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DLN: 93493131056437

OMB No 1545-0047

Open to Public Inspection

Department of the Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public

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

A E	t b o	201E co	landar vaar artav vaar b	oginning 07 01 201E and anding 06	: 20 20	16				
		pplicable	C Name of organization	eginning 07-01-2015 , and ending 06	<del>5-30-20</del>	16	D Emplo	yer id	dentification number	
		change	GEORGIAN COURT UNIVERS				21-0	6349	481	
∏ Na	ame cha	ange	% JOHN SOMMER VP FINAN Doing business as	CE & AD				0313	01	
	ıtıal reti	urn	3							
Fı return,	nal 'termına	ated		box if mail is not delivered to street address)	Room/s	uite	E Teleph	one ni	ımber	
	ended		900 LAKEWOOD AVENUE				(732)	987	-2200	
Ap	plication	n pending	City or town, state or provin LAKEWOOD, NJ 08701	ice, country, and ZIP or foreign postal code			<b>G</b> Gross	receip	ts \$ 87,435,244	
			<b>F</b> Name and address of	principal officer		H(a) I	s this a group	retu	urn for	
			JOSEPH R MARBACH P	HD			ubordinates?		⊤ Yes 🗸	
			900 LAKEWOOD AVEN LAKEWOOD,NJ 08701				No	<b>.</b> .		
<b>I</b> Ta	x-exem	npt status	▼ 501(c)(3)	( ) ◀ (insert no )	527		Are all subord ncluded?	mate	Yes No	
J W	ebsite	e: ► WW	/W GEORGIAN EDU				•		st (see instructions)	
V Farr	- of or		✓ Corporation  Trust	Accounting Other •			Group exemp of formation 19		number ▶ M State of legal domicile NJ	
K Forr	n or org	ganization	✔ Corporation   Trust	Association   Other			or formation 1		Totale of legal dofficile 113	
Pa	rt I	Sum	mary							
			scribe the organization's n EDULE O	nission or most significant activities						
eu	31	ЕЕ ЗСПІ	EDOLE O							
E E	_									
Ĕ		المماد الم	us hay A T if the arganiza	ation discontinued its operations or dis		of more th	200 200 of the			
Governance	2	Lileck til	is box P   If the organiza	ition discontinued its operations of dis	sposeu	or more tr	1411 23% UTIL	s net	assets	
	3 1	Number	of voting members of the g	governing body (Part VI, line 1a) .				3	33	
Activities &	<b>4</b> N	Number	of independent voting men	nbers of the governing body (Part VI, I	line 1b	)		4	32	
<u> </u>	<b>5</b> T	otal nur	mber of individuals employ	ved ın calendar year 2015 (Part V , lıne	e 2a)			5	966	
Act	6 T	otal nur	mber of volunteers (estima		6	180				
				from Part VIII, column (C), line 12 .				7a	249,710	
	b N	et unrela	ated business taxable inco	ome from Form 990-T, line 34				7b	-252,610	
							Prior Year		Current Year	
Qı	8		,	/III, line 1h)		•	3,045	_	8,965,087 54,602,114	
Ravenue	9	_	•	VIII, line 2g)			· · · · · · · · · · · · · · · · · · ·	54,519,183		
Rev	10		•	column (A), lines 3, 4, and 7d)... nn (A), lines 5, 6d, 8c, 9c, 10c, and 1:		·	4,262	_	3,702,193	
	11 12		•	ugh 11 (must equal Part VIII, column		ne	<u> </u>	1,042,828		
		12)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		62,869	,815	67,857,903	
	13	Grants	s and similar amounts paid	d (Part IX, column (A), lines 1-3) .			16,308	,056	16,684,406	
	14		·	(Part IX, column (A), line 4)				0	0	
æ	15	Saları 5–10		mployee benefits (Part IX, column (A)	), lines		26,095	,805	25,238,360	
Expenses	16a		•	art IX, column (A), line 11e)			18	30,727		
å	ь	Total fu	undraising expenses (Part IX, co	lumn (D), line 25) ▶1,704,682						
ш	17			ın (A), lınes 11a-11d, 11f-24e)			19,834	918	18,570,182	
	18	Total	expenses Add lines 13-1	.7 (must equal Part IX, column (A), lin	ne 25)		62,257	,176	60,523,675	
	19	Reven	ue less expenses Subtra	ct line 18 from line 12		-	612	,639	7,334,228	
Net Assets or Fund Balances						Beginn	ing of Current	Year	End of Year	
Set	20	Total	assets (Part X, line 16)				122,948	493	126,510,141	
A A	21	Total	liabilities (Part X, line 26)				32,451	,194	31,650,595	
žŢ	22	Net as	ssets or fund balances Su	btract line 21 from line 20			90,497	,299	94,859,546	
	t II		ature Block							
my kı	nowled	dge and		ave examined this return, including acc nd complete Declaration of preparer (						
		***	** *				2017-05-11			
Sign		Signa	ature of officer				Date			
Here	9		N SOMMER VP FINANCE & ADM e or print name and title							
		<u>                                      </u>	Print/Type preparer's name	Preparer's signature	- 1	Date		PTIN		
Paid	4	PHILLIP GROFF PHILLIP GROFF 2					Check If self-employed		247783	
			Firm's name <b>F</b> KPMG LLP				Firm's EIN	1		
	pare Onl	1 1	Firm's address ▶ 345 PARK AVE				Phone no (21)	2) 758	-9700	
USB	UIII	יעי	NY, NY 10154	0102						

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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\mathfrak D}$	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part 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	11b	Yes	
	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	<b>11</b> c		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	<b>11</b> 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	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

_	the the organization in section, proceeds or tan order period of the composition of the c	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, 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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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?			N. a

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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	20	Yes	

		F	orm <b>99</b> 0	(2015)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV, and Part V, line 1	34	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		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? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28</b> c		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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)			
	member of any of these persons? If "Yes," complete Schedule L, Part III	27		N o

Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliand		\ /			_
	Check if Schedule O contains a response or note 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	141			-110
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
_	gaming (gambling) winnings to prize winners?			<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	966			
b	If at least one is reported on line 2a, did the organization file all required federal em <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the state of the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the organization have the organization of \$1,000 or more during the organization have the organization of \$1,000 or more during the organization have the organization of \$1,000 or more during the organization have the organization of \$1,000 or more during the organization have the organization of \$1,000 or more during the organization of \$1,000 or m	ng the	year <sup>,</sup>	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanat.	ion in S	Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Ban (FBAR)	k and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$1			5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable con If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	hat su		6b		
7	were not tax deductible?			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribut services provided to the payor?		d partly for goods and	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	orovide	ed?	<b>7</b> b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal properfile Form 8282?		which it was required to	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a	persor	nal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the required?	organı:	zation file Form 8899 as	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicle Form 1098-C?	s, dıd •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess buding the year?	ısınes • •	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	?.		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rel	ated p	erson?	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form $99$	0 in lie	eu of Form 1041?	<b>12</b> a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? If additional information the organization must report on Schedule O	Note. 9	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states	13b				
r	In which the organization is licensed to issue qualified health plans	13c				
	Did the organization receive any payments for indoor tanning services during the ta		7	14a		l No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation of the second of the s	•		14b		.,,

orm	990 (2015)			Page (
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		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	<b>12</b> a	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	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
1 6	Did the process for determining companyation of the following persons include a review and approval by			

110	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	<b>12</b> a	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	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<b>15</b> a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> 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 organization's exempt status with respect to such arrangements?	16h		

### Section C. Disclosure

.7	List the States	with which a	copy of this	Form 990 is	required to be filed
----	-----------------	--------------	--------------	-------------	----------------------

 $\mathsf{AK}$  ,  $\mathsf{CT}$  ,  $\mathsf{KY}$  ,  $\mathsf{MD}$  ,  $\mathsf{MA}$  ,  $\mathsf{MI}$  ,  $\mathsf{NH}$  ,  $\mathsf{NJ}$  ,  $\mathsf{NY}$  ,  $\mathsf{ND}$  ,  $\mathsf{OH}$  ,  $\mathsf{OK}$  , OR, PA, SC, TN

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)
- 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 ▶JOHN SOMMER VP FINANCE AD 900 LAKEWOOD AVENUE Lakewood, NJ 08701 (732) 987-2416

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

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

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

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

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

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

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

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

,	,	•		•						,
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					6	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						. •				
c Total from continuation sheet d Total (add lines 1b and 1c).	•			٠.	٠.	· •		1,527,773	0	235,938
2 Total number of individuals (in						d abov	e) w		nan	

- \$100,000 of reportable compensation from the organization ▶ 23

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

services rendered to the organization? If "Yes," complete Schedule I for such person .	5	No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent contractors that recompensation from the organization. Report compensation for the calendar year ending the compensation for the calendar year ending the compensation.		tax year
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
IRWIN LEIGHTON INC, 1030 CONTINENTAL DRIVE KING OF PRUSSIA, PA 19406	CONTRACTOR	4,512,723
FIELDTURF USA INC, 7445 COTE-DE-LIESSE ROAD MONTREAL, 0 H4T 1G2 CA	CONTRACTOR	718,855
ELLUCIAN COMPANY LP, 4 COUNTRY VIEW ROAD MALVERN, PA 19355	Management Services	643,978
WANK ADAMS SLAVIN ASSOCIATES LLP, 740 BROADWAY FLOOR 4 NEW YORK, NY 10003	CONTRACTOR	229,550
D GORDON CONTROLS INC, PO BOX 1181 FORKED RIVER, NJ 08731	CONTRACTOR	132,503

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 6

Yes

No

Νo

Form 99	0 (20	15)						Page <b>9</b>
Part V	/++	Statement o						
		Check if Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 93	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es <b>1b</b>					
	С	Fundraising eve	ents <b>1c</b>	118,411				
ifts. ar ∆	d	Related organiz	ations 1d					
£. G	е	Government grants	s (contributions) <b>1e</b>	7,511,242				
ons Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,335,434				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts no	ot included above					
n die	g	1a-1f \$	ons included in lines	0				
G Ä	h	Total. Add lines	s 1a-1f	· · · •	8,965,087			
<u>1</u>				Business Code				
Ven	2a	TUITION AND FEES		900099	50,172,247	50,172,247		
a <u>k</u>	b		AND DINING SERVICES	900099	4,364,291	4,364,291		
Program Service Revenue	c d	BOOKSTORE COMM	415510N	900099	65,576	65,576		
	e e							
ıram	f	All other progra	am service revenue					
Pog	_				F4 602 444			
	g 3		s 2a-2f ome (including dividend		54,602,114			
		and other simils	aramounts)	•	3,043,907		3,503	3,040,404
	4		tment of tax-exempt bond p	· · ·	0			
	5	Royallies	(ı) Real	(II) Personal	9			
	6a	Gross rents	120,925	2,782				
	Ь	Less rental						
	c	expenses Rental income	120,925	2,782				
	d	or (loss) Net rental inco			123,707		123,707	
	"	Net rental inco	(i) Securities	· · · · ► (II) O ther			,	
	7a	Gross amount from sales of assets other than inventory	20,161,857	. ,				
	b	Less cost or other basis and sales expenses	19,503,571					
	С	Gain or (loss)	658,286					
	d	Net gain or (los Gross income f	s)	· · · · <b>&gt;</b>	658,286			658,286
Other Revenue		events (not inc \$118	luding ,411 reported on line 1c)					
e.			а	42,074				
O E			penses <b>b</b> [loss) from fundraising e	69,920	-27,846			-27,846
_			rom gaming activities		,			<u> </u>
	b c		penses <b>b</b> (loss) from gaming activ	7,700 3,850 vities	3,850			3,850
	10a	Gross sales of returns and allo		•				
	b c	_	oods sold <b>b</b> (loss) from sales of inve	entory ►	0			
		Miscellaneous		Business Code				
	11a	OTHER STUDE	NT MISCELLANEOUS_	900099	340,798	340,798		
	ь	CATERING		900099	122,500		122,500	
	с	TRUST INCOM	IE	900099	25,500	25,500		
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	•	488,798			
	12	Total revenue.	See Instructions	· · · •	67,857,903	54,968,412	249,710	3,674,694

### Part IX Statement of Functional Expenses

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

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,958,628	15,958,628		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	725,778	725,778		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,105,015	255,575	689,409	160,031
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	50,204	50,204		
7	Other salaries and wages	18,995,055	14,819,427	3,522,689	652,939
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	830,743	595,100	204,388	31,255
9	Other employee benefits	2,566,602	1,720,073	763,010	83,519
10	Payroll taxes				
		1,690,741	1,264,141	359,915	66,685
11	Fees for services (non-employees)				
а	Management	61,500	61,500		
Ь	Legal	67,036		67,036	
С	Accounting	116,050		116,050	
d	Lobbying	22,613		22,613	_
е	Professional fundraising services See Part IV, line 17	30,727			30,727
f	Investment management fees	273,603		273,603	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	308,201	35,650	232,269	40,282
12	Advertising and promotion	616,813	178,511	429,477	8,825
13	Office expenses	914,062	723,175	139,445	51,442
14	Information technology	1,979,599	1,237,713	662,264	79,622
15	Royalties	0			
16	Occupancy	1,389,203	252,101	1,137,102	
17 18	Payments of travel or entertainment expenses for any federal,	355,200	325,371	16,046	13,783
	state, or local public officials	0			
19	Conferences, conventions, and meetings	129,133	96,670	23,921	8,542
20	Interest	1,391,482		1,391,482	
21	Payments to affiliates	0		2.055.200	21.022
22 23	Depreciation, depletion, and amortization	2,887,122 1,210,092	67,690	2,855,289	31,833
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)	1,210,092	07,090	1,142,402	
а	DINING HALL	1,697,978	1,697,978		
b	EQUIPMENT R&M	925,134	246,720	677,060	1,354
c	STUDENT PROGRAM SERVICES	608,303	557,846	34,378	16,079
d	PROFESSIONAL SERVICES	385,120	385,120		
е	All other expenses	3,231,938	1,694,564	1,109,610	427,764
25	<b>Total functional expenses.</b> Add lines 1 through 24e	60,523,675	42,949,535	15,869,458	1,704,682
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)				

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Fund Balances

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Net Assets

(B)

End of year

2.322.793

1,053,419

2,324,337

14.279

87,939

68,307,099

41,953,327

10,141,339

305 326

126,510,141

5,035,732

48,589

304.055

574,916

1,219,258

31,650,595

71,426,972

9,673,548

13,759,026

94,859,546

126,510,141 Form 990 (2015)

24,468,045

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30 31

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(A)

Beginning of year

3.162.055

1.317.654

2,003,074

12.908

250.832

60,787,164

44,815,064

10,071,861

527.071

122,948,493

4.500.683

135,171

177,100

724,871

1,267,551

32,451,194

66,487,180

10,554,633

13,455,486

90.497.299

122,948,493

0

25,645,818

113,918,705

45,611,606

810

Part X	Ван	ance	Snee

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

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 .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

Retained earnings, endowment, accumulated income, or other funds

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

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

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

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

Pledges and grants receivable, net .

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

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

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

10a

10b

Form 990 (2015)	
Part X Balance Sheet	

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 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

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

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

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

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?

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

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Page 12

67,857,903

60,523,675

7,334,228

90,497,299

-2,993,143

21,162

No

Νo

94,859,546

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

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Software ID: Software Version:

**EIN:** 21-0634981

Name: GEORGIAN COURT UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest employe organization Individual or director organizations Institutional MISC) MISC) and related r director below organizations employee dotted line) t compensi trustee Trustee **日** LOUESA LESA LARDIERI-WRIGHT 0 BOARD CHAIR 0 0 10 MARY MEEHAN PHD Х 0 0 BOARD VICE CHAIR 0 0 10 TESSA M BRESLIN Х 0 0 INDIVIDUAL TRUSTEE 0 0 10 JEFFREY S CHIESA Х 0 INDIVIDUAL TRUSTEE 0.0 1 0 FRANCIS G COLEMAN 0 ..... INDIVIDUAL TRUSTEE 0 0 10 FRANK DEMIRO CPA 0 INDIVIDUAL TRUSTEE 0.0 10 JAMES H DICKERSON JR Х 0 INDIVIDUAL TRUSTEE 0 0 10 ELIZABETH FONTENELLI 0 Individual Trustee END 6/30/16 0.0 1.0 FIAH GUSSIN Х 0 INDIVIDUAL TRUSTEE 0 0 10 PATRICIA SMITH HEANUE 0 INDIVIDUAL TRUSTEE 0 0

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

Compensated Employees, and Independent Contractors										
(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- MISC)	(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			organization and related organizations
JAMES J KNIPPER INDIVIDUAL TRUSTEE	10	×						0	0	0
PATRICIA E KOCH ESQ TRUSTEE EMERITA	1 0	x						0	0	0
MONSIGNOR CASIMIR H LADZINSKI INDIVIDUAL TRUSTEE	1 0	×						0	0	0
MICHAEL J LAFERRERA INDIVIDUAL TRUSTEE	1 0	×						0	0	0
EUGENIA LAWSON Individual Trustee END 6/30/16	1 0	x						0	0	0
STEVEN G LITTLESON INDIVIDUAL TRUSTEE	1 0	×						0	0	0
KERRY ANNE MCGEARY PHD INDIVIDUAL TRUSTEE	1 0	×						0	0	C

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0 0 10

0 0 10

0 0

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AMELIA A MCTAMANEY

ROBERT E MULCAHY III

...... INDIVIDUAL TRUSTEE

..... INDIVIDUAL TRUSTEE

DEIRDRE MULLAN RSM PHD INDIVIDUAL TRUSTEE

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

Compensated Employees, and Inde	pendent Co	ntrac	itor	5					1	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations	unles	ore tl ss pe offi direct	han ersoi cer tor/t	o not one on is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		and related organizations
ELIZABETH BESS MULVIHILL	10									
INDIVIDUAL TRUSTEE	0 0	X						0	0	0
EDWARD NADWORNY	10		'	'		'	!		]	
INDIVIDUAL TRUSTEE	0 0	X						0	0	<u> </u>
LINDA M ORLANDO	1 0		'	'	1	'	'	1	1	1
INDIVIDUAL TRUSTEE	0 0	X		'	ĺ	'	!	0	0	C
JUDY PERSICHILLI	10	$\vdash$		$\vdash$	$\vdash$		$\vdash$		<u> </u>	
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MARK N RICCA	1 0									
INDIVIDUAL TRUSTEE	0 0	X				'	!	0	0	
MEGAN MULCAHY ROMANO	10								1	
INDIVIDUAL TRUSTEE	0 0	X				'		0	0	C
JOHN W SEAZHOLTZ	10								1	

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INDIVIDUAL TRUSTEE

INDIVIDUAL TRUSTEE

PETER J STROHM ESQ

THOMAS J SYKES AIA PP INDIVIDUAL TRUSTEE

Individual Trustee

JUDGE EUGENE D SERPENTELLI

.....

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

36,386

11,517

34,589

27,665

183,735

166,869

138,758

121,860

Compensated Employees, and Inde	pendent Co	ntrac	tor	ŝ				1	1	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles d	ore tl ss pe offic direct	than ersoi icer tor/t	not one on is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	"	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
PATRICIA TALONE RSM PHD INDIVIDUAL TRUSTEE	10	x						0	0	0
JULIA ANN UPTON RSM PHD INDIVIDUAL TRUSTEE	10	x						0	0	C
REGINA WARD RSM INDIVIDUAL TRUSTEE	10	x						0	0	C
M DEBORAH HANLEY WILLIAMS INDIVIDUAL TRUSTEE	10	x						0	0	(
JEFFRIES RSM SISTERS OF MERCY R FMR PRESIDENT (END 6/30/2015)	0 0		   				х	0	0	C
JOSEPH R MARBACH PRESIDENT (BEGAN 7/1/2015)	35 0	x		x				122,238	0	16,950
WILLIAM JOHN BEHRE	35 0								_	

0 0 35 0

0 0

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**PROVOST** 

JOHN SOMMER

MELLISSIA M ZANJANI

EVELYN SAUL QUINN

VP FOR MISSION

VP FOR FINANCE & ADMINISTRATION

VP INSTITUTIONAL ADVANCEMENT

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

16,300

16,582

35,654

Compensated Employees, and Inde	pendent Co	ntrac	.tor	S					·	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	nore ti ess pe	than erso icer	o not n one on is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	1 ' 1	MISC)		organization and related organizations
LISA R KUHNLE-BIAGAS  VP INSTITUTIONAL EFFECTIVENESS	35 0			×				106,332	. 0	7,588
ARLENE WESLEY CASH INTERIM VP FOR ENROLLMENT	35 0			x				103,342	0	450
LYNN DECAPUA DEAN SCHOOL OF EDUCATION	35 0					×		124,741	0	15,592
RITA SMITH KIPP	35 0					х		122,056	0	16,665

00 35 0

0.0 35 0

0.0

Χ

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114,753

113,227

109,862

DEAN SCHOOL OF ARTS & SCIENCES

PROFESSOR SCHOOL OF EDUCATION

ASST VP FOR FINANCE/CONTROLLER

MARY LEE BATESKO

STEVEN GEORGE CAROL

CHIEF INFORMATION OFFICER

MAUREEN R RYAN-HOFFMAN

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

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)

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)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

**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))

Open to Public Inspection

DLN: 93493131056437 OMB No 1545-004

Employer identification number

21-0634981

Treasury Internal Revenue Service Name of the organization

GEORGIAN COURT UNIVERSITY

(Form 990 or

990EZ)

Part I

✓

1

2

3

Department of the

www.irs.gov/form990.

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 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) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i die iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</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						
9	and income from similar sources  Net income from unrelated						
9	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(	3) organization,
	check this box and <b>stop here</b>				<del></del>	▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organization						▶┌
17a	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization <b>Private foundation.</b> If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

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>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

### 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, D

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  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 <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	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  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> 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	<b>10</b> a		
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)	<b>10</b> 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?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

Part IV	Supporting	Organizations	(continued

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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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

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 <b>Part VI</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy 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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	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)	<b>—</b>		
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	10		
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		
	<b>Distributable Amount.</b> 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			
<b>8</b> 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			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> 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>b</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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

### DLN: 93493131056437

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

## Political Campaign and Lobbying Activities

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

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

OMB No 1545-0047 Open to Public Inspection

www.irs.gov/form990. Service

 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number GEORGIAN COURT UNIVERSITY 21-0634981 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-3

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
Lobbying Expe	nditures During	4-Year Avera	ging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
Lobbying nontaxable amount					
Lobbying ceiling amount (150% of line 2a, column(e))					
Total lobbying expenditures					
Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 2d, column (e))					
Grassroots lobbying expenditures					
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))

LINE 1G

Pa	Complete if the organization is exempt under section 501(c)(3) and ha filed Form 5768 (election under section 501(h)).	s NOT				age 3
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
	vity	╝	No		moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
a		Vaa	No	4		
b c		Yes	No	-		
d			No	1		
e			No	1		
f			No			
g		Yes				1,78
h			Νο			
i		Yes				32,33
j	Total Add lines 1c through 1i					34,12
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n <b>501</b> (c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."	1 "No" (				
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1				
2	expenses for which the section 527(f) tax was paid).					
а		2a				
b	·	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	Part IV Supplemental Information	<u> </u>				
Pro	rovide the descriptions required for Part I-A , line 1 , Part I-B , line 4 , Part I-C , line 5 , Part II-A (affiliated of (see instructions), and Part II-B , line 1 Also , complete this part for any additional information	roup list),	Part II	[-A,	ines 1	and
	Return Reference Explanation					
SCF	THE UNIVERSITY ENGAGED MWW PUBLIC AFFAIRS TO UNDERT WRITING ASSISTANCE ON ITS BEHALF THE TOTAL FEES PURS FOR THE YEAR ENDED JUNE 30, 2016 WERE \$30,654 THE FIRM ON LOBBYING AND 50% ON GRANT-WRITING ASSISTANCE IN	JANT TO EXPENDE	THIS (ED 50%	CONT o OF	RACT EFFO	T RT

SECURED THE SERVICES OF KOMJATHY STEWART (\$5,500) FOR STATE LOBBYING

UNIVERSITY'S ACTIVITY

ACTIVITIES UNIVERSITY PERSONNEL AND STUDENTS, DURING THE COURSE OF VARIOUS ACTIVITIES THROUGHOUT THE YEAR, MEET WITH LEGISLATORS TO DISCUSS EDUCATION efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

conferring impermissible private benefit?

(Form 990)

Treasury

Department of the

# 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 www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493131056437

Inspection

Internal Revenue Service Employer identification number Name of the organization GEORGIAN COURT UNIVERSITY 21-0634981 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be

Par	t II	Conservation	Easements.	Complete	ıf the orga	nızatıon	answered	"Yes"	on Form	990,	Part IV,	line 7	
1	Purpo	se(s) of conservat	ion easements h	eld by the o	rganızatıon	(check all	l that apply)						

used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose

	Preservation of land for public use (e g , recreation or education)	Preservation of an historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified	onservation contribution in the form of a conservation

easement on the last day of the tax year

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

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

Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

(B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X Schedule D (Form 990) 2015 Cat No 52283D

Par	<b>Continued</b> (continued)	g Collections of A	Art, His	storica	l Trea	sures, or (	Other Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other red	cords, ch	neck any	of the	following that	are a significant us	e of its
а	Public exhibition		d		oan or	exchange pro	grams	
b	Scholarly research		e	$\Gamma$ c	ther			
c	Preservation for future generations							
4	Provide a description of the organization		plain ho	w they fu	rther tl	ne organizatio	n's exempt purpose	ın
	Part XIII		•	,		3		
5	During the year, did the organization sol assets to be sold to raise funds rather t							s □No
Pai	rt IV Escrow and Custodial Arr		us pare	or the org	gamzac	ion's concerto	i res	5   140
	Complete if the organization Part X, line 21.							t on Form 990,
<b>1</b> a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	ıstodıan or other intei	rmediary	for cont	rıbutıo	ns or other as	sets not <b>Tye</b> s	s No
b	If "Yes," explain the arrangement in I	Part XIII and complet	te the fol	lowing ta	able		Am	ount
c	Beginning balance					10	:	
d	Additions during the year					10	ı	
e	Distributions during the year					16		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount	on Form 990, Part X,	line 21,	for escr	ow or c	ustodial accou	int liability?   Yes	s
b	If "Yes," explain the arrangement in Par	+ VIII Chack hara if	the eval	anation l	aac baa	n provided in	Dort VIII	
Pa	rt V Endowment Funds. Compl							
		(a)Current year	(b)Prio			Two years back	(d)Three years back	(e)Four years back
<b>1</b> a	Beginning of year balance	53,293,111	ţ	52,512,250		47,208,069	43,085,315	44,363,193
b	Contributions	323,818		765,004	1	313,523	105,194	186,376
c	Net investment earnings, gains, and losses	224,246		2,003,320		6,729,435	5,738,609	207,094
d	Grants or scholarships							
e	Other expenditures for facilities and programs	1,999,297		1,987,463	3	1,738,777	1,721,049	1,671,348
f	Administrative expenses							
g	End of year balance	51,841,878	ţ	53,293,111	L	52,512,250	47,208,069	43,085,315
2	Provide the estimated percentage of the	current year end bal	ance (lır	ne 1g, co	lumn (a	a)) held as		
а	Board designated or quasi-endowment	59 050 %						
b	Permanent endowment ► 14 410 %							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 20	26 540 % should equal 100%						
За	Are there endowment funds not in the poorganization by	ossession of the orga	nızatıon	that are	held ar	nd administere		Yes No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>					•		(i) No (ii) Yes
b	If "Yes" on 3a(II), are the related organi					·	<del></del>	Bb Yes
4	Describe in Part XIII the intended uses	of the organization's	endowm	ent fund	s			
Pai	<b>rt VI Land, Buildings, and Equi</b> Complete if the organization		Form 0	an Dar	+ T\/	no 11a Soo	Form 990 Part V	line 10
	Description of property	answered res to		(a) st or other	r basıs	(b) Cost or other ba	Accumulated	(d)Book value
				(ınvestme	:111.)	(other) 4,457,9	947	4,457,947
	Buildings					77,599,2		
c	Leasehold improvements					1,889,7		+
d	Equipment					17,308,€	15,436,989	1,871,710
e	Other					12,663,1	.17 1,329,97	5 11,333,142
Tota	il. Add lines 1a through 1e (Column (d) mu		rt X, colu	mn (B), I	ne 10(d			68,307,099

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	omplete if the orga	nızatıon answered 'Yes	on Form 990, Part IV, line 11b
(a) Description of security or categor (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			,
(2)Closely-held equity interests (3)Other		0.477.500	_
(A) INVESTMENT HELD BY TRUSTEE		2,477,632	F
(B) PRIVATE EQUITY FUNDS		1,999,496	F
(C) STRUCTURED CREDIT FUNDS		1,737,178	F
(D) SPECIAL SITUATIONS FUNDS		1,532,421	F
(E) PERPETUAL TRUSTS		636,770	F
(F) CORE PROPERTIES FUNDS		1,757,842	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	10,141,339	
Complete if the organization answere  (a) Description of investment	ed 'Yes' on Form 99	0, Part IV, line 11c. <sub>See</sub>	e Form 990, Part X, line 13.  (c) Method of valuation  Cost or end-of-year market value
_			
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. Complete if the organizat		Form 990, Part IV, line 1	
(a) Des	scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15 )		•
<b>Part X Other Liabilities.</b> Complete if the or See Form 990, Part X, line 25.	rganization answere	d 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book valu	е	
Federal income taxes		0	
OTHER LIABILITIES	184	,817	
CONDITIONAL ASSET RETIREMENT	917	,945	
ANNUITY PAYMENT LIABILITY	116	,496	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b> 1,219	,258	
2. Liability for uncertain tax positions In Part XIII, provorganization's liability for uncertain tax positions under XIII	vide the text of the foot	note to the organization's	

Sche	dule D (Form 990) 2015		Page <b>4</b>
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	47,927,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -2,993,143		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-2,971,981
3	Subtract line <b>2e</b> from line <b>1</b>	3	50,899,894
4	A mounts 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 273,603		
b	Other (Describe in Part XIII ) 4b 16,684,406		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,958,009
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	67,857,903
Par	TXII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	43,565,666
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)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	43,565,666
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		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,958,009
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	60,523,675

### Part XIII Supplemental Information

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

Return Reference	Explanation
Return Reference ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4 THE UNIVERSITY HAS ADOPTED AN INVESTMENT POLICY THAT IS INTENDED TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS FROM ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE UNIVERSITY MUST HOLD IN PERPETUITY AS WELL AS BOARD-DESIGNATED FUNDS 1 DONOR-RESTRICTED ENDOWMENT FUNDS ARE ESTABLISHED BY DONOR-RESTRICTED GIFTS AND RECORDED AS PERMANENTLY RESTRICTED WITHIN THE UNIVERSITY FINANCIAL STATEMENTS THE AMOUNT OF EACH INDIVIDUAL FUND IS COMPRISED OF THE ORIGINAL GIFT, SUBSEQUENT GIFTS IF THEY WERE TO BE ADDED TO THE PERMANENT ENDOWMENT AND ACCUMULATIONS IF DIRECTED BY THE DONOR'S GIFT DOCUMENTS THESE FUNDS MUST BE RETAINED IN ACCORDANCE WITH THE EXPLICIT DONOR STIPULATIONS 2 EARNINGS ON THESE ENDOWED FUNDS ARE REGARDED AS NET APPRECIATION AND CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS THESE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE CONSISTENT WITH THE DONOR GUIDELINES DONOR FUNDED SCHOLARSHIPS ARE AWARDED ANNUALLY, IN ACCORDANCE WITH DONOR STIPULATED GUIDELINES AND ARE A COMPONENT OF THE UNIVERSITY'S FINANCIAL AID BUDGET 3 BOARD DESIGNATED FUNDS, QUASI-
	ENDOWMENT, FUNCTIONING AS ENDOWMENTS ARE MADE UP OF A DEBT FUND, INTENDED TO OFFSET FUTURE DEBT BORROWINGS, A PLANT FUND, INTENDED TO SUPPLEMENT OPERATIONAL EXPENSES RELATED TO FACILITIES' NEEDS SUCH AS DEFERRED
	MAINTENANCE OR CAPITAL ITEMS, AND A SPECIAL PROJECTS FUND WITH THE ABILITY TO REACT TO THE CHANGING NEEDS AND DEMANDS OF THE HIGHER EDUCATION ENVIRONMENT

Page <b>5</b>					
Part XIII Supplemental Information (continued)					
Explanation					
FORM 990, SCHEDULE D, PART XI, LINE 2D SPLIT INTEREST AGREEMENTS/LIFE INS SURRENDER VALUE \$ 21,162 FORM 990, SCHEDULE D, PART XI, LINE 4B SCHOLARSHIP EXPENSE (RECLASS) \$ 16,684,406					
FORM 990, SCHEDULE D, PART XII, LINE 4B SCHOLARSHIP EXPENSE (RECLASS) \$ 16,684,406					

Schedule D (Form 990) 2015

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.

Department of the Treasury Internal Revenue Service

**SCHEDULE E** 

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** GEORGIAN COURT UNIVERSITY 21-0634981 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? Yes 4d 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

POLICY IS PRINTED ON ALL

Page 2

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide

any other additional information (see instructions)						
	Return Reference	Explanation				
	NONDISCRIMINATION POLICY	Form 990, Schedule E, Part I, Line 3 THE UNIVERSITY'S NOTICE OF NONDISCRIMINATION POLICY IS PRINTI BROCHURES, WEB PAGES, AND PUBLICATIONS THAT ADVERTISE GCU PROGRAMS AND ADMISSIONS STANDARDS				
	FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL	Form 990, Schedule E, Part I, Line 6a U S DEPARTMENT OF EDUCATION STUDENT FINANCIAL ASSISTAN CLUSTER - FEDERAL PELL GRANT PROGRAM FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY OF FEDERAL WORK STUDY PROGRAM FEDERAL DIRECT STUDENT LOANS TEACHER EDUCATION ASSISTAN				

NCIAL ASSISTANCE L OPPORTUNITY GRANT CATION ASSISTANCE FOR A GENCY COLLEGE AND HIGHER EDUCATION GRANTS (TEACH GRANTS) OTHER U.S. DEPARTMENT OF EDUCATION AID -TRIO STUDENT SUPPORT SERVICES NJ SEA GRANT-RAIN GARDEN NEW JERSEY DEPARTMENT OF EDUCATION STUDENT FINANCIAL AID CLUSTER - TUITION AID GRANT GEAR UP GRANT NJ STARS PROGRAM GARDEN STATE OTHER NJ DEPARTMENT OF EDUCATION ASSISTANCE - EDUCATION OPPORTUNITY FUND-GRANT EDUCATION OPPORTUNITY FUND-ARTICLE IV TRISTATE & STUDENT LEADERSHIP SPECIAL PROJECT EDUCATION OPPORTUNITY FUND-SUMMER NEW JERSEY DEPARTMENT OF HEALTH AND HUMAN SERVICES VOCATIONAL REHABILITATION DIRECT SERVICES NEW JERSEY COMMISSION FOR THE BLIND NEW JERSEY DEPARTMENT OF TREASURY AID TO INDEPENDENT COLLEGES & UNIVERSITIES NON-CASH AWARDS NJEFA-DORMITORY SAFETY TRUST FUND. SERIES 2001A - INTEREST SUBSIDY NJEFA-DORMITORY SAFETY TRUST FUND, SERIES 2003A - INTEREST SUBSIDY NJEFA-DORMITORY EQUIPMENT LEASING FUND, SERIES 2014B - EQUIPMENT LEASING Schedule E (Form 990 or 990-EZ) (2015)

efile GRAPHIC print -	DO NOT PROCESS	As Filed Da	ta -	DLN	: 93493131056437
SCHEDULE F (Form 990)	Statement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury	▶ Complete  Information about Schedu	Part IV, line: ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at wi		2015 Open to Public Inspection
Name of the organization GEORGIAN COURT UNIVE	RSITY			<b>Employer ide</b> 21-0634981	ntification number
	ormation on Activiti ne organization answe			L	
=	oes the organization n e, the grantees' eligibil rants or assistance?				
assistance outside t	escribe in Part V the or he United States The following Part I, line				nts and other
3 Activites per Region (	The following Part 1, line	3 table can be d	uplicated if additional spa	ice is needed )	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) i program service, describe specific type of service(s) in region	
(1) See Add'l Data			,		
( 2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation to Part I					725,778
c Totals (add lines 3a ar For Paperwork Reduction Act N		for Form 990.	Cat	No 50082W <b>Sch</b> e	725,778 edule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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

Page 2

Schedule F (Form 990) 2015									
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1) FINANCIAL AID	Central America & Caribbean	1	5,000	CREDIT ACCT		N/A	N/A		
(2) FINANCIAL AID	East Asia and the Pacific	2	79,379	CREDIT ACCT		N/A	N/A		
(3) FINANCIAL AID	Europe (Including Iceland and Greenland)	14	508,339	CREDIT ACCT		N/A	N/A		
(4) FINANCIAL AID	Middle East and North Africa	1	35,890	CREDIT ACCT		N/A	N/A		
(5) FINANCIAL AID	South America	2	50,454	CREDIT ACCT		N/A	N/A		
(6) FINANCIAL AID	Sub-Saharan Africa	1	46,716	CREDIT ACCT		N/A	N/A		
(7)	†		I						
(8)									
(9)	1								
( 10)	†		 [						
(11)	1		 I						
( 12)	1								
( 13)	1		 [						
( 14)									
( 15)									
( 16)									

(17)

8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes

Yes

Nο

▽ (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) Yes Νo

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

### 990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
, ,	THE UNIVERSITY GRANTS LISTED ON SCHEDULE F REPRESENT INSTITUTIONAL AID PROVIDED TO STUDENT S WHO MATRICULATE AT THE UNIVERSITY THE AID PROVIDED TO THE STUDENTS IS APPLIED BY THE UNIVERSITY DIRECTLY TO THE STUDENTS' ACCOUNT AS SUCH, NO MONITORING OF THE GRANT FUNDS ARE REQUIRED BECAUSE THE STUDENT MAY ONLY USE THE SCHOLARSHIP FUNDS TO DEFRAY THE COST OF TUIT ION

### **Additional Data**

South America

Software ID:

**Software Version:** 

**EIN:** 21-0634981

Name: GEORGIAN COURT UNIVERSITY

50,454

Form 990 Schedule F Part I - Activities Outside The United States

· or in ppo benedate i	I GILL MOUTH	iics Gatsiac i	ne omicea otates		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		46,716
East Asia and the Pacific			Grantmaking		79,379

Grantmaking

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) Middle East and North Grantmaking 35,890 A frica Europe (Including Iceland Grantmakınd 508.339 and Greenland)

Grantmakınd

5,000

Form 990 Schedule F Part I - Activities Outside The United States

Central America &

Caribbean

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Inspection

Name of the organization Employer identification number GEORGIAN COURT UNIVERSITY 21-0634981

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- ▼ Internet and email solicitations
- ▼ Phone solicitations

- ▼ Solicitation of non-government grants
  - ▼ Solicitation of government grants
  - ▼ Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 MWW GROUP LLC ONE MEADOWLANDS	GRANT ASSISTANCE	Yes	No											
PLAZA	ASSISTANCE		No		15,327	-15,327								
EAST RUTHERFORD, NJ 07073														
2 THE HANOVER RESEARCH COUNCIL 4401 WILSON BLVD 4TH FLOOR ARLINGTON, VA 22203	GRANT ASSISTANCE		No		15,400	-15,400								
3														
4														
5														
6														
7														
8														
9														
10														
Total			<b>&gt;</b>		30,727	-30,727								

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT,

Part II	Fundraising	Events
Partii	runuraising	Events

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

	receipts greater than \$5,000	(a)Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		Golf May 2016 (event type)	Cocktail Party (event type)	(total number)	(add col (a) through col (c))
Reverkie	<b>1</b> Gross receipts	131,625	28,860		160,485
	2 Less Contributions	97,346	21,065		118,411
	3 Gross income (line 1 minus line 2)	34,279	7,795		42,074
	4 Cash prizes				
	<b>5</b> Noncash prizes				
ဟု	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
ž Ž	8 Entertainment				
Direct	9 Other direct expenses	41,885	28,035		69,920
Ē	10 Direct expense summary Add lines 4	through 9 in column (d	)		69,920
	11 Net income summary Subtract line 1	0 from line 3, column (d	)	<b>.</b>	-27,846
Par	<b>Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
ž	<b>3</b> Noncash prizes				
Direct Cirect	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor		├ Yes <u> %</u>	☐ Yes% ☐ No	
	7 Direct expense summary Add lines 2	2 through 5 in column (d	)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organizal	tion conducts gaming as	tivities		
a	Is the organization licensed to conduct				Yes No
b	If "No," explain				
.0a	Were any of the organization's gaming li				J
	If "Yes," explain		or commuted during	, and tax year	Yes   No

Mandatory distributions

retain the state gaming license?

a Is the organization required under state law to make charitable distributions from the gaming proceeds to Tyes TNo

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V); and

Part IV Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference Explanation Gross Receipts from Activity MWW Group, LLC provides limited support for grant writing and editing Schedule G, Part I, No related grant funds were received during FY16 The Hanover Research Council activity was for Column (IV)

Schedule G (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

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: 93493131056437

Open to Public Inspection

Employer identification number

GEORGIAN COURT UNIVERSITY						21-0634981	
Part I General Information	n on Grants an	d Assistance				<u>'</u>	
Does the organization maintain the selection criteria used to av Describe in Part IV the organization.	ward the grants or a	ssistance?				stance, and	√ Yes N
Part II Grants and Other Assistation that received more than				plete if the organization	answered "Yes" on F	form 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 gran or assistance
<ul><li>Enter total number of section 5</li><li>Enter total number of other orga</li></ul>	. , . ,	-					

Page 2

Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

(2) Transfer Scholarship	434	3,802,386		
(3) Endowed	276	1,087,465		
(4) Athletics	159	1,603,074		
(5) Nursing Scholarship	106	1,099,881		
(6) Religious Grants & Discounts	26	238,683		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Explanation Return Reference

MONITORING OF FUNDS Part I Line 2 THE UNIVERSITY GRANTS LISTED ON SCHEDULE I REPRESENT SCHOLARSHIP PROVIDED TO STUDENTS WHO MATRICULATE AT THE UNIVERSITY AS SUCH, NO MONITORING OF THE GRANT FUNDS ARE REQUIRED BECAUSE THE STUDENT MAY ONLY USE THE

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.qov/form990.

DLN: 93493131056437 OMB No 1545-0047

Open to Public

reas nterr	al Revenue Service		<b>,</b>		Insp	ectio	n
	me of the organization			Employer identificati	on nur	nber	
GEC	RGIAN COURT UNIVERSITY			21-0634981			
Pa	rt I Questions Regarding Compensation						
						Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provide	ded ar	ny of the following to or for a person	listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to	prov	ide any relevant information regardi	ng these items			
	First-class or charter travel	~	Housing allowance or residence fo	r personal use	ļ		
	Travel for companions		Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	tion fees	ļ	ļ	
	Discretionary spending account	<b>√</b>	Personal services (e g , maid, cha	uffeur, chef)	 	 	
b	If any of the boxes in line 1a are checked, did the orgal reimbursement or provision of all of the expenses desc				1b		Νo
2	Did the organization require substantiation prior to rein						
	directors, trustees, officers, including the CEO/Execut	ive D	irector, regarding the items checked	I in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	apply	y Do not check any boxes for metho	ds			
	✓ Compensation committee	<b>~</b>	Written employment contract				
	✓ Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	ded any of the following to or for a person listed on Form or provide any relevant information regarding these items    Housing allowance or residence for personal use     Payments for business use of personal residence     Health or social club dues or initiation fees     Personal services (e.g., maid, chauffeur, chef)	ation committee	[			
4	During the year, did any person listed on Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?		4a		No
b	Participate in, or receive payment from, a supplementa	il non	qualified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-base	ed coi	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns mu	ust complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of		•	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
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 A, li payments not described in lines 5 and 67 If "Yes," des			on-fixed	7		Νo
8	Were any amounts reported on Form 990, Part VII, par subject to the initial contract exception described in Re in Part III				8		No
9	If "Yes" on line 8, did the organization also follow the r	ebutt	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

4 MELLISSIA M ZANJANI

VP INSTITUTIONAL ADVANCEMENT

138,758

(ii)

Page 2

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(u1) 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

wote. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
 		Base (ii) (i) compensation Compensation		(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JEFFRIES RSM SISTERS OF	(i)	0	0	0	0	0	0	0	
MERCY	(ii)	0	0	0	0	0	0	0	
2 WILLIAM JOHN BEHRE PROVOST	(i)	183,735	0	0	10,923	25,463	220,121	0	
	(ii)	0	0	0	0	0	0	0	
3 JOHN SOMMER VP FOR FINANCE	(i)	166,869	0	0	9,862	1,655	178,386	0	
&ADMINISTRATION	(ii)	0	0	0	0	0	0	0	

8,812

25,777

173,347

Selledales (Form 350) 2015	rage 3								
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
Return Reference	Explanation								

Schedule 1 (Form 990) 2015

COSTS CUSTOMARY WITH SAID POSITION IN ORDER TO CARRY OUT VARIOUS JOB FUNCTIONS RELATED PERSONAL SERVICES SUCH AS

Schedule J (Form 990) 2015

MAINTENANCE AND HOUSEKEEPING ON THE ENTIRE FACILITY ARE PERFORMED BY THE UNIVERSITY

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. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493131056437

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number

	e of the organization  ORGIAN COURT UNIVERSITY									Em	ployer id	lentifica	tion nun	nber							
G L (	RGIAN COURT UNIVERSITY									21	-06349	81									
P	art I Bond Issues																				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f)	Description of purpose		(f) Description of purpose		(f) Description of purpose		(f) Description of purpose		( <b>g)</b> De	feased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No						
A	New Jersey Educational Fac Auth 2007 Series D	22-1829511	646065KQ4	07-19-2007	27,19	6,077		d Series 20 truction		×		X		X							
В	New Jersey Educational Fac Auth 2006A	22-1829511	64605LZ43	10-26-2006	12,03	6,146		Refund 2000, 2003 &2004 Bond Issue			х		Х	Х							
c	New Jersey Educational Fac Auth 2007 Series H	22-1829511		09-28-2007	1,05	0,000	Purch	urchase Property			Х		Х		Х						
D	NEW JERSEY EDUCATIONAL FAC AUTH 2014D	22-1829511	646066DG2	04-29-2014	19,36	9,367	REFUI	FUND 2004 ISSUE			Х		Х	Х							
Pa	rt III Proceeds			•						'	•	<u>'</u>	'								
					ļ	A		E	3		С			D							
1	A mount of bonds retired					3,829	,823	410,742 505,2				505,211 58			582,585						
	A mount of bonds legally defea	sed					0		0			0			0						
3	Total proceeds of issue					27,196	5,077		803,604		1,05	0,000	944,442								
4	Gross proceeds in reserve fun-					2,063	3,255		0	0					0						
5	Capitalized interest from proce	eeds					0 0		0			0									
6	Proceeds in refunding escrows						0 0		0			0									
7	Issuance costs from proceeds					443	3,446	6,607		0			5,526								
8	Credit enhancement from proc	eeds					0 6,582		0			(									
9	Working capital expenditures f	rom proceeds					0		0			0			0						
10	Capital expenditures from prod	ceeds				11,220	,886		0	0 1,050,000			0 751,266								
11	Other spent proceeds					13,468	3,490		790,415			0			187,650						
12	Other unspent proceeds						0		0			0			0						
13	Year of substantial completion	1						20	2005		2007		2007								
					Yes	No	0	Yes	No	Yes		No	Yes		No						
14	Were the bonds issued as part	of a current refundir	ngıssue?	•		Х			Х			X			X						
15	Were the bonds issued as part	of an advance refun	ding issue?		Х			X				x	Х								
16	Has the final allocation of proc	eeds been made?.			Х			Х		Х			Х								
17	Does the organization maintain allocation of proceeds?	·		ort the final	X			X		Х			X								
Pa	rt IIII Private Business U		<u> </u>		ı				<u> </u>												
	<del></del>					4		E	B		c			D							
					Yes	No	<b>)</b>	Yes	No	Yes	r	No	Yes		No						

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 bondХ

Χ

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Par	Private Business Use (Continued)									
				A	l	В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private busi of bond-financed property?		×			Х		×		×
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other counsel to review any management or service contracts relating to the finance		×							
prop										
С	Are there any research agreements that may result in private business use of I financed property?	bond-		×		×		×		×
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or othe counsel to review any research agreements relating to the financed property?	er outside								
4	Enter the percentage of financed property used in a private business use by en other than a section $501(c)(3)$ organization or a state or local government.	tities ►		0 %		0 %		0 %	<b>%</b>	0 %
5	Enter the percentage of financed property used in a private business use as a runrelated trade or business activity carried on by your organization, another se 501(c)(3) organization, or a state or local government	ection								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			X		Х		Х		X
8a	Has there been a sale or disposition of any of the bond-financed property to a									
	nongovernmental person other than a $501(c)(3)$ organization since the bonds wissued?			X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disp	osed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sect	tions		x		×		X		×
9	Has the organization established written procedures to ensure that all nonquali bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	fied	×		X		Х		x	
Par	t IV Arbitrage									
	<del>_</del>	А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×		X			X		×
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?					X				
С	No rebate due?	Х		Х					Х	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•				1	
3	Is the bond issue a variable rate issue?		Х		Х			Х		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х			Х		×
ь	Name of provider		ı	0		0	1	0		
c	Term of hedge			1						
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Return Reference

Par	t IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		x		Х		×
b	Name of provider	0		0		0		0	
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		×		x		x
7	Has the organization established written procedures to monitor			,,		, , , , , , , , , , , , , , , , , , ,			

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Explanation

### **Procedures To Undertake Corrective Action**

the requirements of section 148? . . .

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

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

	<u> </u>
	BOND A - NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY, PROJECT REVENUE BONDS, 2007
	SERIES D ON JULY 10, 2007, THE UNIVERSITY ISSUED NEW JERSEY EDUCATIONAL FACILITIES
	AUTHORITY 2007 SERIES PROJECT D BONDS IN THE AMOUNT OF \$27,196,077 (PAR AMOUNT OF
	\$26,980,000 PLUS ORIGINAL ISSUE PREMIUM OF \$216,077) THE PROCEEDS FROM THIS ISSUE WERE
	USED FOR THE PURPOSES OF FINANCING THE COSTS TO CONSTRUCT AND EQUIP THE WELLNESS
	CENTER AND AN ADVANCE REFUNDING OF A PORTION OF SERIES 2003C BONDS PART III, LINE 3A
	ALL CONTRACTS FALL UNDER REV PROC 97-13 OR ARE INCIDENTAL IN NATURE AND DO NOT
	CONSTITUE PRIVATE BUSINESS USE PART IV, LINE 2C THE LAST COMPUTATION WAS DONE
	04/11/2016 BOND B -NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY CAPITAL IMPROVEMENT
	FUND, 2006 A ON OCTOBER 26, 2006, THE NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY
	ISSUÉD ITS CAPITAL IMPROVEMENT FUND BONDS, 2006A TO REFUND PART OF THE CAPITAL
	IMPROVEMENT FUND 2004A BONDS AND PART OF SEVERAL OTHER ISSUES OF CAPITAL
	IMPROVEMENT BONDS DEBT SERVICE ON THE 2004A BONDS WAS ADJUSTED TO TAKE ACCOUNT
	OF THE DEBT SERVICE SAVINGS THAT RESULTED FROM THE REFUNDING PART II.LINE 3 BOND
	2006A IS A POOLED FINANCING BOND THE PORTION REPORTED ON SCHEDULE K, PART II IS
SCHEDULE K	REFLECTIVE OF ONLY GEORGIAN COURT UNIVERSITY'S PORTION PART IV, LINE 2C THE LAST
	COMPUTATION WAS DONE 09/29/2014 BOND C-NEW JERSEY EDUCATIONAL FACILITIES
	AUTHORITY, PROJECT REVENUE BONDS, 2007 SERIES H, DATE ISSUED 9/28/2007 THESE BONDS
	WERE ISSUED BY THE NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY PURSUANT TO A NEW
	JERSEY STATE PROGRAM TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER
	EDUCATION IN NEW JERSEY THE BONDS WERE SOLD BASED ON THE CREDIT OF THE STATE OF NEW
	JERSEY IN THE AGGREGATE PRINCIPAL AMOUNT OF \$76,725,000 THIS AMOUNT WAS ALLOCATED
	TO BOTH PUBLIC AND PRIVATE INSTITUTIONS A FORM 8038 WAS FILED FOR THE PORTION OF THE
	ISSUE ALLOCATED TO THE PRIVATE INSTITUTIONS AND A SEPARATE FORM 8038-G WAS FILED FOR
	THE PORTION ALLOCATED TO PUBLIC INSTITUTIONS AND A SEPARATE FORM 8038-9 WAS FILED FOR
	\$1,050,000 THE AMOUNTS REPORTED ON SCHEDULE K CORRESPONDS TO THE FORM 8038 FILED
	BOND D - NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY, HIGHER EDUCATION CAPITAL
	IMPROVEMENT FUND, SERIES 2014 D PART II, LINE 3 BOND 2014D IS A POOLED FINANCING BOND
	THE PORTION REPORTED ON SCHEDULE K PART II IS REFLECTIVE OF ONLY GEORGIAN COURT
	UNIVERSITY'S PORTION PART IV, LINE 2C THE LAST COMPUTATION WAS DONE 07/06/2015

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

(Form 990 or 990-EZ)

Department of the

DLN: 93493131056437

2015

OMB No 1545-0047

## **Transactions with Interested Persons**

▶ Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Open to Public

Ireasury					www.irs.go	<u>v/10/111990</u> .					Ιn	spect	ion
nternal Revenue Se Name of the or	<u> </u>							Fn	nplove	r identii	ication	numbe	
GEORGIAN COURT													•
									-063				
							(4), and 501(d 25a or 25b, or					10h	
	ne of disquali						fied person an			cription			rected?
1 (4) (4)	ic of disquair	nea p	C15011	(b) Ken	•	ganızatıon	nea person an	"	•	action	~	Yes	No
					nagers or dis	qualified pers	ons during the	year ı	under	section			
										<b>&gt;</b> \$ .			
<b>3</b> Enter the a	mount of tax	t, if an	y, on line 2	, above, reir	mbursed by th	ne organizatio	n		•	<b>▶</b> \$			
Part II Lo	ans to an	d/or	From In	terested	Persons								
Co						O-EZ, Part V,	line 38a, or Fo	orm 99	0, Par	t IV, lın	e 26, o	rıfthe	
org	janization rep	orted	an amount	on Form 99	0, Part X, lin	e 5, 6, or 22							
(-) N	(I-) D - I - 1 - 1 - 1		(-)	(4)		[4-30 m.m.m1]	(6)D-1	(-)	T	(1-)		<b>(:)</b>	
(a) Name of interested	(b) Relation with	isnip	(c) Purpose of	(d) Loan t or from th		(e)O riginal principal	<b>(f)</b> Balance due	(g) defa		(h) Appro		(i)Wr	
person	organizati	on	loan	organizatio		amount				by boa	rd or	9	
					_	<b>」</b>				commit	tee?		
				То	From			Yes	No	Yes	No	Yes	No
											-		-
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Γotal			<b>▶</b> \$		•								
Part IIII Gra	ants or As	sista	nce Bene	efiting In	terested P	ersons.							
Cor	mplete if th	e org	anızatıon	answered	"Yes" on Fo	rm 990, Pai	rt IV, line 27						
(a) Name of I			Relationshi		(c) A mount	of assistance	e (d) Type	ofassı	stance	e (e)	Purpos	e of ass	sistance
perso	n	Inte	rested pers organiza										
			organiza	CIOII									
		1											

FORM 990, PART VI

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organi: reven	f zatıon's
				Yes	No
(1) ERIN QUINN CRITCHETT BONCZEK	SEE PART V	50,204	EMPLOYEE COMPENSATION		No
Part V Supplemental Information  Provide additional information		s on Schedule L (see ins	tructions)		
Return Reference		Explanat	tion		

OF EVELYN SAUL QUINN, VP FOR MISSION INTERGRATION

ERIN QUINN CRITCHETT BONCZEK IS EMPLOYED BY THE UNIVERSITY AND FAMILY MEMBERS

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

990-EZ)

SCHEDULE O (Form 990 or

**Employer identification number** 

Name of the organization GEORGIAN COURT UNIVERSITY 21-0634981 Return Explanation Reference FORM 990 Georgian Court offers a comprehensive liberal arts education in the Roman Catholic tradition, with a special concern for women, PART I. and is committed to its core values of justice, respect, integrity, service, and compassion FORM 990, PART III, 4A INSTRUCTIONAL DEGREE PROGRAM IN 2015-2016, GEORGIAN COURT UNIVERSITY ENROLLED MORE THAN 2,100 STUDENTS IN LINE 1 MORE THAN 31 UNDERGRADUATE AND 10 DISTINCTIVE GRADUATE PROGRAMS THROUGH THE SCHOOL OF BUSINESS AND DIGITAL COMMUNICATION, THE SCHOOL OF EDUCATION, AND THE SCHOOL OF ARTS AND SCIENCES ONE OF THE UNIVERSITY'S FASTEST-GROWING AND MOST COMPETITIVE DEGREE PROGRAMS, THE BACHELOR OF SCIENCE IN NURSING (BSN), IS TAUGHT IN THE GCU-MERIDIAN HEALTH SCHOOL OF NURSING THE UNIVERSITY OFFERS ONLINE DEGREES AND SPECIALTY CERTIFICATES IN SUCH FIELDS AS HOLISTIC HEALTH, HOMELAND SECURITY, AND EDUCATION GEORGIAN COURT, LOCATED IN HISTORIC LAKEWOOD, NEW JERSEY, IS THE ONLY CATHOLIC INSTITUTION OF HIGHER EDUCATION SERVING RESIDENTS THROUGHOUT CENTRAL AND SOUTHERN NEW JERSEY THE UNIVERSITY HAS HISTORIC ROOTS AS A WOMEN'S COLLEGE, AND SERVED MEN IN EVENING AND GRADUATE COURSES, USUALLY PART-TIME, UNTIL SEPTEMBER 2012 GCU BECAME FULLY COEDUCATIONAL IN SEPTEMBER 2013 BY THE 2015-16 A CADEMIC YEAR, GCUS UNDERGRADUATE POPULATION WAS 74% FEMALE AND 26% MALE WITH MEN PARTICIPATING IN SPORTS, STUDENT GOVERNMENT, CAMPUS MINISTRY, CAMPUS LEADERSHIP, AND RESIDENCE LIFE. GCU PROVIDES ALL STUDENTS WITH A VALUES-BASED LIBERAL ARTS EDUCATION THAT (1) ENHANCES THEIR MARKETABILITY ACROSS VARIOUS DISCIPLINES, (2) EMPHASIZES PURPOSEFUL LEADERSHIP, AND (3) PREPARES THEM TO CONTRIBUTE TO THE GREATER GOOD LOCALLY, NATIONALLY, AND THROUGHOUT THE WORLD GEORGIAN COURT UNIVERSITY EXCELS AT DELIVERING A CURRICULUM THAT IS DESIGNED TO ENGAGE STUDENTS AND ALLOW FOR PERSONAL AND PROFESSIONAL EXPLORATION IN THEIR COURSEWORK FOR EXAMPLE, GCU'S 12 1 STUDENT-FACULTY RATIO ALLOWS STUDENTS TO LEARN IN SMALL CLASSES THAT INCLUDE VALUABLE RESEARCH OPPORTUNITIES BETWEEN PROFESSORS AND STUDENTS DURING THE 2015-16 ACADEMIC YEAR, 30% OF SENIORS REPORTED DOING RESEARCH WITH FACULTY MEMBERS, PUTTING GCU ON PAR WITH OTHER MID-EAST PRIVATE UNIVERSITIES SIMILARLY, 51% OF GCU SENIORS SAID MOST OR ALL OF THEIR COURSES INCLUDED A COMMUNITY-BASED OR SERVICE-LEARNING ELEMENT TWO-THIRDS OF THEM ALSO REPORTED COMPLETING INTERNSHIPS AND 40% PARTICIPATED IN LEARNING COMMUNITIES WHERE STUDENTS TAKE TWO OR MORE CLASSES TOGETHER SMALL CLASS SIZES WITH APPROACHABLE FACULTY ARE ESPECIALLY HELPFUL AT GCU WHERE ADULT LEARNERS (AGES 23 OR OLDER) COMPRISE ABOUT 25% OF THE STUDENT POPULATION SOME OF THOSE ADULT LEARNERS ARE VETERANS, AND GCU WAS NAMED A 2016 MILITARY-FRIENDLY SCHOOL BY VICTORY MEDIA OTHER ACCOLADES IN 2015-16 INCLUDE BEING #25 AMONG MONEY MAGAZINES TOP 50 COLLEGES THAT ADD THE MOST VALUE, BEING #21 ON WASHINGTON MONTHLYS BEST BANG FOR THE BUCK LIST OF COLLEGES, PUTTING GCU IN THE TOP 5% OF 400+ NORTHEASTERN UNIVERSITIES, AND BEING RANKED BY THE ECONOMIST IN THE TOP 10% OF ALL FOUR-YEAR COLLEGES AND UNIVERSITIES THESE ACHIEVEMENTS POINT TO GCU AS A VALUE-ADDED INSTITUTION, AND ITS MISSION, MIX OF DIVERSE STUDENTS, AND COMMITMENT TO STUDENT SUPPORT WERE CITED AS GCU BECAME A 2016 COLLEGE OF DISTINCTION AND A CATHOLIC COLLEGE OF DISTINCTION OTHER THIRD-PARTY ORGANIZATIONS, INCLUDING THE FEDERAL COLLEGE SCORECARD, GAVE GCU POSITIVE MARKS IN 2015-16 IT REPORTED GEORGIAN COURTS SIX-YEAR GRADUATION RATE OF 50% AS SLIGHTLY HIGHER THAN NATIONAL NORMS (42%) AND GCU ALUMNI MEDIAN EARNINGS AT (\$33,400) IN ADDITION, 87% OF FORMER STUDENTS WERE PAYING DOWN THEIR STUDENT DEBT, A FIGURE CONSIDERABLY HIGHER THAN THE NATIONAL AVERAGE (68%) DURING 2015-16, GCUS OFFICE OF CAREER SERVICES REPORTED THAT 90 PERCENT OF THE CLASS OF 2015 WAS EMPLOYED OR ENROLLED IN GRADUATE SCHOOL WITHIN SIX MONTHS OF GRADUATION AMONG THEIR EMPLOYERS WERE MERCK, TD BANK, NJ DEVILS, JOHNSON & JOHNSON, MERIDIAN HEALTH, BRISTOL MEYERS-SQUIBB, AND WELLS FARGO THIS LEVEL OF ACADEMIC ACHIEVEMENT AND ENGAGEMENT IS EVIDENCED BY THE ABILITY TO ATTRACT ACADEMICALLY TALENTED STUDENTS TO GCU FOR EXAMPLE, IN FALL 2015, THE AVERAGE INCOMING FRESHMAN HAD A 3 25 GPA, UP FROM 3 21 IN FALL 2014 DURING 2015-16, GCU SECURED A FIVE-YEAR, \$1 4 MILLION GRANT FROM THE U.S. DEPARTMENT OF EDUCATION TRIO-SSS THE PROGRAM OFFERS A CADEMIC TUTORING, PERSONAL COUNSELING, MENTORING, FINANCIAL GUIDANCE, AND OTHER SERVICES, TO HELP TRIO PARTICIPANTS ACHIEVE COLLEGE SUCCESS AND ATTAIN A COLLEGE DEGREE THE UNIVERSITY CONTINUED CHART THE COURSE, AN INTENSIVE RETENTION EFFORT FOR ALL FIRST-YEAR STUDENTS WHO RISK NOT COMPLETING 30 CREDITS BY THE END OF THEIR FRESHMAN YEAR (CHART THE COURSE, PROVIDES QUALIFIED STUDENTS THE OPPORTUNITY TO COMPLETE A COURSE OVER THE WINTER INTERSESSION AND/OR SUMMER SESSION WITH A TUITION WAIVER) IN 2015-16, ABOUT 86% OF CHART THE COURSE STUDENTS RETAINED, CONVERSELY, THERE WAS A 48% RETENTION RATE FOR STUDENTS WHO WERE ELIGIBLE FOR THE PROGRAM AND DECLINED TO PARTICIPATE. THE EFFORT IS ONE OF SEVERAL CONSIDERED PART OF GCUS COMPLETION A GENDA FACULTY-STUDENT MENTORING, AN INTENSE FOCUS ON FACULTY ADVISING, MANDATORY STUDY SESSIONS FOR STUDENT ATHLETES, AND TWO NEW SERVICES A UNIVERSITY WRITING CENTER AND A SELF-PACED REMEDIAL MATH LAB CONTRIBUTED TO GCUS SUCCESS IN 2015-16 IN ADDITION, FOUR STAFF MEMBERS IN A CADEMIC DEPARTMENTS AND STUDENT AFFAIRS TEAMED TO FOCUS ON THE NEEDS OF STUDENTS WHO HAD THE GREATEST RISK OF FAILING SERVICE, ONE OF GCUS MERCY CORE VALUES, IS EMBEDDED IN THESE AND OTHER EXPERIENCES, AS EVIDENCED BY THE RECOGNITION OF GCU BY THE PRESIDENTS COMMUNITY SERVICE HONOR ROLL AND BY THE NEW JERSEY CHAMBER OF COMMERCES COMPANIES THAT CARE OBSERVANCE. THE OFFICE OF MISSION INTEGRATION, WHICH TRACKS THE VOLUNTEER SERVICE HOURS OF STAFF, FACULTY AND STUDENTS, EXPANDED ITS WORK WITH THE MERCY COLLEGIATE SOCIETY, VOCATIONAL AND SPIRITUAL RETREATS, AND GCUS ANNUAL CRITICAL CONCERNS WEEK, WHICH DREW 1,028 PARTICIPANTS TO SOCIAL JUSTICE PROGRAMS IN 2015-16 THE OFFICE SENT STUDENTS TO GUYANA, USING A NETVUE CHAPLAINCY GRANT WHILE IN GUYANA, GCU STUDENTS WORKED CLOSELY WITH CHILDREN AND LOCAL RESIDENTS AT ST JOHN BOSCOS BOYS ORPHANAGE, MERCY WINGS VOCATIONAL SCHOOL, MERCY HOSPITAL AND NURSING SCHOOL, SISTERS OF CHARITY SOUP KITCHEN, DAY CARE, AND HOME FOR THE ELDERLY, AND THE DAVID ROSE SPECIAL SCHOOL FOR CHILDREN WHO ARE DEAF AND HAVE OTHER DISABILITIES ADDITIONAL PARTNERSHIPS AND PROGRAMS EXTEND THE REACH AND MISSION OF GEORGIAN COURT UNIVERSITY EXAMPLES INCLUDE GCUS EXPANDED GUARANTEED ADMISSIONS WORK WITH BROOKDALE COMMUNITY COLLEGE, WHICH AWARDS GENEROUS SCHOLARSHIPS TO HIGH-ACHIEVING STUDENTS WHO ENROLL AFTER COMPLETING THEIR ASSOCIATE DEGREE, AND GCUS NEW DIACONATE PROGRAM WITH THE DIOCESE OF TRENTON. THE UNIVERSITY'S NEW CATHOLIC SCHOOLS INITIATIVE ALSO LAUNCHED TARGETING CATHOLIC HIGH SCHOOLS THROUGHOUT THE TRENTON, METUCHEN AND CAMDEN DIOCESES GCU WAS AN EARLY PARTNER WITH CHOOSENJ, A GRASSROOTS AND BUSINESS COMMUNITY COLLABORATIVE TO ENCOURAGE ECONOMIC DEVELOPMENT IN NEW JERSEY GCUS OFFICE OF GLOBAL EDUCATION GREW THROUGH COLLABORATIONS AS WELL FOR EXAMPLE, GCU STUDENTS IN AN ELECTRONIC COMMERCE COURSE WORKED ONLINE WITH ENTREPRENEURSHIP STUDENTS AT ROYAL THIMPHU COLLEGE IN THE HIMALAYAS IN ADDITION, GCU STUDENTS PARTICIPATED IN A VARIETY OF INTERNATIONAL EXPERIENCES IN PUERTO RICO, ENGLAND, COLOMBIA, SPAIN, ITALY AND CHINA STUDENTS ALSO CONDUCTED SERVICE ABROAD IN MEXICO AND THAILAND STUDENT NEED AT GCU IN 2015-16, ABOUT 95% OF FULL-TIME FIRST-YEAR STUDENTS RECEIVED FINANCIAL AID, WITH AN AVERAGE PACKAGE OF \$28,828 ABOUT 46% OF ALL FULL-TIME FRESHMEN RECEIVED PELL GRANTS (FEDERAL AID FOR LOWER-INCOME FAMILIES), AND IDENTIFIED THEMSELVES AS FIRST-GENERATION COLLEGE STUDENTS OVERALL, 692 STUDENTS WERE AWARDED ABOUT \$2 8 MILLION IN PELL GRANT FUNDING IN ADDITION, THE GENEROSITY OF INDIVIDUALS AND FOUNDATION DONORS, COMBINED WITH GCUS CONSERVATIVE APPROACH TO STEWARDSHIP, ALLOWED THE UNIVERSITY TO PROVIDE MORE THAN \$16 7 MILLION IN AID TO STUDENTS

Return Reference	Explanation
FORM 990, PART III, 4C	STUDENT ATHLETES & PROGRAMS AS A MEMBER OF THE CENTRAL ATHLETIC COLLEGIATE CONFERENCE, GCU HAD 223 ATHLETES PARTICIPATING IN NCAA DIVISION II SPORTS, INCLUDING BASKETBALL, CROSS COUNTRY, WOMENS LACROSSE, SOCCER, SOFTBALL, VOLLEY BALL, TENNIS, AND BOTH INDOOR AND OUTDOOR TRACK & FIELD THE 2015-16 ACADEMIC YEAR ALSO MARKED THE INAUGURAL SEASON OF MENS LACROSSE THE GCU ATHLETICS PROGRAM IS DISTINGUISHED BY ITS COMMITMENT TO BUILDING WELL-ROUNDED STUDENT-ATHLETES WHO ACHIEVE ON THE FIELD AND IN THE CLASSROOM FOR EXAMPLE, IN JULY 2015, 20 MEMBERS OF THE GCU TRACK AND FIELD TEAMS WERE RECOGNIZED BY THE EAST COAST CONFERENCE COMMISSIONERS HONOR ROLL, AND IN SEPTEMBER, 24 GCU LIONS RECEIVED THE D-II ATHLETICS DIRECTORS ASSOCIATION ACADEMIC ACHIEVEMENT AWARD IN KEEPING WITH THEIR PEERS NATIONALLY, GCU STUDENT-ATHLETES ARE LEADERS IN THE CLASSROOM AND IN THE COMMUNITY INVOLVEMENT DURING TEAM IMPACT OBSERVANCES, MEMBERS OF THE GCU BASKETBALL TEAMS SIGNED A LOCAL YOUNGSTER WHO IS ALSO A CANCER PATIENT THEY HOSTED NATIONAL GIRLS AND WOMEN IN SPORTS DAY, AND WORKED WITH THE CAMPUS-AT-LARGE TO SUPPORT UNIFIED SPORTS, AN OUTGROWTH OF SPECIAL OLYMPICS IN MAY 2016, THE GCU LIONS ECLIPSED THEIR GOAL OF ACHIEVING 10,000 COMMUNITY SERVICE HOURS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7	IN APRIL 2006, THE SISTERS OF MERCY OF THE REGIONAL COMMUNITY OF NEW JERSEY TRANSFERRED THE SPONSORSHIP OF GEORGIAN COURT TO THE CONFERENCE FOR MERCY HIGHER EDUCATION (CMHE) CMHE COORDINATES COLLABORATION AMONG THE 16 MERCY COLLEGES AND UNIVERSITIES THROUGHOUT THE COUNTRY ON BEHALF OF THE INSTITUTE OF THE SISTERS OF MERCY OF THE AMERICAS GEORGIAN COURT UNIVERSITY HAS A TWO-TIERED GOVERNANCE STRUCTURE, THE FIRST TIER CONSISTING OF CMHE (AS THE UNIVERSITY'S SOLE MEMBER) AND THE SECOND BEING THE DULY ELECTED BOARD OF TRUSTEES, WHICH INCLUDES THE PRESIDENT OF THE UNIVERSITY AS AN EX-OFFICIO MEMBER. CONTROL OF THE UNIVERSITY AND ITS AFFAIRS AND PROPERTY IS VESTED IN THE BOARD OF TRUSTEES PURSUANT TO THE UNIVERSITY'S BY-LAWS, SUBJECT TO THE POWERS RESERVED TO CMHE, INCLUDING AMONG OTHERS, THE POWER TO ESTABLISH THE PHILOSOPHY AND MISSION OF THE UNIVERSITY, ELECT OR REMOVE WITH OR WITHOUT CAUSE THE UNIVERSITY PRESIDENT AND MEMBERS OF THE BOARD OF TRUSTEES, APPROVE EXPENDITURES THAT ARE IN EXCESS OF A LEVEL REQUIRING APPROVAL OF THE HOLY SEE AND MERGE, CONSOLIDATE, DISSOLVE, OR CHANGE THE CORPORATE STRUCTURE OF THE UNIVERSITY EXCEPT TO THE EXTENT RESERVED TO CMHE, THE BOARD OF TRUSTEES IS EMPOWERED TO MANAGE THE PROPERTY AND BUSINESS OF THE UNIVERSITY, INCLUDING WITHIN SUCH AUTHORITY, THE POWER TO DELEGATE SUCH RESPONSIBILITIES AND DUTIES TO THE OFFICERS OF GEORGIAN COURT UNIVERSITY'S FORM 990 WAS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM IN CONJUNCTION WITH THE UNIVERSITY'S FINANCE DEPARTMENT A DRAFT IS PREPARED AND DISTRIBUTED TO THE FOLL AUDIT COMMITTEE FOR REVIEW THE AUDIT COMMITTEE RECOMMENDS AND APPROVES FOR FILING THE FORM 990. THE FORM 990, AS ULTIMATELY FILED WITH THE IRS, IS DISTRIBUTED TO THE FULL BOARD IN ADVANCE OF ITS FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE OF THE UNIVERSITY IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, FAMILY OR BUSINESS RELATIONSHIPS, OR POSITION WITH THE UNIVERSITY THE UNIVERSITY MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH A CONFLICT OF INTEREST STATEMENT THAT IS COMPLETED BY EACH BOARD MEMBER AT THE ANNUAL JUNE MEETING THESE ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN ADDITION TO THE BOARD MEMBERS, THE EXECUTIVE LEVEL, ALL FINANCE STAFF, AS WELL AS ANYONE IN POSITIONS IDENTIFIED BY FUNCTION TO HAVE POSSIBLE INFLUENCE WITH CONTRACT OR FINANCIAL TRANSACTIONS OR SYSTEMS WITHIN THE UNIVERSITY, COMPLETE THE QUESTIONNAIRE ANNUALLY THESE ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND
	DIRECTOR OF HUMAN RESOURCES ANY DISCLOSED RELATIONSHIPS ARE COMMUNICATED TO THE CONTROLLER FOR THE PURPOSE OF AUDIT, INTERNAL CONTROLS AND COMPLETING THE FORM 990 POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE UNIVERSITY UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEES OF ORGANIZATION IS REASONABLE GIVEN THE MARKET IN WHICH THE UNIVERSITY OPERATES CEO COMPENSATION THE EXECUTIVE COMMITTEE OF THE BOARD, REVIEWS THE COMPENSATION PACKAGE OF THE PRESIDENT ANNUALLY AT ITS JUNE MEETING COMPENSATION LEVEL IS DECIDED UPON UTILIZING COMPARATIVE DATA RECEIVED FROM THE HUMAN RESOURCE DEPARTMENT OFFICER POSITIONS ARE ASSIGNED A SALARY RANGE ESTABLISHED BY A COMPENSATION STUDY DONE BY AN OUTSIDE FIRM AND THE EXECUTIVE COMMITTEE OF THE BOARD ALSO REVIEWS THE COMPENSATION FOR THESE EMPLOYEES WHO ARE CONSIDERED HIGHEST-PAID EMPLOYEES THE OFFICERS RESIDE ON THE PRESIDENT'S ADMINISTRATIVE TEAM, CATEGORIZED AS THE EXECUTIVE LEVEL OF THE UNIVERSITY

Return Reference Explanation							
	FORM 990, PART VI,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE					
	SECTION C, LINE 19	UPON REQUEST FINANCIAL STATEMENTS ARE LISTED WITH BOND REPORTING AGENCIES					

Return Reference	Explanation							
FORM 990.	FORMER PRESIDENT. SISTER ROSEMARY JEFFRIES IS REPRESENTED AS HAVING RECEIVED NO COMPENSATION FROM THE							
PART VII	UNIVERSITY BECAUSE THE ORDER SHE REPRESENTS RECEIVES ALL COMPENSATION SHE WOULD OTHERWISE BE PAID THE							
	SISTERS OF MERCY FULFILL VARIOUS ROLES WITHIN THE UNIVERSITY SOME POSITIONS, WHICH WOULD OTHERWISE BE							
	FILLED WITH LAY PERSONS, ARE ASSIGNED A VALUE FOR COMPENSATION AND PAYMENTS FOR THESE SERVICES ARE							
	MADE TO THE SISTERS OF MERCY THE PAYMENTS MADE FOR THE CALENDAR YEAR 2015 TOTALED \$469,901 AND THE							
	COMPENSATION FOR THIS POSITION IS INCLUDED IN THIS FIGURE. THIS COMPENSATION IS NOT TREATED AS TAXABLE							
	INCOME TO THE SISTERS SINCE THEY ARE MEMBERS OF A RELIGIOUS ORDER THEREFORE, SISTER ROSEMARY JEFFRIES IS							
	STILL DEEMED TO BE A FORMER OFFICER							

Return Reference	Explanation
FORM 990, PART XI, LINE 9	Split interest agreements/life ins surrender value 21,162

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

DLN: 93493131056437 OMB 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

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990. Inspection

me of the organization ORGIAN COURT UNIVERSITY					Linployer	dentin	ation number		
					21-06349	81			
art I Identification of Disregarded Entities Co	mplete if the organization	n answered "Yes" or	Form 990, Pa	art IV,	, lıne 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total ıncome	End-of	<b>(e)</b> f-year assets	С	<b>(f)</b> Direct controlling entity		
art II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations duri	janizations Complete if ng the tax year.	the organization and	swered "Yes"	on For	rm 990, Pa	rt IV, I	ıne 34 because ıt	had on	ie
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code see		<b>(e)</b> Public charity : (if section 501(	status (c)(3))	(f) Direct controlling entity	Section (13) co	(g) n 512(b controlle ntity?
VC and annual of the Manna Harborn Education	Co o o o o o o o o o o o o o o o o o o	MD	F01/-1/2)				NA.	Yes	
)Conference for Mercy Higher Education 30 Fenton Street 934	Sponsorship	MD	501(c)(3)		L		NA		No
lver Spring, MD 20190 3-1973007								$\perp$	$\perp$
							<u> </u>		

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

(a)  Name, address, and EIN of related organization	(b) (c) Legal domicile (state or foreign country) (country) (count		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership		
							Yes	No		Yes	No	
			·	·					·			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)	)
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-of-	Percentage	Section	512
related organization		domicile	entity	(C corp, S corp,	income	year	ownership	(b)(:	
related organization		(state or foreign	Circley	(C corp, 5 corp,	meome	assets	Officialip	contro	ulled
						assets		entit	
		country)		or trust)					
								Yes	No
Paul Delaurentis Perpetual (1)Scholarship	Trust	NJ	NA	Trust	11,500	239,839	100 000 %	Yes	
400 Locust Street Lakewood, NJ 08701 23-7814490									
(2) Peter Delaurentis Perpetual Scholarship	Trust	NJ	NA	Trust	14,000	396,926	100 000 %	Yes	
400 Locust Street Lakewood, NJ 08701 22-6640205									

Part V Transactions With Related Organizations Complete if the organization answe	red "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			
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated 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>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	Yes				
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No			
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f					
g Sale of assets to related organization(s)									
<b>h</b> 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			
<b>k</b> 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			
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	l			
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				<b>1</b> p		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes				
r Other transfer of cash or property to related organization(s)				1r		No			
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s	Yes				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction threshold	s					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining a	ımount ı	nvolved	1			

### 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?																		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No																	
												l I																	
						_																							

