITH THE MISSION AND WITH EDUCATIONAL NEEDS AND OPPORTUNITIES, (F) AUTHORIZE ANY CHANGES IN TUITION AND ANY MATERIAL CHANGES IN FEES WITHIN THE UNIVERSITY, (G) ESTABLISH ANNUALLY THE BUDGET OF THE UNIVERSITY, WHICH SHALL BE SUBMITTED TO IT UPON RECOMMENDATION OF THE FINANCE COMMITTEE, (H) AUTHORIZE THE CONSTRUCTION OF NEW BUILDINGS AND RENOVATION OF EXISTING BUILDINGS AND ASSURE THE PROPER MANAGEMENT OF THE PHYSICAL PLANT, (I) APPROVE AND PARTICIPATE IN A COMPREHENSIVE FINANCIAL DEVELOPMENT PROGRAM TO ADD TO THE CURRENT, SPECIAL AND ENDOWMENT RESOURCES OF THE UNIVERSITY, (J) AUTHORIZE OFFICERS OR AGENTS OF THE UNIVERSITY TO ACCEPT GIFTS FOR THE UNIVERSITY, (K) RECOMMEND TO THE CORPORATE MEMBERS THE ACQUISITION, PURCHASE, SALE, MORTGAGE, LEASE, TRANSFER, OR ENCUMBRANCE OF THE REAL PROPERTY OWNED OR PROPOSED TO BE OWNED BY THE UNIVERSITY, (L) REQUIRE AN INDEPENDENT YEARLY CERTIFIED AUDIT OF FINANCIAL ACCOUNTS, RECORDS, AND RESOURCES BY A CERTIFIED PUBLIC ACCOUNTANT, (M) PERIODICALLY REVIEW THESE BYLAWS AND RECOMMEND CHANGES TO THE MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	KEVIN M KILLIPS IS A TRUSTEE OF THE UNIVERSITY AND THE CHIEF FINANCIAL OFFICER OF THE PRIVATE BANK ROBERT F COLEMAN IS A TRUSTEE OF THE UNIVERSITY AND A DIRECTOR OF THE PRIVATE BANK

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE UNIVERSITY HAS MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS SHALL BE THE PRIORESS, GENERAL COUNCILORS OR DELEGATES AS DETERMINED BY THE MEMBERS, AND THE GENERAL FINANCE OFFICER OF THE SINSINAWA DOMINICAN CONGREGATION THE MEMBERS MAY APPOINT, IN THEIR SOLE DISCRETION, DIFFERENT MEMBERS (A) WHEN THE MEMBERS, IN THEIR SOLE DISCRETION, DECIDE TO INCREASE THE NUMBERS OF MEMBERS (WITHIN LIMITATIONS SET FORTH IN ARTICLE II, SECTION 1), OR (B) WHEN VACANCIES OCCUR BY REASON OF DEATH, RESIGNATION, FAILURE OF QUALIFICATION, OR OTHERWISE. AT ALL TIMES THE MEMBERS SHALL BE COMPROMISED OF A MAJORITY OF PERSONS WHO ARE ELECTED OFFICIALS OF THE SINSINAWA DOMINICAN CONGREGATION EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS ANY MEMBER MAY RESIGN BY FILING A RESIGNATION WITH THE ELECTED CHAIR (UNLESS THE ELECTED CHAIR IS THE PERSON RESIGNING, IN WHICH CASE THE RESIGNATION SHALL BE FILED WITH THE REMAINING MEMBERS) UNLESS OTHERWISE STATED IN A RESIGNATION, IT SHALL TAKE EFFECT WHEN RECEIVED BY THE PERSON OR PERSON(S) TO WHOM DELIVERED AS SPECIFIED ABOVE, WITHOUT ANY NEED FOR ITS ACCEPTANCE. ANY MEMBER MAY BE REMOVED WITH OR WITHOUT CAUSE BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS AMEND, RESTATE, OR MODIFY THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE UNIVERSITY ALSO THEY APPROVE THE ACQUISITION, PURCHASE, SALE, MORTGAGE, LEASE, TRANSFER, OR ENCUMBRANCE OF THE REAL PROPERTY OWNED BY THE UNIVERSITY MEMBERS RATIFY THE APPOINTMENT, REMOVAL, OR REPLACEMENT OF ANY ONE OR MORE OF THE TRUSTEES, AND APPROVE ANY PLAN FOR DISSOLUTION, MERGER, CONSOLIDATION, OR LIQUIDATION OF THE UNIVERSITY THE RESPONSIBILITIES OF THE MEMBERS INCLUDE THE FOLLOWING (A) TO APPROVE THE MISSION OF THE UNIVERSITY, AND ASSURE CONTINUING HARMONY BETWEEN THE MISSION OF THE SINSINAWA DOMINICAN CONGREGATION AND THE MISSION OF THE UNIVERSITY (B) TO AMEND, RESTATE, OR MODIFY THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE UNIVERSITY (C) TO APPROVE THE ACQUISITION, PURCHASE, SALE, MORTGAGE, LEASE, TRANSFER, OR ENCUMBRANCE OF THE REAL PROPERTY OWNED BY THE CORPORATION (D) TO RATIFY THE APPOINTMENT, REMOVAL, OR REPLACEMENT OF ANY ONE OR MORE OF THE TRUSTEES (E) TO APPROVE ANY PLAN FOR DISSOLUTION, MERGER, CONSOLIDATION, OR LIQUIDATION OF THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE TAX RETURNS HAVE BEEN REVIEWED BY THE PLANTE MORAN TAX SERVICES TEAM AND THE RETURNS WERE PROVIDED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE. AT THE MEETING, PLANTE MORAN ALONG WITH STAFF REVIEWED ANY SIGNIFICANT CHANGES. THE TAX RETURN WAS APPROVED AT THE AUDIT AND RISK MANAGEMENT MEETING WITH THE UNDERSTANDING THAT THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION REVIEWED AND FINALIZED ANY FOLLOW-UP THAT WAS REQUESTED AT THE MEETING. ANY FOLLOW-UP TO THE ITEMS PRESENTED AT THE MEETING WAS COMPLETED BY THE STAFF AND REVIEWED BY PLANTE MORAN TAX SERVICE TEAM AND FINAL APPROVAL BY THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION. APPROVAL BY AUDIT & RISK MANAGEMENT COMMITTEE WAS NOTED IN THE MINUTES. A COPY OF THE RETURN WILL BE MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE BOARD PRIOR TO BEING FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DOMINICAN UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY (THE POLICY) THAT HAS BEEN APPROVED BY THE BOARD OF TRUSTEES, WHICH COVERS EACH MEMBER OF THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES OF THE DOMINICAN UNIVERSITY THE POLICY REQUIRES EACH MEMBER OF THE BOARD OF TRUSTEES AND OFFICERS ANNUALLY 1) TO REVIEW THE POLICY, 2) TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT REASONABLY COULD GIVE RISE TO A CONFLICT INVOLVING THE UNIVERSITY, 3) TO ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS IN ACCORDANCE WITH THE POLICY ANNUALY, THE POLICY IS MAILED TO ALL TRUSTEES AND OFFICERS FOR REVIEW, SIGN-OFF, AND RETURN FOLLOW-UP CALLS AND EMAILS ARE MADE TO ENSURE ALL FORMS ARE RETURNED TIMELY RESPONSES ARE COLLECTED AND REVIEWED BY THE COMPLIANCE AND FINANCIAL REPORTING MANAGER TO DETERMINE WHETHER CONFLICT EXISTS THE BOARD OF TRUSTEES PERFORMS DUE DILIGENCE PROCESS AS DOCUMENTED IN THE POLICY IN DETERMINING THE PROPOSED OR DISCLOSED POTENTIAL CONFLICT OF INTEREST SITUATION THIS WOULD INCLUDE 1) ANY MATERIAL FACTS OF THE PROPOSED OR DISCLOSED TRANSACTION NOT KNOWN TO THE BOARD OR COMMITTEE, 2) THE TRUSTEES OR OFFICER'S INTEREST OR RELATIONSHIP WITH RESPECT TO THE PROPOSED OR DISCLOSED TRANSACTION THE PRESENCE OF A TRUSTEE OR OFFICER WHO IS DIRECTLY OR INDIRECTLY A PARTY TO A PROPOSED TRANSACTION MAY NOT BE COUNTED WHEN THE BOARD OR THE COMMITTEE OF THE BOARD TAKES ACTION ON THE PROPOSED TRANSACTION HOWEVER, THE INDIVIDUAL MAY BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT FOR THAT PARTICULAR MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY IS DETERMINED BY THE BOARD OF TRUSTEES ANNUALLY, THEY DETERMINE THE BASE COMPENSATION BASED ON THE COMPARABILITY DATA PROVIDED BY THE DIRECTOR OF HUMAN RESOURCES ANY BONUSES AND OTHER INDIRECT COMPENSATION IS BASED ON MEETING STATED GOALS, WHICH ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AND INCLUDED AS PART OF THE PRESIDENT'S CONTRACT FOR ALL OTHER TOP MANAGEMENT POSITIONS SUCH AS OFFICERS, KEY EMPLOYEES, AND ACADEMIC DEANS, THE PRESIDENT DETERMINES THE INITIAL COMPENSATION BASED ON THE DATA THAT THE DIRECTOR OF HUMAN RESOURCES GATHERED IN RELATION TO MARKET DATA FOR SIMILAR POSITIONS ANNUALLY THE DIRECTOR OF HUMAN RESOURCES REVIEWS ALL COMPENSATION INCLUDING THE SENIOR OR TOP MANAGEMENT FOR EQUITY ANY COMPENSATION RECOMMENDATION IS APPROVED BY THE PRESIDENT AND THE SENIOR VICE PRESIDENT OF ADMINISTRATION THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT, OFFICERS, AND KEY EMPLOYEES IS COMPLETED ON A PERIODIC BASIS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOMINICAN MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL DATA, SUCH AS CONFLICT OF INTEREST POLICY, BY LAWS, FINANCIAL STATEMENTS, AND ANNUAL OPERATING BUDGETS, AVAILABLE TO THE PUBLIC UPON REQUEST

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SINSINAWA DOMINICAN CONGREGATION OF MOST HOLY ROSARY 585 COUNTRY ROAD Z SINSINAWA, WI 53824 39-0816854	PREACHING	WI	501(C)(3)	LINE 1	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation