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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

C Name of organization
DOMINICAN UNIVERSITY

Doing business as

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

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

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

D Employer identification number

36-2167855

E Telephone number

(708) 366-2490

G Gross receipts \$ 107,930,463

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

J Website: ▶ WWW.DOM.EDU

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 0928

L Year of formation 1901 **M State of legal domicile** IL

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,868
6 Total number of volunteers (estimate if necessary)	6	264
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,850,252	13,474,318
9 Program service revenue (Part VIII, line 2g)	83,103,329	86,739,549
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,231,063	953,504
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,110,357	1,269,684
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,295,001	102,437,055

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,843,495	31,920,452
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,491,685	43,341,615
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,981,072		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,410,404	24,321,676
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	91,745,584	99,583,743
19 Revenue less expenses Subtract line 18 from line 12	6,549,417	2,853,312

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	134,028,026	136,325,296
21 Total liabilities (Part X, line 26)	46,469,925	51,105,744
22 Net assets or fund balances Subtract line 21 from line 20	87,558,101	85,219,552

Part II Signature Block

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

Sign Here

Signature of officer

2017-04-24
Date

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

Paid Preparer Use Only

Print/Type preparer's name
Carol LaLonde CPA

Preparer's signature
Carol LaLonde CPA

Date
2017-03-28

Check ☐ if self-employed

PTIN
P00181637

Firm's name ▶ PLANTE & MORAN PLLC

Firm's EIN ▶ 38-1357951

Firm's address ▶ 750 Trade Centre Way Ste 300
Portage, MI 49002

Phone no (269) 567-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O FOR THE UNIVERSITY'S MISSION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 65,056,975 including grants of \$ 31,920,452) (Revenue \$ 63,845,935)

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

4b (Code) (Expenses \$ 9,968,064 including grants of \$) (Revenue \$ 9,782,508)

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

4c (Code) (Expenses \$ 8,077,790 including grants of \$) (Revenue \$ 7,927,421)

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

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 6,292,503 including grants of \$) (Revenue \$ 6,413,308)

4e Total program service expenses ► 89,395,332

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	139	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,868	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: <u>UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	28	
b	Enter the number of voting members included in line 1a, above, who are independent	26	
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	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►EWA HERDEA ASSOCIATE VICE PRESIDENT AND CONTROLLER 7900 W DIVISION RIVER FOREST, IL 603051099 (708) 524-6935

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

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

[illegible]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,283,534	0	379,068

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIMCO FACILITY SERVICES LLC 135 S LASALLE STREET CHICAGO, IL 60674	JANITORIAL SERVICES	997,723
ROYALL AND COMPANY 1920 E PARHAM ROAD RICHMOND, VA 23228	ENROLLMENT MANAGEMENT	500,628
marketing partnerships international 20 N Wacker drive STE 1622 CHICAGO, IL 60606	marketing and advertising consulting	390,509
JENZABAR 101 HUNTINGTON AVENUE BOSTON, MA 02199	HIGHER EDUCATION TECHNOLOGY AND SOFTWARE	379,300
AMERICAN INSTITUTE OF FOREIGN STUDY 1 HIGH RIDGE PARK STAMFORD, CT 06905	STUDY ABROAD PROGRAM SERVICES	358,775

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 24

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	213,331				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	6,726,919				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,534,068				
	g	Noncash contributions included in lines 1a-1f \$		360,104				
	h	Total. Add lines 1a-1f			13,474,318			
Program Service Revenue	2a	TUITION & FEES	Business Code 611310	80,326,240	80,326,240			
	b	ROOM & BOARD	721310	6,222,499	6,222,499			
	c	PERFORMING ARTS	611610	190,810	190,810			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			86,739,549			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,141,585			1,141,585
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real 375,488	(ii) Personal				
b		Less rental expenses	445,655					
c		Rental income or (loss)	-70,167					
d		Net rental income or (loss)		-70,167			-70,167	
7a		Gross amount from sales of assets other than inventory	(i) Securities 4,689,804	(ii) Other				
b		Less cost or other basis and sales expenses	4,877,885					
c		Gain or (loss)	-188,081					
d		Net gain or (loss)		-188,081			-188,081	
8a		Gross income from fundraising events (not including \$ 213,331 of contributions reported on line 1c) See Part IV, line 18	a 280,096					
b		Less direct expenses	b 169,868					
c		Net income or (loss) from fundraising events . . .		110,228			110,228	
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a		PAYMENT PLAN FEES	522220	252,715	252,715			
b		MONTHLY FINANCE CHARGES	522220	194,305	194,305			
c		PARKING AND SECURITY	812930	137,908	137,908			
d	All other revenue		644,695	644,695				
e	Total. Add lines 11a-11d			1,229,623				
12	Total revenue. See Instructions			102,437,055	87,969,172	0	993,565	

Part IX Statement of Functional Expenses

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

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

<input type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	31,920,452	31,920,452		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,994,580	1,310,281	326,821	357,478
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	32,277,470	29,361,882	1,471,303	1,444,285
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,064,564	1,795,707	146,680	122,177
9	Other employee benefits.	4,559,661	4,012,352	255,637	291,672
10	Payroll taxes.	2,445,340	2,184,890	138,804	121,646
11	Fees for services (non-employees):				
a	Management.	588,235	55,404	73,642	459,189
b	Legal.	92,876		92,876	
c	Accounting.	109,487		109,487	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	63,942		63,942	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,160,672	5,523,478	382,428	254,766
12	Advertising and promotion.	591,816	394,370		197,446
13	Office expenses.	3,350,082	2,934,136	53,810	362,136
14	Information technology.	1,428,808	1,409,431	12,377	7,000
15	Royalties.				
16	Occupancy.	1,171,707	980,591	134,279	56,837
17	Travel.	579,841	548,431	12,884	18,526
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	951,436	805,439	86,045	59,952
20	Interest.	1,591,782		1,591,782	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,686,241	3,133,305	368,624	184,312
23	Insurance.	711,272	604,581	71,127	35,564
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	INTERCOLLEGIATE SPORTS	710,886	710,886		
b	UNCOLLECTIBLE ACCOUNTS	537,609		537,609	
c	HONORARIUM AND GIFTS	256,925	237,482	11,357	8,086
d	ACCREDITATION AND HOSP	184,609	87,188	97,421	
e	All other expenses	1,553,450	1,385,046	168,404	
25	Total functional expenses. Add lines 1 through 24e.	99,583,743	89,395,332	6,207,339	3,981,072
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		6,293,918	2	8,841,702	
	3	Pledges and grants receivable, net		7,865,771	3	6,846,360	
	4	Accounts receivable, net		3,773,360	4	4,186,426	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		30,000	5	15,000	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		520,159	7	32,654	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		825,342	9	1,098,559	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	126,392,729			
	b	Less—accumulated depreciation	10b	48,909,706	78,297,744	10c	77,483,023
	11	Investments—publicly traded securities		32,265,594	11	33,282,681	
	12	Investments—other securities. See Part IV, line 11		50,000	12	50,000	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4,106,138	15	4,488,891	
16	Total assets. Add lines 1 through 15 (must equal line 34)		134,028,026	16	136,325,296		
Liabilities	17	Accounts payable and accrued expenses		3,809,724	17	6,684,089	
	18	Grants payable			18		
	19	Deferred revenue		63,587	19	83,884	
	20	Tax-exempt bond liabilities		32,408,178	20	31,693,725	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		787,535	21	950,919	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		9,400,901	25	11,693,127	
	26	Total liabilities. Add lines 17 through 25		46,469,925	26	51,105,744	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		52,746,300	27	50,150,315	
28		Temporarily restricted net assets		13,912,136	28	13,979,228	
29		Permanently restricted net assets		20,899,665	29	21,090,009	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		87,558,101	33	85,219,552	
34		Total liabilities and net assets/fund balances		134,028,026	34	136,325,296	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,437,055
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,583,743
3	Revenue less expenses Subtract line 2 from line 1	3	2,853,312
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	87,558,101
5	Net unrealized gains (losses) on investments	5	-5,191,861
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,219,552

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-2167855

Name: DOMINICAN UNIVERSITY

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

(Code) (Expenses \$	6,292,503	including grants of \$) (Revenue \$	6,413,308)
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AUXILIARY SERVICES - AUXILIARY SERVICES INCLUDES STUDENT HOUSING AND CAMPUS DINING THE UNIVERSITY OFFERS FOUR CAMPUS RESIDENCE HALL OPTIONS, AS WELL AS NEARBY OFF-SITE HOUSING (IF NEEDED) HOUSING INCLUDES A VARIETY OF OPTIONS RANGING FROM SUITES TO SINGLE ROOMS THE STUDENT MEAL PLAN CAN BE TAILORED FOR A NUMBER OF FLEX MEAL ARRANGEMENTS AND CAN BE USED AT SEVERAL CAMPUS DINING FACILITIES AUXILIARY SERVICES ALSO INCLUDES THE ACTIVITY OF THE PERFORMING ARTS CENTER, WHICH OFFERS A VARIETY OF MUSICAL AND THEATER ACTS TO THE UNIVERSITY AND NEARBY COMMUNITIES THEATER PRODUCTIONS ARE INTEGRATED WITH THE UNDERGRADUATE THEATER PROGRAM AND UTILIZE MANY STUDENTS AS PART OF THE PRODUCTIONS THEATER STUDENTS ALSO LEARN AND ASSIST WITH BOX OFFICE, STAGE CREW, AND AUDIENCE/GUEST ARTIST, AND SUPPORT ALL MUSICAL EVENTS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA CARROLL PRESIDENT AND TRUSTEE	65 00 0 00	X		X				376,697	0	68,377
KEVIN M KILLIPS CHAIR	4 00 0 00	X		X				0	0	0
DANIEL C HILL VICE CHAIR - PART YEAR	4 00 0 00	X						0	0	0
TOM ABRAHAMSON TRUSTEE	3 00 0 00	X						0	0	0
PATRICIA O'NEILL BAKER TRUSTEE	3 00 0 00	X						0	0	0
MARY E CALLOW TRUSTEE	3 00 0 00	X						0	0	0
GREGORY W CAPPELLI TRUSTEE	3 00 0 00	X						0	0	0
MARK CARROLL TRUSTEE	3 00 0 00	X						0	0	0
DANIEL J CRONIN TRUSTEE	3 00 0 00	X						0	0	0
MARY ANN CRONIN TRUSTEE	3 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL DARLEY TRUSTEE	3 00 0 00	X						0	0	0
THOMAS R DEE TRUSTEE	3 00 0 00	X						0	0	0
MANUEL FLORES TRUSTEE	3 00 0 00	X						0	0	0
GABE GONGORA STUDENT TRUSTEE	3 00 0 00	X						1,480	0	0
MARY JO HERSETH TRUSTEE	3 00 0 00	X						0	0	0
BERNADINE KARGE TRUSTEE	3 00 0 00	X						0	0	0
DOUGLAS KEBERLEIN GUTIERREZ FACULTY TRUSTEE	3 00 0 00	X						68,285	0	24,277
ANNE M KOHLER TRUSTEE	3 00 0 00	X						0	0	0
PATRICIA A MULCAHEY OP TRUSTEE	3 00 0 00	X						0	0	0
KEVIN MCCOYD MD TRUSTEE	3 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN J NOLL TRUSTEE	3 00 0 00	X						0	0	
ANTONIO ORTIZ TRUSTEE	3 00 0 00	X						0	0	
J DAVID PEPPER TRUSTEE	3 00 0 00	X						0	0	
NANCY C RODRIGUEZ TRUSTEE	3 00 0 00	X						0	0	
MARY SCHNEIDER TRUSTEE	3 00 0 00	X						0	0	
MARY JO SCHULER TRUSTEE	3 00 0 00	X						0	0	
STEVE THOMMA TRUSTEE	3 00 0 00	X						0	0	
CINDY BRENNAN WALLS TRUSTEE	3 00 0 00	X						0	0	
JAMES WINIKATES TRUSTEE	3 00 0 00	X						0	0	
JEFFREY BREESE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS	50 00 0 00			X				91,954	0	13,842

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY MCCORMACK SR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION	50 00 0 00			X				213,756	0	8,160
GRACYNA CICHOMSKA VICE PRESIDENT UNIVERSITY ADVANCEMENT	50 00 0 00			X				198,412	0	20,650
JILL ALBIN-HILL VICE PRESIDENT AND CHIEF INFORMATION OFFICER	50 00 0 00			X				143,928	0	29,910
CLAIRE NOONAN VICE PRESIDENT UNIVERSITY MINISTRY	50 00 0 00			X				99,326	0	32,870
CHERYL JOHNSON-ODIM SR VICE PRESIDENT FOR ACADEMIC AFFAIRS AND PROVOS	50 00 0 00			X				221,749	0	27,170
JEFFEREY CARLSON DEAN OF ROSARY COLLEGE OF ARTS AND SCIENCE	50 00 0 00				X			155,408	0	28,990
KHALID RAZAKI PROFESSOR OF ACCOUNTANCY	45 00 0 00					X		155,570	0	16,030
MARYALYCE BURKE INTERIM DEAN OF BRENNAN SCHOOL	45 00 0 00					X		141,984	0	29,720
DEBRA GURNEY DIRECTOR OF NURSING	45 00 0 00					X		139,435	0	21,880
CYRUS GRANT PROFESSOR OF COMPUTER SCIENCE	45 00 0 00					X		139,305	0	33,750

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL CONDON PROFESSOR OF ECONOMICS	45 00 0 00					X		136,245	0	23,400

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	10,241,015	8,426,543	15,774,069	12,850,252	13,484,918	60,776,797
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,241,015	8,426,543	15,774,069	12,850,252	13,484,918	60,776,797
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)						1,717,328
6 Public support. Subtract line 5 from line 4						59,059,469

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	10,241,015	8,426,543	15,774,069	12,850,252	13,484,918	60,776,797
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,720,953	1,314,250	1,361,824	1,323,356	1,517,073	7,237,456
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	312,238	311,453	305,033	343,741	280,096	1,552,561
11 Total support. Add lines 7 through 10						69,566,814
12 Gross receipts from related activities, etc (see instructions)					12	397,350,104
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	84.900 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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 required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	fundraising gross receipts - 2011 Amount \$ 312,238 2012 Amount \$ 311,453 2013 Amount \$ 305,033 2014 Amount \$ 343,741 2015 Amount \$ 280,096

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1
► \$

(ii)

Assets included in Form 990, Part X
► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	31,317,870	30,044,320	24,589,468	21,825,919	22,813,514
b Contributions	1,392,373	2,627,462	2,588,349	1,400,249	319,677
c Net investment earnings, gains, and losses	-1,430,005	-503,912	3,606,503	2,078,300	-526,772
d Grants or scholarships	1,000,000	850,000	740,000	715,000	780,500
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	30,280,238	31,317,870	30,044,320	24,589,468	21,825,919

2

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

a

Board designated or quasi-endowment ▶ 33 650 %

b

Permanent endowment ▶ 61 730 %

c

Temporarily restricted endowment ▶ 4 620 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		3,070,652		3,070,652
b Buildings		103,912,776	37,820,722	66,092,054
c Leasehold improvements		6,377,644	4,647,125	1,730,519
d Equipment		11,378,776	6,441,859	4,936,917
e Other		1,652,881		1,652,881
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				77,483,023

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	65,950,866
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-5,191,861
b	Donated services and use of facilities	2b	10,600
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-5,181,261
3	Subtract line 2e from line 1	3	71,132,127
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	31,304,928
c	Add lines 4a and 4b	4c	31,304,928
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	102,437,055

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	68,289,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	10,600
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	10,600
3	Subtract line 2e from line 1	3	68,278,815
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	31,304,928
c	Add lines 4a and 4b	4c	31,304,928
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	99,583,743

Part XIII

Supplemental Information

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

Return Reference	Explanation
Part IV, Line 2b	THE BALANCE INCLUDES A) STUDENT TUITION PREPAYMENTS FOR THE JULY/AUGUST SUMMER TERM, B) FUNDS ON DEPOSIT FOR VARIOUS STUDENT ORGANIZATIONS, AND C) CHARITABLE GIFT ANNUITY OBLIGATIONS. DEPOSIT AMOUNTS RELATED TO STUDENTS INCLUDE STUDENT TUITION AND HOUSING DEPOSITS FOR SUBSEQUENT ACADEMIC TERMS. THE UNIVERSITY ALSO HOLDS THESE AMOUNTS IN INTERNALLY DESIGNATED ACCOUNTS. STUDENT ORGANIZATIONS DEPOSIT FUNDS TO AND REQUEST FUNDS FROM THEIR INTERNAL ACCOUNTS THROUGH THE UNIVERSITY'S NORMAL RECEIPTING AND ACCOUNTS PAYABLE PROCEDURES. THE BALANCE ALSO INCLUDES THE UNIVERSITY'S OBLIGATION UNDER TWO CHARITABLE GIFT ANNUITIES. ANNUAL DISBURSEMENTS ARE MADE TO THE ANNUITANTS OUT OF INVESTED ANNUITY FUNDS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Part X, Line 2	THE UNIVERSITY HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE, STATING THAT THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS, AND DOES NOT EXPECT THAT TO CHANGE IN THE NEXT 12 MONTHS. THE UNIVERSITY HAS PROPERLY NOT ACCRUED ANY PROVISION FOR INCOME TAXES FOR THE UNIVERSITY. THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES OR STATEMENTS OF FINANCIAL POSITION. THE TAX YEARS ENDED 2012, 2013, 2014, 2015 AND 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.
Part XI, Line 4b - Other Adjustments	RENTAL EXPENSES -445,655 FUNDRAISING EXPENSES -169,868 DISCOUNTS ON TUITION & FEES 31,920,451
Part XII, Line 4b - Other Adjustments	RENTAL EXPENSES -445,655 fundraising expenses -169,868 DISCOUNTS ON TUITION & FEES 31,920,451

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3 Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4a Yes 4b Yes 4c Yes 4d Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7 Yes	

Part II Supplemental Information.

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

Return Reference	Explanation
Schedule E, Part I, Line 3	THE SCHOOL'S NONDISCRIMINATION POLICY IS PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION THAT SERVES ALL RACIAL SEGMENTS OF THE COMMUNITY, AND IN UNIVERSITY VIEWBOOKS, THE BROCHURE DEALING WITH STUDENT ADMISSIONS AND PROGRAMS
Schedule E, Part I, Line 6	THE UNIVERSITY RECEIVES FUNDS FROM THE U S DEPARTMENT OF EDUCATION FOR SEVERAL STUDENT FINANCIAL ASSISTANCE PROGRAMS, INCLUDING THE FEDERAL PELL GRANT PROGRAM, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM, FEDERAL WORK-STUDY PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL FAMILY EDUCATION LOAN PROGRAM, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT PROGRAM. THE UNIVERSITY ALSO RECEIVES STATE FUNDING FROM THE ILLINOIS MONETARY ASSISTANCE PROGRAM

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public Inspection

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number

36-2167855

Part I **General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	1	1	PROGRAM SERVICES	ACADEMIC PROGRAM	146,199
3a Sub-total	1	1			146,199
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			146,199

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

3

Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

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

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 36-2167855

Name: DOMINICAN UNIVERSITY

Part V Supplemental Information

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

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

2015

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" 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.

Revenue		(a)Event #1 BENEFIT CONCERT (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Direct Expenses	1 Gross receipts	493,427			493,427
	2 Less Contributions	213,331			213,331
	3 Gross income (line 1 minus line 2)	280,096			280,096
	4 Cash prizes	7,000			7,000
	5 Noncash prizes	4,000			4,000
	6 Rent/facility costs				
	7 Food and beverages	80,281			80,281
	8 Entertainment	32,300			32,300
	9 Other direct expenses	46,287			46,287
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				169,868
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				110,228

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

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

Part IV

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

Return Reference	Explanation
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2015

36-2167855

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
UNDERGRADUATE SCHOLARSHIPS & (1) GRANTS	1960	24,971,825			
(2) GRADUATE SCHOLARSHIPS & GRANTS	362	1,517,012			
(3) FEDERAL PELL GRANTS	1187	5,192,115			
(4) FEDERAL SEOG GRANTS	126	239,500			

Part IVSupplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	THE AWARDING OF STUDENT FINANCIAL AID GRANTS UNDER THE U S DEPARTMENT OF EDUCATION'S STUDENT FINANCIAL ASSISTANCE PROGRAM ARE MONITORED BY THE UNIVERSITY'S FINANCIAL AID OFFICE, WHICH ENSURES THAT THE UNIVERSITY MEETS THE COMPLIANCE REQUIREMENTS OF OMB CIRCULAR A-133 THE FINANCIAL AID OFFICE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING EFFECTIVE INTERNAL CONTROL OVER COMPLIANCE WITH THE REQUIREMENTS OF LAWS, REGULATIONS, CONTRACTS, AND GRANTS APPLICABLE TO FEDERAL PROGRAMS ADMINISTRATION OF GRANT ACTIVITIES IS COORDINATED BETWEEN THE ACADEMIC OFFICE OF RESEARCH AND SPONSORED PROJECTS, THE UNIVERSITY ADVANCEMENT OFFICE, AND THE BUSINESS OFFICE THESE OFFICES ENSURE THAT APPROPRIATE CONTROLS ARE ESTABLISHED AND THAT GRANT REQUIREMENTS FOR DOCUMENTATION, TRACKING, EXPENDITURE OF FUNDS, AND REPORTING ARE MET

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		

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

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

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

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

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE. ANNUALLY, THE UNIVERSITY PAYS \$15,000 TO THE PRESIDENT FOR THE USE OF HER HOME FOR UNIVERSITY FUNCTIONS. THIS ARRANGEMENT IS PART OF THE PRESIDENT'S EMPLOYMENT CONTRACT AND THE PAYMENT WAS INCLUDED IN HER W-2 REPORTABLE COMPENSATION.
Part I, Line 4b	THE UNIVERSITY HAS A NON-QUALIFIED PLAN AND A QUALIFIED 457(F) PLAN FOR THE UNIVERSITY'S PRESIDENT, DONNA CARROLL. THE COMBINED DEFERRED AMOUNT FOR FY 2016 OF BOTH 457(F) PLANS WAS \$34,347.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DONNA CARROLL PRESIDENT AND TRUSTEE	(i)	361,697	0	15,000	58,347	10,030	445,074	0
	(ii)	0	0	0	0	- 0	- 0	0
1AMY MCCORMACK SR VICE PRESIDENT FOR FINANCE AND A	(i)	213,756	0	0	7,188	980	221,924	0
	(ii)	0	0	0	0	- 0	- 0	0
2GRACYN CICHOMSKA VICE PRESIDENT UNIVERSITY ADVANCEMEN	(i)	198,412	0	0	18,819	1,834	219,065	0
	(ii)	0	0	0	0	- 0	- 0	0
3JILL ALBIN-HILL VICE PRESIDENT AND CHIEF INFORMATION	(i)	143,928	0	0	14,374	15,539	173,841	0
	(ii)	0	0	0	0	- 0	- 0	0
4CHERYL JOHNSON-ODIM SR VICE PRESIDENT FOR ACADEMIC AFFA	(i)	221,749	0	0	5,592	21,584	248,925	0
	(ii)	0	0	0	0	- 0	- 0	0
5JEFFEREY CARLSON DEAN OF ROSARY COLLEGE OF ARTS AND S	(i)	155,408	0	0	15,447	13,545	184,400	0
	(ii)	0	0	0	0	- 0	- 0	0
6KHALID RAZAKI PROFESSOR OF ACCOUNTANCY	(i)	155,570	0	0	15,260	770	171,600	0
	(ii)	0	0	0	0	- 0	- 0	0
7MARYALYCE BURKE INTERIM DEAN OF BRENNAN SCHOOL	(i)	141,984	0	0	14,028	15,701	171,713	0
	(ii)	0	0	0	0	- 0	- 0	0
8DEBRA GURNEY DIRECTOR OF NURSING	(i)	139,435	0	0	12,632	9,254	161,321	0
	(ii)	0	0	0	0	- 0	- 0	0
9CYRUS GRANT PROFESSOR OF COMPUTER SCIENCE	(i)	139,305	0	0	13,896	19,855	173,056	0
	(ii)	0	0	0	0	- 0	- 0	0
10DANIEL CONDON PROFESSOR OF ECONOMICS	(i)	136,245	0	0	0	23,400	159,645	0
	(ii)	0	0	0	0	- 0	- 0	0

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As Filed Data -

DLN: 93493115002097

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

DOMINICAN UNIVERSITY

► 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.

Employer identification number

36-2167855

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

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	3,074,527		10,000,000		19,800,000					
2	Amount of bonds legally defeased										
3	Total proceeds of issue										
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds										
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X		X				
16	Has the final allocation of proceeds been made?	X		X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			5 000 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5			5 000 %					
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I	2006 Demand Revenue Bonds Payable In March 2006, the University issued \$30,000,000 of 30-year adjustable-rate demand revenue bonds through the Illinois Finance Authority The proceeds were used to acquire, construct and equip certain of the University's facilities In August 2014, the University refinanced the outstanding balance of the abovementioned bond Funding was provided through a \$19,800,000 Illinois Finance Authority Revenue Refunding Bond, Series 2014 The refunding bond was purchased by MB Financial Bank on August 5, 2014, and has a 10-year maturity date of 2024 2009 Industrial Project Revenue Bonds Payable During 2009, the Village of River Forest issued \$16,200,000 of 20-year adjustable rate industrial project revenue bonds Pursuant to a loan agreement dated December 1, 2009, the Village of River Forest loaned proceeds of the bond issue to the University The proceeds were used to refund the balance of a 2000 Demand Revenue Bond and a 2006 Industrial Revenue Bond In October 2014, the University refinanced the outstanding balance of the abovementioned bond Funding was provided through a \$13,074,527 Village of River Forest, Cook County, Illinois Industrial Project Revenue Bond Series 2014A and Series 2014B, both set to mature on August 5, 2024 The Series 2014A Bond had a nominal value of \$10,000,000 and The Series 2014B Bond had a nominal value of \$3,074,527

Return Reference	Explanation
Schedule K, Part III, Line 3b, Column A	BOND COUNSEL WAS ENGAGED TO REVIEW MANAGEMENT AND SERVICE CONTRACTS RELATED TO FINANCED PROPERTY AT THE INITIAL BOND OFFERING THERE HAVE BEEN NO CHANGES IN MANAGEMENT AND SERVICE CONTRACTS SINCE THE INITIAL BOND OFFERING AND NO ADDITIONAL BOND COUNSEL REVIEW HAS BEEN PERFORMED

Return Reference	Explanation
Schedule K, Part IV, Line 2c, Column B	REBATE COMPUTATION WAS PERFORMED SEPTEMBER 15, 2007

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

2015
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Inspection

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

36-2167855

[illegible]

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
AMY (1) MCCORMACK	OFFICER	(SEE BELOW)		X	75,000	15,000		No	Yes		Yes	
Total		▶ \$				15,000						

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

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

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	22	341,254	COMPARABLE SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	See Additional Data			
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 36-2167855

Name: DOMINICAN UNIVERSITY

Part I, Types of Property, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (RUGS/CARPET)	X	1	10,000	APPRAISED VALUE
Other ▶ (SPORTING EVENT TICKETS)	X	4	4,070	FAIR MARKET VALUE
Other ▶ (BENEFIT SWEET TOOTH)	X	1	2,500	FAIR MARKET VALUE
Other ▶ (MONTHLY FLOWERS)	X	1	1,200	FAIR MARKET VALUE
Other ▶ (LIGHTS, CAMERA, ACTION ITEM)	X	1	480	FAIR MARKET VALUE
Other ▶ (GOLF PACKAGE)	X	1	400	FAIR MARKET VALUE
Other ▶ (WECHSLER INTELLIGENCE SCALE FOR CHILDREN)	X	1	200	FAIR MARKET VALUE

SCHEDULE O (Form 990 or 990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015

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Name of the organization
DOMINICAN UNIVERSITY

Employer identification number

36-2167855

Return
Reference

Explanation

Form 990, Part I,
Line 1

AS A SINSINAWA DOMINICAN-SPONSORED INSTITUTION, DOMINICAN UNIVERSITY PREPARES STUDENTS TO PURSUE TRUTH, TO GIVE COMPASSIONATE SERVICE AND TO PARTICIPATE IN THE CREATION OF A MORE JUST AND HUMANE WORLD

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>INSTRUCTIONAL SUPPORT - THE UNIVERSITY OFFERS INSTRUCTION THROUGH THE UNDERGRADUATE COLLEGE OF ARTS AND SCIENCES WITH OVER 50 MAJORS, AS WELL AS PROFESSIONAL AND PRE-PROFESSIONAL PROGRAMS, INCLUDING A POST BACCALAUREATE PRE-MEDICAL STUDIES PROGRAM Dominican University ALSO OFFERS OVER 20 GRADUATE DEGREE PROGRAMS IN BUSINESS, EDUCATION, LIBRARY AND INFORMATION SCIENCE, SOCIAL WORK AND CONFLICT RESOLUTION THE NEW DEGREE/CERTIFICATE PROGRAMS OFFERED TO INCLUDE BACHELOR OF SCIENCE IN NURSING, M A Ed IN CURRICULUM AND INSTRUCTION WITH A BILINGUAL FOCUS, MASTER OF ARTS IN TEACHING (M A T) IN MIDDLE SCHOOL EDUCATION AND SECONDARY EDUCATION AND CERTIFICATE PROGRAMS IN DIGITAL CURATION, DIGITAL LIBRARIANSHIP AND WEB DESIGN THE ROSARY COLLEGE OF ARTS AND SCIENCES STRIVES TO EMBODY A COMMUNITY OF LEARNERS SEEKING TRUTH THROUGH FREE AND OPEN INQUIRY AND DIALOGUE WITH A DIVERSE ARRAY OF PERSONS, PLACES, TEXTS, OBJECTS, IDEAS AND EVENTS, PAST AND PRESENT, SUPPORTIVE OF EACH LEARNER'S DEVELOPMENT AND COMMITTED TO USING TALENTS TO MAKE A POSITIVE CONTRIBUTION TO THE WORLD THE COLLEGE STRIVES TO PRODUCE GRADUATES OF A LIBERAL ARTS AND SCIENCES PROGRAM WHO CAN THINK CRITICALLY, COMMUNICATE IDEAS WELL, ORALLY AND IN WRITING, AND ACHIEVE BOTH BREADTH OF UNDERSTANDING ACROSS FIELDS AND DEPTH OF KNOWLEDGE IN ONE FIELD THE BRENNAN SCHOOL OF BUSINESS PROVIDES EXPERIENTIAL BUSINESS EDUCATION AT THE UNDERGRADUATE, GRADUATE, AND EXECUTIVE LEVELS THE CURRICULUM PREPARES STUDENTS TO ADVANCE THEIR CAREERS BY COMBINING BOTH THEORY AND PRACTICE WITHIN AND BEYOND THE CLASSROOM GUIDED BY THE UNIVERSITY'S CORE VALUES OF CARITAS ET VERITAS, WE DEVELOP ETHICALLY-MINDED LEADERS WHO CREATE SUSTAINABLE VALUE FOR BUSINESS AND COMMUNITIES IN A GLOBAL SOCIETY THE BRENNAN MBA PROGRAM OFFERS MULTIPLE AREAS OF CONCENTRATION AND DOUBLE-DEGREE PATHWAYS THE BA-MBA IS AN ACCELERATED MBS FOR UNDERGRADUATES WHO HAVE EARNED OR EARN CREDIT HOURS AS PART OF A BACHELOR'S PROGRAM AT DOMINICAN UNIVERSITY THE STUDENT BODY, WITH REPRESENTATIVES FROM AROUND THE WORLD, IS DIVERSE IN TERMS OF BOTH BUSINESS EXPERIENCE AND CULTURAL BACKGROUNDS IN RECENT YEARS, THE BRENNAN SCHOOL OF BUSINESS HAS EXPANDED ITS GLOBAL REACH BY PARTNERING WITH TOP-RANKED UNIVERSITIES ABROAD TO OFFER EXECUTIVE MBA PROGRAMS IN POLAND AND CZECH REPUBLIC THE GOALS OF THE GRADUATE SCHOOL OF LIBRARY AND INFORMATION SCIENCE ARE TO EDUCATE INDIVIDUALS FOR POSITIONS IN A WIDE SPECTRUM OF ESTABLISHED AND EMERGING LIBRARY, INFORMATION, KNOWLEDGE, AND MEDIA CONTEXTS, TO PROVIDE CONTINUING EDUCATION FOR THE PROFESSIONAL COMMUNITY, AND TO ADVANCE AND ENHANCE TEACHING BY MEANS OF FACULTY PUBLICATION, SERVICE IN PROFESSIONAL ORGANIZATIONS AND OTHER VENUES THE MASTER OF LIBRARY AND INFORMATION SCIENCE PROGRAM IS ACCREDITED BY THE COMMITTEE ON ACCREDITATION OF THE AMERICAN LIBRARY ASSOCIATION (ALA) THE SCHOOL OF EDUCATION HAS BEEN DEDICATED TO PRODUCING TEACHERS WHO HAVE GONE ON TO BE THE LEADERS, CONTINUING SCHOLARS AND ROLE MODELS IN AMERICAN SCHOOLS WHILE THE PROGRAMS HAVE ADVANCED TO MEET EVER CHANGING NEEDS, THE CORE VALUES OF SCHOLARSHIP, LEADERSHIP, AND SERVICE HAVE REMAINED CONSTANT THE SCHOOL OF EDUCATION IS ACCREDITED BY THE COUNCIL FOR THE ACCREDITATION OF EDUCATOR PREPARATION (CAEP) FOR BACCALAUREATE AND GRADUATE PROGRAMS FOR THE PREPARATION OF TEACHERS AND OTHER PROFESSIONAL PERSONNEL FOR EARLY CHILDHOOD, ELEMENTARY AND SECONDARY SCHOOLS IN ADDITION, THE UNIVERSITY'S EDUCATION PROGRAMS ARE APPROVED BY THE ILLINOIS STATE BOARD OF EDUCATION DOMINICAN UNIVERSITY'S GRADUATE SCHOOL OF SOCIAL WORK, ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION, OFFERS A RIGOROUS AND CHALLENGING CURRICULUM, WHICH EMPHASIZES A GLOBALLY FOCUSED AND FAMILY-CENTERED PRACTICE THE PROGRAM EQUIPS STUDENTS WITH NEW KNOWLEDGE TO ADDRESS DOMESTIC AND INTERNATIONAL SOCIAL WORK ISSUES AND TO CHANGE THE WORLD, BECOME A LEADER IN THE FIELD OF SOCIAL WORK AND LEAD A MEANINGFUL LIFE THE SCHOOL OF SOCIAL WORK IS ACCREDITED BY THE COMMISSION OF THE COUNCIL ON SOCIAL WORK EDUCATION (CSWE) DOMINICAN UNIVERSITY WAS REACCREDITED BY THE HIGHER LEARNING COMMISSION OF THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS IN 2015 AS A BACCALAUREATE, MASTER'S AND DOCTORAL DEGREE-GRANTING INSTITUTION FOR A TEN-YEAR TERM THE PROGRAM IN NUTRITION AND DIETETICS HAS DEVELOPED A ACCREDITATION FROM THE ACCREDITATION COUNCIL FOR EDUCATION IN NUTRITION AND DIETETICS (ACEND) THE UNIVERSITY IS APPROVED BY THE ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, AND THE STATE APPROVING AGENCY FOR VETERANS AFFAIRS THE ENROLLMENT FOR THE FALL OF 2016 WAS 3,522, OF WHICH 70% WERE FULL-TIME AND 30% PART-TIME THIS POPULATION IS SPLIT WITH 2,306 UNDERGRADUATE STUDENTS AND 1,216 GRADUATE STUDENTS THE FACULTY CONSISTS OF 165 INSTRUCTIONAL (FULL-TIME) AND 204 PART-TIME FACULTY, WITH AN OVERALL STUDENT TO FACULTY RATIO OF 11 TO 1 87% OF THE FULL-TIME FACULTY HAS A DOCTORATE OR TERMINAL DEGREE IN THEIR FIELD, AND ALL FACULTY MEMBERS ARE EXPECTED TO ACTIVELY ENGAGE IN RESEARCH AND PUBLICATION UNDERGRADUATE TUITION FOR 2015-16 SCHOOL YEAR WAS \$31,200 FOR FULL-TIME AND \$400 TO \$950 PER CREDIT HOUR FOR GRADUATE, DEPENDING ON THE PROGRAM ROOM AND BOARD RANGES FROM \$9,652 TO \$11,604 (DOUBLE AND MEAL PLAN WITH FLEX DOLLARS)</p>

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

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>STUDENT SERVICES AND ATHLETICS - UNDERGRADUATE ADMISSIONS AND THE FINANCIAL AID OFFICE ARE LED BY THE VICE PRESIDENT FOR ENROLLMENT MANAGEMENT A FRESHMAN CLASS OF 495 FULL-TIME STUDENTS WAS ENROLLED IN FALL OF 2016 THE VICE PRESIDENT COORDINATES GRADUATE RECRUITMENT WITH THE INDIVIDUAL COLLEGES FINANCIAL AID FOR ALL STUDENTS, INCLUDING PARTICIPATION IN THE U S DEPARTMENT OF EDUCATION'S STUDENT FINANCIAL ASSISTANCE PROGRAMS, IS MANAGED BY THE FINANCIAL AID OFFICE THE OFFICE IS AUDITED EACH YEAR UNDER THE COMPLIANCE REQUIREMENTS OF OMB CIRCULAR A-133 UNIFORM GUIDANCE 100% OF ALL INCOMING FRESHMEN RECEIVED SOME FORM OF FINANCIAL AID WITH AN AVERAGE NEED-BASED SCHOLARSHIP/GRANT AWARD OF \$22,852 THE AVERAGE TOTAL AWARD, INCLUDING INSTITUTIONAL SCHOLARSHIP/GRANTS, FEDERAL GRANTS, STATE GRANTS, WORK-STUDY AND STUDENT LOANS FOR FRESHMEN WAS \$30,236 IN FISCAL 2016 STUDENT SERVICES INCLUDE THE DEAN OF STUDENTS OFFICE, PROVIDING LEADERSHIP AND SUPERVISION TO STUDENT AFFAIRS WHILE SERVING AS A LIAISON BETWEEN ADMINISTRATION AND STUDENTS AND WORKING WITH THE COMMUNITY TO DEVELOP POLICY REGARDING STUDENT LIFE, THE CAMPUS WELLNESS CENTER, OFFERING A FULL ARRAY OF HEALTH CARE, COUNSELING, AND WELLNESS SERVICES AND PROGRAMS, THE STUDENT INVOLVEMENT OFFICE, WHICH SUPPORTS STUDENT CLUBS AND ORGANIZATIONS AND OFFERS LEADERSHIP TRAINING, INTRAMURAL ACTIVITIES, AND OTHER CAMPUS ACTIVITIES, AND ATHLETICS THE DEPARTMENT OF ATHLETICS PROVIDES INTERCOLLEGIATE COMPETITION OPPORTUNITIES FOR THE STUDENT-ATHLETES OF DOMINICAN UNIVERSITY WHO HAVE THE EXPERIENCE AND TALENT TO COMPETE AT THE INTERCOLLEGIATE LEVEL REGARDLESS OF RACE, GENDER, ETHNICITY, OR ORIENTATION THE OVERALL MISSION OF THE DEPARTMENT IS TO PROVIDE AN EXPERIENCE THAT WILL ENHANCE THE PARTICIPANT'S LEVEL OF SELF-ESTEEM, SELF-MOTIVATION AND SELF-ACTUALIZATION THROUGH MENTAL AND PHYSICAL TRAINING, TEAM DYNAMICS AND COMPETITIVE PARTICIPATION IT IS INTENDED THAT THE BENEFITS DERIVED FROM THE SPORT EXPERIENCE WILL POSITIVELY IMPACT MANY ASPECTS OF THE STUDENT-ATHLETE'S LIFE AND WILL SERVE AS A COMPLEMENT TO THE RIGOROUS ACADEMIC ENVIRONMENT OF DOMINICAN UNIVERSITY</p>

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	THE UNIVERSITY HAS MEMBERS

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

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	DOMINICAN MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL DATA, SUCH AS CONFLICT OF INTEREST POLICY, BYLAWS, FINANCIAL STATEMENTS, AND ANNUAL OPERATING BUDGETS, AVAILABLE TO THE PUBLIC UPON REQUEST

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
DOMINICAN UNIVERSITY

Employer identification number
36-2167855

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SINSINAWA DOMINICAN CONGREGATION OF MOST HOLY ROSARY 585 COUNTRY ROAD Z SINSINAWA, WI 53824 39-0816854	PREACHING	WI	501(c)(3)	Line 1	N/A		No

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

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

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

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

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1a

No

b

Gift, grant, or capital contribution to related organization(s)

1b

No

c

Gift, grant, or capital contribution from related organization(s)

1c

Yes

d

Loans or loan guarantees to or for related organization(s)

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

Lease of facilities, equipment, or other assets to related organization(s)

1j

Yes

k

Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m

Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o

Sharing of paid employees with related organization(s)

1o

Yes

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

Other transfer of cash or property to related organization(s)

1r

No

s

Other transfer of cash or property from related organization(s)

1s

No

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SINSINAWA DOMINICAN	C	64,100	ACTUAL VALUE

Schedule R (Form 990) 2015

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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