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DLN: 93493135079767

OMB No 1545-0047

Department of the Departure Treasury

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

nterna	ai Kevei	nue Servic	ce					
			lendar year, or tax year beginning C Name of organization	ng 07-01-2015 , and ending 06-30-2	016	D Empl	over ide	entification number
	eck if ap Idress cl	oplicable hange	Unity College				-	
	ame cha	-	Doing business as				27513	U
	ıtıal retu	ırn	Doing Dusiness as					
Fir eturn/	nal ⁄termına	ated		nail is not delivered to street address) Room/	suite	E Teleph	none nun	nber
	nended r		90 Quaker Hill Road			(207) 509-	7100
Ap	plication	pending	City or town, state or province, cour Unity, ME 04988	ntry, and ZIP or foreign postal code		G Gross	receipts	\$ 36,145,871
			F Name and address of princip	oal officer	H(a) T	s this a grou	n returi	n for
			Melik Khoury 90 Quaker Hill Road			subordinates?		⊤ Yes 🗸
			Unity, ME 04988			No Are all subord	linates	
		pt status	√ 501(c)(3)	insert no) 4947(a)(1) or 527	1	ncluded?		Yes No
ı w	ebsite	:► unit	ty edu		H(c)	Group exemp	tion nu	mber ▶
K Forr	n of org	anızatıon	✓ Corporation Trust Associa	ation Other ►		of formation 1		State of legal domicile M
Pa	rt I		mary					
	II.	iefly des lucation	scribe the organization's mission i	or most significant activities				
e e								
Ĕ	_							
Governance	2 C	heck th	nis box ▶ □ if the organization di	scontinued its operations or dispose	d of more tl	nan 25% of it	s net a	ssets
<u> </u>								
	3 N	umber	of voting members of the governi	ng body (Part VI, line 1a)			3	21
Activities &	4 N	umber	of independent voting members o	of the governing body (Part VI, line 1	b)		4	19
				calendar year 2015 (Part V, line 2a)			5	671
AC			·	ecessary)			6	20
				art VIII, column (C), line 12			7a	24,790
	D NE	et umeia	ated business taxable income no	om Form 990-T, line 34	· · · ·	Prior Year	7b	-52,667 Current Year
	8	Contri	ibutions and grants (Part VIII, li	ne 1 h \		2,130	401	713,585
얔	9		am service revenue (Part VIII, li	•	·	18,873		23,054,257
Ravenua	10	_		n (A), lines 3, 4, and 7d)		1,528	,970	550,946
æ	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		131	,162	99,436
	12	Totalı 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A), I	ıne	22,664	,161	24,418,224
	13	Grants	s and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		7,408	,665	8,004,323
	14	Benefi	its paid to or for members (Part I	X, column (A), line 4)			0	C
δ	15	Saları 5–10)		ee benefits (Part IX, column (A), lines	5	9,477	,914	9,639,438
nse	16a	,	,	, column (A), line 11e)			0	
Expenses	ь		undraising expenses (Part IX, column (D					
ш	17			lines 11a-11d, 11f-24e)	· .	6,010	,184	6,479,917
	18			st equal Part IX, column (A), line 25		22,896	,763	24,123,678
	19	Reven	nue less expenses Subtract line	18 from line 12		-232	,602	294,546
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
sets alan	20	Total	assets (Part X, line 16)		_	42,465	.695	47,493,266
A B	21		liabilities (Part X, line 26)		`. 	13,883	-	20,259,215
Š	22		ssets or fund balances Subtract			28,581	,862	27,234,051
	t II		ature Block		•			
my ki orepa	nowled irer ha:	ge and i	belief, it is true, correct, and con nowledge	amined this return, including accomp nplete Declaration of preparer (other	, -			•
Sign Here			k Khoury President					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature Joseph R Byrne CPA	Date 2017-05-12	Check I If	PTIN P0128	20281
Paid	k	<u> </u>	loseph R Byrne CPA		2017-03-12	self-employed		
	pare	r	Firm's name Berry Dunn McNeil & P Firm's address 36 Pleasant Street	arker LLC		Firm's EIN ► 0		
lee	Onl	v '	mm a dudress 🚩 Do Fledsdilt Street			Tenone no (20	/) 942-]	.000

Bangor, ME 04401

Par	t 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 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part 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			
	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	
	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	11 b		No
	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	11 c	1	No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part I</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		No
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	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		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, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c	Yes	
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

Νo

Νo

Νo

Nο

33

34

35a

35b

36

37

38

Yes

Yes

Form **990** (2015)

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

25a	Section 50 Did the org complete S
b	Is the orga year, and t If "Yes," co
26	Did the org or former of If "Yes," co
27	Did the ord

37

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		N /			_
		Check if Schedule O contains a response of flote to any line in this	Part	<u>v</u>	· ·	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	66			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ag (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	Enter Tax St	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered					
b	If at le	s return			2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more during		, i	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>			3b	Yes	
4a	over, a	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	is," did the organization include with every solicitation an express statement the			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution ses provided to the payor?		d partly for goods and	7a		Νo
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7 b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	٠.	which it was required to	7 c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson ⁷	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Sectio	on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
	additio	e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
	ın whic	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13c		ļ		
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 **1**a 21 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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	
С	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		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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?	16 a		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			

Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1022 (or 1024 if

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)

organization's exempt status with respect to such arrangements?

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

State the name, address, and telephone number of the person who possesses the organization's books and records
►Melik Khoury 90 Quaker Hill Road Unity, ME 04988 (207) 509-7100

16b

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Bruce Nickerson	1 00			,						
Chair		X		X				0	0	0
(2) John Newlin Vice Chair	1 00	х		×				0	0	0
(3) Douglas Sensenig Treasurer	1 00	x		×				0	0	0
(4) P Andrew Hamilton Secretary	1 00	х		×				0	0	0
(5) Stephen Mulkey Past President	40 00	х		×				252,513	0	20,039
(6) Marc Bane Trustee	1 00	х						0	0	0
(7) Michael Demko Trustee	1 00	х						0	0	0
(8) Martha Dolben Trustee	1 00	х						0	0	0
(9) William Hafford Faculty Representative	40 00	х						47,381	0	12,425
(10) Hallie Flint Gilman Trustee	1 00	х						0	0	0
(11) Joseph Gallı Trustee	1 00	х						0	0	0
(12) Sarah Jeffords Trustee	1 00	x						0	0	0
(13) John Karyczak Student Representative	1 00	х						0	0	0
(14) Keith Martin Trustee	1 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and		an	(D) Reportable compensation from the organization (W- 2/1099-		(E) Reportable compensatio from related organization (W- 2/1099 MISC)		Estin amou otl compe from	nated unt of her nsation
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	IVI	150)	MISC)		and re	zation elated zations
(15) Coral-Jeanne O'Connor	1 00	X							0		0		0
Trustee (16) J Michael Pierce	1 00												
Trustee		X							0		0		0
(17) Linda Povey	1 00	Х							0		Ω		0
Trustee		^									U		
(18) Sharon Reishus	1 00	X							0		0		0
Trustee (19) Sarah Ruef-Lindquist	1 00												
		х							0		0		0
Trustee (20) Gloria Sosa	1 00												
Trustee		X							0		0		0
(21) Steven Whipple	1 00	V							0				0
Trustee		Х									U		
(22) Melik Khoury	40 00	x		×					180,257		0		15,262
President/Past CFO (23) Deborah Cronin	40 00												
	40 00			х					136,423		0 21,887		
Past VP Finance													
				<u>L</u>									
1b Sub-Total			•	>									
d Total (add lines 1b and 1c)	•		•	-			6:	16,574		0			69,613
Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed al	bove	e) wl	ho red		-	e than		l		<u> </u>
												Yes	No
3 Did the organization list any former officer,	director or trust	ee, ke	y em	יסוקר	yee.	or hi	ghes	stcomi	ensated	employee [
on line 1a? If "Yes," complete Schedule J for	such individual		•	•	•		•	• • '		• •	3		No
4 For any individual listed on line 1a, is the s organization and related organizations grea individual										n the	4	Yes	
5 Did any person listed on line 1a receive or services rendered to the organization? If "Y	,			•				_	ion or ind	vidual for	5	103	No
					_					L			110
Section B. Independent Contractors													
1 Complete this table for your five highest co compensation from the organization Repor												tax year	
(A)					, -				(B	3)	Ť	(C)
JF Scott Construction Company	ess address							Constru	Description ction	or services	+	Comper 3	,655,074
20 Royal Street													
Winthrop, ME 04364								1011	(F				106 222

JF Scott Construction Company	Construction	3,655,074
20 Royal Street Winthrop, ME 04364		
SMRT Inc	Architecture/Engineering	196,233
PO Box 618 Portland, ME 041040618		

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 ▶ 2

Form 99		· · · · · · · · · · · · · · · · · · ·						Page 9
Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ &	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
F	С	Fundraising eve	ents 1c					
ifts lar /	d	Related organiz	ations 1d					
s, (s imi	е	Government grants	s (contributions) 1e	33,375				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	680,210				
iti Oth	g	Noncash contribution 1a-1f \$	ons included in lines	155,504		İ		
Contand	h	Total. Add lines	s 1a-1f	· · · •	713,585			
<u>=</u>				Business Code				
Ven	2a	Tuition and Fees		611600	16,474,608	16,474,608		
Program Service Revenue	b c	Room and Board Student Financial A	Aud.	611600 611600	4,394,060	4,394,060		
Ž.	d	Miscellaneous		611600	1,629,027 398,662	1,629,027 327,602		71,060
፠	e	Bookstore		611600	157,900	157,900		, 2,000
gran	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	>	23,054,257			
	3		ome (including dividen		429,261			429,261
	4		ar amounts)	-	,			,
	5	Royalties		▶				
	6a	Gross rents	(I) Real 74,646	(II) Personal				
	ь	Less rental	0					
	С	expenses Rental income	74,646					
	d	or (loss) Net rental incoi	me or (loss)		74,646			74,646
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	11,849,332					
	b	Less cost or other basis and sales expenses	11,727,647					
	C	Gain or (loss)	121,685		121,685			121,685
ine	d 8a	Gross income f events (not inc			121,063			121,063
Other Revenue		\$of contributions See Part IV , lin	s reported on line 1c) ne 18					
the	ь	Less direct ex	penses b					
0	С	Net income or ((loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь		penses b					
	C	Net income or (loss) from gamıng actı)	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inv					
	11~	Miscellaneous		Business Code 722210	24,790		24,790	
	11a b	Summer Progra	IIII FOOD Sales	,22210	24,750		24,730	
	С							
	d	All other revenue	ue					
	e	Total. Add lines	s 11a-11d	•	24,790			
	12	Total revenue.	See Instructions .	•	24,418,224	22,983,197	24,790	696,652

Part IX Statement of Functional Expenses

ection	5016	c1/31:	and 501	1(c)(4)	organizations	must c	omnlete all	columne	Allother	organizations	must comp	lete coli	umn (A)
еспон	DULL	CHOL	anu 50 i	L I C. JI 4	LOTUATIIZALIONS	musec	ombiete an	COTUITINS	A II OTHER	organizacions	THUS L COINE	лете соп	amm ta i

	Γ	_ ,			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	8,004,323	8,004,323		
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	686,187	59,806	626,381	
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	6,945,049	5,696,104	956,112	292,833
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	288,778	239,224	37,278	12,276
9	Other employee benefits	1,132,422	880,709	211,871	39,842
10	Payroll taxes	F07.003	445.062	110 400	22.722
	Fore for corrupts (non-employees)	587,002	445,862	118,408	22,732
11 a	Fees for services (non-employees) Management				
b	Legal	54,091		54,091	
c	Accounting	63,145		63,145	-
d	Lobbying	03,143		65,145	_
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	70,647		70,647	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	613,351	380,720	230,785	1,846
12	Advertising and promotion	201,792	16,115	160,153	25,524
13	Office expenses	1,275,199	1,080,030	166,352	28,817
14	Information technology	346,532	235,084	111,448	
15	Royalties				
16	Occupancy	237,566	232,937	4,629	
17	Travel	338,104	210,283	99,741	28,080
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,341	41,378	13,400	563
20	Interest	435,158		435,158	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,419,970	1,339,017	80,953	
23	Insurance	187,594	20	187,574	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Miscellaneous Expenses	846,012	749,883	88,348	7,781
b	Food Costs	245,141	234,952	2,587	7,602
c	Student Activities/Even	90,274	53,839	20,096	16,339
d					
е	All other expenses		_	_	
25	Total functional expenses. Add lines 1 through 24e	24,123,678	19,900,286	3,739,157	484,235
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)				 (B

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

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Net Assets or Fund Balances

Cash-non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Form 990 (2	2015)			Page
Part X	Balance Sheet			

End of year

697,360

76.344

205,646

49.726

104,962

22,965,070

16,825,802

47,493,266

2,116,672

442,224

16,353,449

1,346,870

20,259,215

12,205,522

3,286,879

11,741,650

27,234,051

47,493,266 Form 990 (2015)

6,334

6,562,022

Beginning of year

33,315

6,850,782

124,442

141,809

38,268

116,244

18,323,069

16,831,388

42,465,695

1.988.209

542,595

414,845

13,883,833

12,640,468

4,207,937

11,733,457

28,581,862

42,465,695

10,938,184

39,439,487

16,474,417

6,378

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m 990 (2015)	Pag
art Y Ralance Sheet	

Form 990 (2	2015)	Page 1:
Part X	Balance Sheet	

10a

10b

a separate basis, consolidated basis, or both Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2015)

Νo

Both consolidated and separate basis

Separate basis Consolidated 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?

Schedule O

Schedule O

Separate basis

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both

efile GRAPHIC print - DO NOT PROCESS As Filed Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

S | As Filed Data - | DLN: 93493135079767

SCHEDULE A (Form 990 or 990EZ) **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.

494/(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

2015
Open to Public
Inspection

Employer identification number

01-0275130

Internal Revenue Service

Name of the organization

Department of the

Unity College

Part I

✓

1

2

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

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	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						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
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)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	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						
h	Amounts included on lines 2 and						
U	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)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶┌
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by the eventual to the eventual eventua		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	2		
	509(a)(1) or (2)			
3а	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?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	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?	4b		
	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	70		
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	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	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 .	9 c		
0a	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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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 Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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 satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	
	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 3a each of the supported organizations? Provide details in Part VI
- **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

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

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DLN: 93493135079767

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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 $\underline{www.irs.gov/form990}$.

2015

Open to Public Inspection

	me of the organization ty College			Empl	oyer identificat	ion numb	er
Oili	ty College			01-0	275130		
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or ed "Yes" on Form 990,	Other Similar For Part IV, line 6.	unds o	or Accounts.		
	-	(a) Donor advised fund		(b)	Funds and othe	r account:	s
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 a funds are the organization's property, subject to t	_		or advis	sed	☐ Yes	□No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the				r purpose	,	,
_	conferring impermissible private benefit?		1 1157 11		000 0 171	Yes	☐ No
	rt II Conservation Easements. Comple			n Forn	1 990, Part IV	, line /.	
1	Purpose(s) of conservation easements held by th	,	that apply)				
	Preservation of land for public use (e.g., recreeducation)	eation or	- Preservation of ai	n histor	ıcally important	: land area	a
	Protection of natural habitat	· 	Preservation of a				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	held a qualified conserva	tion contribution in t	he form	of a conservati	on	
	easement on the last day of the tax year	·					
					Held at the	End of the	e Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme		odup (a)	2b			
C	Number of conservation easements on a certified Number of conservation easements included in (c		` ,	2c			
d	historic structure listed in the National Register	.) acquired after 6/17/06	, and not on a	2d			
3	Number of conservation easements modified, trai	nsferred, released, exting	uished, or terminate	d by th	e organızatıon d	uring the	
	tax year ▶						
4	Number of states where property subject to cons	ervation easement is loca	ated ▶				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ing, inspection, hand	dling of	ΓYe	s ΓN	lo
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vi	olations, and enforci	ng cons	servation easem	nents duri	ng the
	-						
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violation	ons, and enforcing co	onserva	ition easements	during th	ne year
	▶ \$						
8	Does each conservation easement reported on lin (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the	requirements of sec	tion 17:	0(h)(4) Ye	es 🗆 N	lo
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org					
Pai	rt III Organizations Maintaining Collec		ical Treasures,	or Oth	ner Similar A	ssets.	
	Complete if the organization answere		<u>'</u>				
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public ex	hibition, education,	or resea	arch in furtherar		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ex					lic
((i) Revenue included on Form 990, Part VIII, line 1	1		> \$ _		0	
	ii) Assets included in Form 990, Part X		1		198		
2	If the organization received or held works of art, he following amounts required to be reported under S	•	her sımılar assets fo				
а	Revenue included on Form 990, Part VIII, line 1				▶ \$		

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, H	istorio	cal	Trea	sures, o	or Ot	her Similar A	ssets
3		I the organization's acquisition, acc ction items (check all that apply)	ession, and other rec	cords, o	chec k a	ny d	of the	following t	hat ar	e a significant us	e of its
а	✓	Public exhibition		d	Г	Lo	an or	exchange	progr	ams	
b	_ :	Scholarly research		е		Οt	ther				
c	~	Preservation for future generations									
4	Provide Part >	de a description of the organization	ı's collections and exp	plaın ho	ow they	furt	ther th	ne organiza	ation's	s exempt purpose	: in
5		g the year, did the organization sol s to be sold to raise funds rather tl									s √ No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form	n 990,	Par	t IV,	line 9, or	repo	orted an amour	nt on Form 990,
1a	Is the	e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inter	mediar	ry for co	ontri	ibutioi	ns or other	asse	rts not	s No
b	If"	'Yes," explain the arrangement in F	art XIII and complet	e the f	ollowing	g tal	ble			Am	ount
c	Ве	ginning balance							1 c		
d	A d	ditions during the year							1d		
е	Dis	tributions during the year							1e		
f		ding balance						ļ l	1f		
2 a		ne organization include an amount o	on Form 990, Part X,	lıne 21	, for es	crov	worc	ustodial ac	coun	t liability? Ye	s No
b		es," explain the arrangement in Par									
Pa	rt V	Endowment Funds. Comple				d "					
	Dage	ning of ware balance	(a)Current year 14,227,071	(b)Pr	or year 14,239,!	584	b (c)	Two years ba 14,085,2		d) Three years back 13,157,182	(e)Four years back 2,804,813
1a b	_	ining of year balance Tibutions	8,736			674		116,5	-	147,168	9,999,237
c	Net II losse	nvestment earnings, gains, and s	-318,996		734,!	522		2,022,8	393	1,085,154	479,712
d		s or scholarships									
e		r expenditures for facilities rograms 	569,048		751, ⁻	709		1,985,1	.57	304,218	126,580
f	A dmı	nistrative expenses									
g	End o	f year balance	13,347,763		14,227,0	071		14,239,5	584	14,085,286	13,157,182
2	Provi	de the estimated percentage of the	current year end bala	ance (I	ıne 1g,	colu	umn (a	a)) held as			
а	Board	I designated or quasi-endowment 🕨	2 870 %								
b	Perma	anent endowment ▶ 83 560 %									
С		orarily restricted endowment ►	13 570 %								
		ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a	organ	nere endowment funds not in the polization by	essession of the orgar	nızatıor	n that a	re h	neld ar	nd adminis	tered		Yes No
	(ii) re	related organizations			· · ·	. ا				3a	a(i) No
ь 4		es" on 3a(II), are the related organi Tibe in Part XIII the intended uses									3b
	rt VI	Land, Buildings, and Equip		CHOOM	inche la	iius					
		Complete if the organization		Form	990, P	art	IV, lı	ne 11a.S	ee Fo	orm 990, Part X	(, line 10.
		Description of property		c	a) Cost or ot (invest)	herl		(b) Cost or other (other		Accumulated (c) depreciation	(d)Book value
	Land				,		* 	•	30,000		130,000
	Buildin		- ·						,		
-								24,3	68,083	8,426,28	9 15,941,794
c	Leasel	nold improvements		· _							
d	Equipn	nent		· _				6,5	26,438	6,214,50	0 311,938
е	Other										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

22,965,070

Part VII	Investments—Other Securities. Co. See Form 990, Part X, line 12.	mplete if the orga	ınızatıon answered 'Y	es' on Form 990, Part IV, line 11b.
	(a) Description of security or category		(b) Book value	(c)Method of valuation
(1)Financia	(including name of security) Il derivatives			Cost or end-of-year market value
(2)Closely-	held equity interests			
(3)O ther				
Total. (Colum Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Related. Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11c. _S	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. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization		Form 990, Part IV, line	
	(a) Desci	ription		(b) Book value
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 1	15)		
Part X	Other Liabilities. Complete if the orga			
	See Form 990, Part X, line 25. (a) Description of liability	(b) Book value	•	
1.	(a) Description of hability	(B) Book value		
Federal inco				
Refundable Program	Advances Under Federal Revolving Loan	35.	927	
Interest Ra	te Swap Obligation	1,310	943	
		1		
	nn (b) must equal Form 990, Part X, col (B) line 25) I for uncertain tax positions In Part XIII, provic	1,346 de the text of the foo		n's financial statements that reports the

Total revenue, gains, and other support per audited financial statements .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

perservation purposes

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

Explanation

Works of art are held for public service and educational purposes as well as for cultural and aesthetic

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

1

2

Part XIII

information

Part III, Line 4

Return Reference

15,130,688

-1,641,757

3	Subtract line 2e from line 1	3	16,772,44
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 70,647		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	7,645,77
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	24,418,22
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	16,478,49
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	60
3	Subtract line 2e from line 1	3	16,477,89
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 70,647		
b	Other (Describe in Part XIII)		
•	Add lines 4a and 4b	40	7 645 77

2a

2b

2c

2d

-710,643

-931,714

600

2e

24,123,678

Schedule D (Form 990) 2015				
Part XIII Supplemental	Information (continued)			
Return Reference	Explanation			
Part XI, Line 2d - Other Adjustments	Change in Value of Gift of Future Interest -543 Change in Value of Interest Rate Swap -931,171			
Part XI, Line 4b - Other Adjustments	Institutional Aid 6,320,771 Pell Grants 1,130,199 State Scholarships 124,162			
Part XII, Line 4b - Other Adjustments	Institutional Aid 6,320,771 Pell Grants 1,130,199 State Scholarships 124,162			

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SCHEDULE E

(Form 990 or 990-EZ)

Department of the

Treasury

Service

As Filed Data -

DLN: 93493135079767

OMB No 1545-0047

Open to Public Inspection

Schools

▶Complete if the organization answered "Yes" on 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.

Internal Revenue

Name of the organization **Employer identification number** Unity College 01-0275130 Part I YES NO 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? Yes 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? Yes 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 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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? Yes 4c \mathbf{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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

any other additional information (see instructions)

Return Reference		Explanation							
Schedule E, Part I, Line 3	P	Policy is stated in all recruiting materials							
Schedule E, Part I, Line 5	N	VA .							

Schedule E, Part I, Line 6
Unity College participates in various governmental financial aid and grant programs for student financial aid and work study wages

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organization about Schedule
Internal Revenue Service | Information about Schedule

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493135079767

Open to Public Inspection

Employer identification number

Unity College	01-0275130	01-0275130					
Part I General Information	n on Grants an	d Assistance					
Does the organization maintain the selection criteria used to av Describe in Part IV the organization.	vard the grants or a	ssistance?				tance, and	√ Yes No
Part III Grants and Other Assistation that received more than s				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 503 Enter total number of other orga							
For Paperwork Reduction Act Notice, see			· · · · ·	Cat No 50055P	· ·		le I (Form 990) 2015

Schedule I (Form 990) 2015 Part III Grants and Other Assis	istance to D	lomastic Individuals Cou	mplete if the organization	n answered "Ves" on For	m 990 Part IV June 22	Page 2
Part III can be duplica			inplete if the organization	Tallswered Tes Official		
(a) ⊤ype of grant or assistan	лсе	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) College Work Study		335	316,072			<u> </u>
(2) Federal Pell Grant Program		276	1,130,199			
Federal Supplemental Education (3) Opportunity Grant Program	ional	276	113,119			
(4) State Scholarships		90	124,162			
(5) Unity Grant		647		6,320,771	FM V	Tuition Discounts
Part IV Supplemental I	Informati	ion. Provide the infor	rmation required in Pa	art I, line 2, Part III,	column (b), and any othe	er additional information.
Return Reference	Explanatio	on .				
		nization awards grants to are used appropriately	students to be used for	educational purposes by	debiting the students accou	int directly. This system ensures that

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule J (Form 990)

Department of the

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on 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.

DLN: 93493135079767 OMB No 1545-0047

Open to Public

Treas	· •	•		_	nsp	ectio	n
	nal Revenue Service me of the organization		Employer ide	 entificatio	n nur	nber	
	ty College						
D-	rt I Questions Regarding Compensation	<u> </u>	01-027513	Ü			
- (-	Questions kegarding compensation	JII				Yes	No
1 a	Check the appropriate box(es) if the organization pr	rovided an	y of the following to or for a person listed on Forn	" Г		163	140
La	990, Part VII, Section A, line 1a Complete Part II						
	First-class or charter travel	√	Housing allowance or residence for personal us-	е			
	Travel for companions	_	Payments for business use of personal residence	:e			Ì
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the c reimbursement or provision of all of the expenses of				1 b	Yes	
2	Did the organization require substantiation prior to						
	directors, trustees, officers, including the CEO/Exe	ecutive Di	rector, regarding the items checked in line 1a?	-	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all						
	used by a related organization to establish comper			III			
	Compensation committee	√	Written employment contract				
	Independent compensation consultant	▽	Compensation survey or study				
	Form 990 of other organizations	√	Approval by the board or compensation commit	tee			
4	During the year, did any person listed on Form 990 or a related organization), Part VII	, Section A , line 1a with respect to the filing orga	anization			
а	Receive a severance payment or change-of-contro	ıl navment	2		4a		No
a b	Participate in, or receive payment from, a supplement			F	4b		No
c	Participate in, or receive payment from, an equity-		·		4c		No
_	If "Yes" to any of lines 4a-c, list the persons and p			<u> </u>			110
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organize		•				
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any				
_	The organization?				5a		No
a b	Any related organization?			F	5a 5b		No
	If "Yes," on line 5a or 5b, describe in Part III				36		NO
6	For persons listed on Form 990, Part VII, Section	A.lıne 1a	did the organization pay or accrue any				
_	compensation contingent on the net earnings of	,	,,				
а	The organization?			L	6 a		No
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"				7		No
8	Were any amounts reported on Form 990, Part VII			Γ			
	subject to the initial contract exception described in Part III	ın Regulat	ions section 53 4958-4(a)(3)? If "Yes," describ)е			,.
		المنامة مطا	ble presumption presedure described in S	 	8		No
9	If "Yes" on line 8, did the organization also follow t section 53 4958-6(c)?	.ne reputta	bie presumption procedure described in Regulat	10115	9		

Schedule J (Form 990) 2015

Page 2

3 Deborah Cronin

Past VP Finance

136,423

(ii)

For each individual whose compensation must be reported on 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-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		Base (ı) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	efits (B)(I)-(D) column(B) rep as deferred on Form 990	
Stephen Mulkey Past President	(i)	217,013	0	35,500	10,500	9,539	272,552	0
	(ii)		0	0	0	0	0	0
O. M. 11. 171		100.057						

180,257 9,065 (i) 6,197 195,519

7,101

14,786

158,310

2 Melik Khoury President/Past CFO

(ii)

Schedule 3 (Folial 990) 2013										
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 a										
Return Reference	Explanation									
Part I, Line 1a	Stephen Mulkey, Past President of Unity College, is provided a place of residence on campus as required in his contract. This amount is not included as									

Schedule J (Form 990) 2015

Schodule 1 (Form 990) 2015

taxable compensation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

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.

2015

Open to Public

DLN: 93493135079767 OMB No 1545-0047

Department of the Treasury

(Form 990)

Internal Revenue Service

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

Name of the organization

Employer identification number

	te of the organization								Em	pioyer ic	ientifica	ition nur	nber	
Uni	ty College								01	-02751	30			
P	art I Bond Issues								•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	(e) Issue price (f) Description of purpose ((g) De	feased	beha			Pool ncing
									Yes	No	Yes	No	Yes	No
A	Town of Unity Maine	01-6000404		12-23-2013	6,500,000	Debt Re	financing			Х		×		Х
В	Town of Unity Maine	01-6000404		12-19-2014	5,000,000	Debt Re	financing/C	onstruction		Х		Х		Х
С	Town of Unity Maine	01-6000404		12-18-2015	6,000,000) Constru	ction of Nev	v Dormitories		Х		×		Х
Pa	rt III Proceeds			1				В						
1	A mount of bonds retired.				A	560.927				C 10	0.207		D	
	A mount of bonds legally d					569,837		271,584		10	8,207			
3	Total proceeds of issue	eleaseal I I I												
					6	6,500,000 5,000,000				6,00	0,000			
4	Gross proceeds in reserve													
5	Capitalized interest from p	oroceeds												
6	Proceeds in refunding esc	rows												
7	Issuance costs from proc	eeds				90,491 86,498				7	8,107			
8	Credit enhancement from	proceeds												
9	Working capital expenditu	res from proceeds .												
10	Capital expenditures from	proceeds			3	3,809,509 3,913,502				4,31	8,740			
11	Other spent proceeds .				2	2,600,000 1,000,000								
12	Other unspent proceeds .									1,60	3,153			
13	Year of substantial comple	etion			2014	1	20	15						
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as	part of a current refun	dıngıssue?		Х		×				Х			
15	Were the bonds issued as	part of an advance ref	unding issue? .			x		×			х			
16	Has the final allocation of	X		Х				Х						
17 	Does the organization maintain adequate books and records to support the final allocation of proceeds?						X		×					
Pa	rt III Private Busines	s Use			A			В		С			D	
					Yes	No	Yes	No	Yes	- i	No	Yes		No
								1.13		+		1 03		

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

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

Χ

Χ

Х

Χ

			А		В		C	:	I		
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private b of bond-financed property?	usiness use		×		X		Х			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finar										
prope											
С	Are there any research agreements that may result in private business use financed property?	of bond-		Х		х		Х			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or 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 other than a section $501(c)(3)$ organization or a state or local government.				•						
5	Enter the percentage of financed property used in a private business use 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										
7	Does the bond issue meet the private security or payment test?			Х		Х		Х			
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		х	х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d										
С	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?			х		Х		×			
Par	t IV Arbitrage		·		•	•					
		A			В		С		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?		Х		×		x				
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х		×			Х			
b	Exception to rebate?	Х		Х		Х					
С	No rebate due?		Х		X			Х			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed										
3	Is the bond issue a variable rate issue?		Χ		×			Х			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	×		Х		x					
b	Name of provider	Bangor Savıng	js Bank	Bangor Sa	vings Bank	Bangor Sa	ıngs Baı	nk			
С	Term of hedge	1500 00000	00000 %	2000 00	00000000 %	2000 000	000000	00 %			
d	Was the hedge superintegrated?	Х		Х		Х					
e	Was the hedge terminated?		Х		Х			Х			

period?

D

Yes

Page 3

Nο

No

contract (GIC)?							1
Name of provider .				•	•	•	Ī
Term of GIC							Τ

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary

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?

Were gross proceeds invested in a guaranteed investment

Has the organization established written procedures to monitor

the requirements of section 148? . . . **Procedures To Undertake Corrective Action**

Yes

Yes

Х

Х

No

Nο

Х

Yes

Х

Yes

В

В

No

Nο

Yes

Χ

No

No

Х

D Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). Schedule K (Form 990) 2015

Yes

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

(Form 990 or 990-EZ)

DLN: 93493135079767

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Se	rrvice	▶ Information	about Sch	•	990 or 990-EZ ov /form990.) and its instru	uctions	is at			n to P spect	
Name of the or Unity College							En	nploye	r identi	ficatio	n numbe	r
Officy College							01	-027	5130			
		t Transaction										
		ganızatıon answe										
1 (a) Nan	ne of disquali	fied person	(b) R	•	tween disquali	fied person an	d (4	•	cription	of	(d) Cor	
					organization			trans	saction		Yes	No
			•									
4958 .		incurred by orga · · · · r, if any, on line 2					٠		> \$			
5 Litter the c	aniount of tax	, if any, on time 2	, above, ie	illibursed by	the organization	,,,		•	Ъ			
(a) Name of interested person	(b) Relation with organizati	Purpose of	(d) Loar	n to the	(e)Original principal amount	(f)Balance due	(g) defa	In ult?	(h A ppro by boa commi	oved ard or	(i)Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
										1		
										1		
Total		▶ \$										
		sistance Ben e e organization				rt IV, line 27						
(a) Name of perso	nterested	(b) Relationshi interested pers organiza	p betweer on and the	(c) A mour	t of assistance			stance	e (e)	Purpos	se of ass	istance
		1										

Complete if the organizati			•					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	of organizatio revenues?				
				Yes	No			
(1) Michele Leavitt	Family member of Stephen Mulkey, President	18,817	Compensation		No			

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DLN: 93493135079767

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
2015

Department of the Treasury Internal Revenue Service Name of the organiza

(Form 990)

Paniorination about Schedule Pi (1 offin 550) and its instructions is at www.insigov/10/ms50

Open to Public Inspection

	e of the organization College				Employer identificat	ion nu	mber	
					01-0275130			
Pa	rt 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	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		900	Fair Market Value			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded $oldsymbol{.}$	X	1	152,304	Stock Market Value	:		
LO	Securities—Closely held stock .							
l1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
L6	Real estate—Commercial							
L7	Real estate—Other							
L8	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts		_					
	Other ► (cellaneous Outdoor	X	3	2,300	Fair Market Value			
	pment)							
	Other ▶ ()							
27	Other ▶ ()							
28	Other ▶ ()							
	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organize	ation receiv	e by contribution any prope	rty reported in Part I, lines	s 1 through 28, that		Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holdina r	period?			30a		No
b	If "Yes," describe the arrangem					554		110
31	Does the organization have a gi			review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us	•	ies or related organizations	·				 I
L						32a	Yes	
	If "Yes," describe in Part II If the organization did not repor	t an amount	: in column (c) for a type of	property for which column	(a) is checked,			

describe in Part II

securities are sold as soon as administratively possible

Schedule M (Form 990) (2015)



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Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

DLN: 93493135079767

Name of the organization
Unity College

Employer identification number
01-0275130

990 Schedule O, Supplemental Information

Department of the

Internal Revenue

Treasurv

Service

Return Reference	Explanation
Form 990, Part III, line 2	As part of a comprehensive distance education initiative, Unity College now offers a MS of Professional Science degree which is the first graduate degree and online degree ever offered at Unity College. This degree offers an advanced version of Unity College's unique sustainability science curriculum in a flexible format for professionals seeking to advance careers while allowing them to do it from a distance
	A complete copy of the 990 was reviewed by the President, the Chief Business Officer, the

990 Schedule O, Supplemental Information Return

Return	Explanation
Reference	

substantive 4 Substantive responses warrant further discussion with the Board member/employee to attempt to minimize or remediate 5 All hardcopies are filed in the president's office and electronically recorded 6 Following the end of the annual audit process, employee forms will be filed in their confidential personnel files located in Human Resources and the Board forms in the individual confidential board member files of the board office

Form 990. Part The president's office maintains copies of conflicts of interests from board members or employees on file for use, if VI. Section B. requested, during the annual audit process 2 Past practice has been that anyone reporting a conflict is noted 3 if someone declares a conflict the President and the Chief Business Officer [CBO] meet to determine if the conflict is substantive or non-

Form 990, Part

The President's compensation was determined using a compensation survey or study, approved

by the board, and a written employment contract is in place

line 12c

990 Schedule O. Supplemental Information

Explanation

Form 990. Part X. Line 10 Land. Buildings.

Return Reference

Form 990, Part VI, Section C, line 19

and Equipment

statements available to the public

The Organization does not make its governing documents, conflict of interest policy and financial

Section 1 263(a)-3(n) Election Unity College 90 Quaker Hill Road Unity, ME 04988 EIN 01-0

275130 Unity College is electing to capitalize repair and maintenance costs under Regulati on Section 1 263(a)-3(n)

990 Schedule O, Supplemental Information

Return Reference Explanation

return reference	Explanation
Form 990, Part XI, line 9	Change in Value of Gift of Future Interest -543 Change in Value of Interest Rate Sw ap -931,171

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SCHEDULE R | Related Or

DLN: 93493135079767OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

Unity College

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

Part I Identification of Disregarded Entities Co	mplete if the organization	answered "Yes" or	ı Form 990, P	art 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	D	(f) Direct controlling entity		
art II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations duri	ganizations Complete if thing the tax year.	ne organization ans	swered "Yes"	on Form 990, Pa	rt IV, l	ine 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection Public charity (if section 501	(e) (f) blic charity status section 501(c)(3)) Direct continuence entity		Section (13) co ent	ontrolle itity?
Unity Foundation Box 815	Supporting organization	ME	501(c)(3)	11, Type I		N/A	Yes	No
ıty, ME 049880815 -0536785						N/A		\perp
								_
								_
						1	1	

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	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)	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 Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No	
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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

chedule k (Form 990) 2015					Рад	ge 3
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations li	sted 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)				1 b		No
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1 d		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)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
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)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet				S		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ai	mount II	nvolved	

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

Name, actives, and FIN of entity Capt Capt	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	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	section 501(c)(3) d, organizations? rom er 12-		total	income assets			Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
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