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For the 2015 calendary year or tay year beginning 00 01 2015

DLN: 93493195003337

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

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

and anding 00 21 2016

2015

Open to Public Inspection

			C Name of organization	gilling 05 01 2015 , and c	maing 08-31-201		D Employ	er identif	ication number		
_	eck ıf ap ddress cl		POINT PARK UNIVERSITY								
_	ame cha	-					25-109	94922			
_	nitial retu	-	Doing business as								
Fi	ınal /termına	tod	Number and street (or P O b	pox if mail is not delivered to street	address) Room/sui	te	E Telephor	e number			
_	nended r		201 WOOD STREET				(412) 3	(412) 392-3992			
ГАр	plication	pending	City or town, state or province PITTSBURGH, PA 15222	ce, country, and ZIP or foreign post	al code		<b>G</b> Gross re	counts & 17	04 154 171		
			<b>F</b> Name and address of p	aringinal officer	ı						
			DR PAUL HENNIGAN	ліпстрат опісег			this a group r	eturn for			
			201 WOOD STREET			Su N	bordinates? o		Yes   <b>✓</b>		
T Ta	y-eyem	pt status	PITTSBURGH,PA 1522				e all subordin	ates	□Yes □ No		
			<b>♦</b> 301(c)(3)   301(c) (	(insert no ) 4947(a)(1	.) or   527		:luded? 'No," attach a	ılıst (se	ee instructions)		
J W	ebsite	:► wv	VW POINTPARK EDU				oup exemption				
<b>K</b> For	m of org	anızatıon	Corporation Trust	Association  Other ►		L Year of	formation 196	O M Sta	te of legal domicile PA		
Pa	rt I	Sum	ımary								
		•	scribe the organization's m EDUCATION	ission or most significant ac	tivities						
ψ.		OHER									
anc											
E E	2.0	hock th	ous how <b>b</b> F if the organizat	tion discontinued its operation	and or disposed of	of more tha	n 2 E 0/2 of its	not acco	+c		
Governance	2 (	пески	iis box 🕨   II the organizat	tion discontinued its operation	ons or disposed (	oi illore tha	11 25% 01 115	net asse	lS.		
ූ න්	3 N	umber	of voting members of the go	overning body (Part VI, line 1	la)			з	33		
Š	4 N	umber	of independent voting mem	bers of the governing body (F	Part VI, line 1b)			4	31		
Ě	5 T	otal nu	mber of individuals employe	ed ın calendar year 2015 (Pa	art V , line 2a) .			5	1,845		
Activities &	6 Total number of volunteers (estimate if necessary)										
	<b>7a</b> ⊤	otal un	related business revenue fr	[	7a	0					
	ь Ме	et unrel	ated business taxable incoi	me from Form 990-T, line 34				7b	0		
						Р	rior Year		Current Year		
_	8	Contr	ibutions and grants (Part V	III, line 1h)			18,185,9	62	9,178,320		
ej L	9	Progr	am service revenue (Part V		101,645,7	59	107,618,307				
Ravenue	10	Inves	tment income (Part VIII, c	olumn (A), lines 3, 4, and 7d		719,4	19	870,925			
<u>~</u>	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12)						179,4	99	170,012		
							120,730,6	39	117,837,564		
	13	Grant	s and sımılar amounts paıd	(Part IX, column (A), lines 1	-3)		30,180,1	5 5	38,147,700		
	14	Benef	its paid to or for members (	(Part IX, column (A), line 4)				0	0		
æ	15	Saları 5–10		nployee benefits (Part IX, co	lumn (A), lines		43,066,4	15	41,212,559		
Expenses	16a	Profe	<i>.</i> ssional fundraising fees (Pa	art IX, column (A), line 11e)			23,6	63	27,713		
ä	b	Total fu	undraising expenses (Part IX, colu	umn (D), line 25) ▶ <u>1,607,579</u>							
	17	Other	expenses (Part IX, columr	n (A), lines 11a-11d, 11f-24	1e)		31,506,7	3 7	33,174,994		
	18	Total	expenses Add lines 13-1	7 (must equal Part IX, colum	ın (A), lıne 25)		104,776,9	70	112,562,966		
	19	Rever	nue less expenses Subtrac	t line 18 from line 12			15,953,6	69	5,274,598		
S or						Beginnin	g of Current Y	ear	End of Year		
Net Assets or Fund Balances	20	Total	assets (Part X, line 16) .				181,591,2	04	198,120,874		
A As	21		liabilities (Part X, line 26)				70,400,0		80,330,357		
žΞ	22	Net a	ssets or fund balances Sub	otract line 21 from line 20 .			111,191,2	0.0	117,790,517		
Pa	rt II	Sign	nature Block			'					
my k	nowled	ge and		ve examined this return, incl nd complete Declaration of p	-						
		***	** *				2017-07-14				
Sigr		Sign	ature of officer				Date				
Her	e		OGET MANCOSH SR VP OF FINANG or print name and title	CE & OPERATIONS							
			Print/Type preparer's name	Preparer's signature	D	ate		PTIN	7		
Paid	d	_	SUSAN M KIRSCH	SUSAN M KIRSCH		9	elf-employed	P00341397			
Pre	pare	Г ⊢	Firm's name SCHNEIDER DO				Firm's EIN ► 25-				
	Onl		Firm's address ► ONE PPG PLACE				hone no (412)	261-3644			
		-	PITTSBURGH, PA	A 15222							

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

	t IV Checklist of Required Schedules (continued)			raye <del>-</del>
		Ī	I	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ . $\raisetaskip$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
			arm 000	(201E)

14. Enter-the number reported im 36.0 a of form 1996 Enter-the number of forms W.25 controlled in the inter-the number of forms W.25 controlled in the inter-the number of forms W.25 controlled in the Enter-the number of forms W.25 controlled in the Enter-the number of reported by the six properties of the s		Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
be Estet the number of Forms W-25 included in time 1a Estet - of frost applicability of the programmation contributions contributed backup polithoiding rates for reportable parameters to versions and reportable garring (general ng) winnings to prize winners?  2 Estet the number of employees reported on from W-1, Transmittal of Wage and Tax Statements, file of the calendar year ending with or within the year covered by this return.  3 In old the organization in the 2 g, did the organization file all required before a temptoyment tax returns?  3 Bod file organization in the 1a and 2 is greater than 250, you may be required to efficile centrations?  3 Bod file organization and the organization file all required before a explanation or Science 0  3 In 17145, Place that a form 1996 of Text (see year) 1717 to file all purposes a explanation or Science 0  3 In 17145, Place that a form 1996 of Text (see year) 1717 to file all purposes a explanation or Science 0  3 In 17145, Place that a form 1996 of Text (see year) 1717 to file all purposes a explanation or Science 0  3 In 17145, Place that a form 1996 of Text (see year) 1717 to file all purposes a explanation or Science 0  3 In 17145, Place that a form 1996 of Text (see year) 1717 to file all purposes a explanation or other film could be organization as beat account; or other film could be organization by the organization that was one in explanation at any time during the tax year?  5 In 17145, To the 18 are of \$1,000 or more cumplet the science 1714 organization and path for other 1714 organization and path for organization numbers of Firm 18145, The manufacture of the organization has required to find the organization has a manufacture of the organization and path for goods and and file organization and path for goods and and file organization and path for goods and and the organization science any funds, directly of mid	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		165	NO
b. Old the organization comply with backing with stimular grows for reportable parming dismring dismri					
gamma (gambling) winnings to prize winners?  2 Enter the number of employees reported on Prom W-3, Transmittation Wage and Lax Statements, filed for the celerabry sever ending with or within the year covered by this return.  3 It is statements, filed for the celerabry sever ending with or within the year covered by this return of the celerabry sever ending with or within the year covered by this return of the celerabry sever ending with or within the year covered by this return of the celerabry sever than 250, you may be required to effect (see instructions)  3 Did the organization between the celerabry sever than 250, you may be required to effect (see instructions)  3 Did the organization that was unrelated business gross income of 31,000 or more during the year?  3 Did the organization as the did form 930 or 17 for this year? 17 Wor's low 260, your and are constituted on other authority over, a financial account in offset frost in cell several accounts; or the financial account in offset frost in cell several accounts; or state from a state of the several accounts; or state from a state of the several accounts; or state from a state organization and party to a prohibited tax shelter transaction of a party to a prohibited state shelter transaction?  5 Did In Yes, to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did Did any translate party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did Tirey, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have exceeded accountable or the week several to the several accountable or solice and service provided to the organization					
2a Enter the number of employees recorted on Form W-3. Transmitted of Wage and Tox Statements, field for the collective year content by this return. Tox Statements, field for the collective year content by this return. Similar to the collective year content by this return. Similar to the collective year year. Similar to the collective year year. Similar to the collective year. S	С		<b>1</b> c	Yes	
Tax statements, filed for the calendar year ending with or within the year covered 22 1,845 by this return of the post of the region of the post of the least one is reported on line 22, did the organization his all required federal employment tax returns?  30 but the region of the sum of lines 12 and 22 is greater than 230, you may be required to e-file (see instructions) 30 but the organization have unrelated business gross income of \$1,000 or more during the year? 30 but the organization of the sum of lines 12 and 23 is greater than 230, you may be required to e-file (see instructions) 30 but the organization have an interest in, or a signature or other authority over, a financial account in offereign country ≥ 2 but the signal property of the sum of the financial accounts of federal country to the sale bank account, securities account, or other financial accounts of federal country ≥ 2 but the organization have an interest in, or a signature or other authority over, a financial account in offereign country ≥ 3 but the organization in fining requirements for rinc'et Norm 114, Report of foreign Bank and Financial Accounts (PERA).  50 West the organization aparry to a prohibited tax shelter transaction at any time during the tax year? 5 but 17 vs. 10 but daily caxable party mostly the organization file Form 8886-17? 5 but the organization solicit any controlled tax shelter transaction at any time during the tax year? 5 but 17 vs. 10 but the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit any controlled that every solicitation an express statement that such contributions or girts were not tax deductible as chantable contributions or girts were not tax deductible as chantable contributions or girts were not tax deductible or tax deductible as chantable contributions or girts were not tax deductible or tax deductible as chantable contributions or girts were not tax deductible or tax deductible and the organization file form 8899 as foreign the forei	2a				
More   Text   cost one is reported on line 2 a, did the organization like all required foreign promoted in the intermediate of the organization have unrelated business gloss in done of \$1,000 or more during the year?   3a   No.		Tax Statements, filed for the calendar year ending with or within the year covered			
Note: The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a I will be organization have unrelated business gross income of \$1,000 or more during the year?  3b I fires, has filled a rorm 90-I for this year/17 %0°to fine 3b, provide an explanation in Schedule 0.  3b I may time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in offer on country year that is a bank account, or such related accounts of the foreign country ▶  See instructions for filing requirements for rincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  15 Was the organization in party to a prohibited tax shetter transaction at any time during the tax year?  5c William bid any party to a prohibited tax shetter transaction at any time during the tax year?  5c William bid any party to a prohibited tax shetter transaction at any time during the tax year?  5c William bid any party to a prohibited tax shetter transaction?  6c William bid any party to a prohibited tax shetter transaction?  6c William bid any party to a prohibited tax shetter transaction?  6c William bid the organization have annual gross receipts that are earnally greater than \$100,000 and did the organization office any continuous on that were not ax cedeuticible?  6c William bid the organization methods with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d William bid the organization methods with every solicitation and express statement that such contributions or gifts were not tax deductible and the complex of the party of the organization methods with every solicitation and express statement that such contributions or gifts were not tax deductible as chantable contributions or gifts were not tax deductibles and the contributions organization methods with every solicitation and express statemen				V	
30 No. 16 If Yes, has it filed a Form 990-T for this year? 17 Wor's of the 3b, provide an explanation in Schoole 0.  30 If Yes, has it filed a Form 990-T for this year? 17 Wor's of the 3b, provide an explanation in Schoole 0.  30 If Yes, has it filed a Form 990-T for this year? 17 Wor's of the 3b, provide an explanation in 5 decimal of the 3b and account, or other standard year, and the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country.  30 If Yes, and the standard year, and the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country.  51 If Yes, and the organization are provided that it was or is a party to a prohibited tax shelter transaction?  52 Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  53 Was the organization have annual gross receipts that ere normally greater than \$100,000, and did the organization have annual gross receipts that ere normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  54 Organization standard receive deductible contributions under accion \$170(c).  55 If If Yes, and the organization mickle with every solicitation an express statement that such contributions or gifts were not tax deductible?  56 Organization standard receive a payment in excess of \$1.5 made partly as a contribution and partly for goods and services provided to the payor?  56 Organization standard receive a payment in excess of \$1.5 made partly as a contribution and partly for goods and services provided to the payor?  57 Organization standard received a contribution of a file value of the goods or services provided?  58 Organization standard received a contribution of cars, boats, anylaines, or other vehicles, did the organization file of mass \$2.2 filed during the year.  59 Ord the organization shall tailing donor advised fu	b		20	res	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0  4a At any time during the calendar year, and the organization have an interest, in or a signature or other nametal vacuum in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  b If "Yes," either the name of the foreign country ▶  See instructions for filing requirements for Fince N Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  b D did my taxable party norly the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solice any contributions that may receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  c If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible.  The organization include with every solicitation and express statement that such contributions or gifts were not tax deductible.  The organization include wit	За		32		No
4.4 A Lary time during the coloniar year, did the organization have an indirects in, or a significance or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts).  5. If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts).  5. If "Yes," enter the name of the foreign country    5. If "Yes," enter the name of the foreign country    5. If "Yes," enter the name of the foreign country    5. If "Yes," to line 3 or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  6. If "Yes," to line 3 or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  6. If "Yes," to line 3 or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  6. If "Yes," to line 3 or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  6. If "Yes," to line 3 or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  6. If "Yes," to line 3 or 5h, did the organization that we annual gross receipts that are namely greater than \$10,000, and did the organization solicit any contributions that was received beductible contributions and expenses statement that such contributions or gifts were not tax deductible?  6. If "Yes," the did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  8. If Yes, If the organization receive a payment in excess of \$75 made partly as a contribution of organization that partly for goods and services provided to the payor?  7. Organization state may be a pay premium, directly or indirectly, to pay premiums on a personal benefit contract?  7. Organization received a contribution of cars, boats, arplaines, or other vehicles, did the organizati					110
over, a financial account in a foreign country (such as a bank account, setuntes account, or other financial accounts)  b. If Yes," enter the name of the foreign country. ▶  b. If Yes," enter the name of the foreign country. ▶  see instructions for filing requirements for FinCEN. Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a. Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction?  b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b. N. N. Or If Yes," in the Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If Yes," in the Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If Yes," in the Sa or Sb, did the organization in the Form 8885.T2  6c. If Yes," in the same year of the wall were not tax deductible contributions?  6c. If Yes," in the same yeached eductible contributions under section 170(c).  6c. If Yes," in the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If Yes," in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If Yes," in the arganization receive a payment in excess sol § 575 made and tyo as a services provided to the payor?  6c. If Yes," in the organization receive a payment in excess of \$75 made and tyo as a services provided to the payor?  7c. If Yes, if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c. N. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ		· · · · · · · · · · · · · · · · · · ·			
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization make any taxable distributions under section 4966?  Pa  Did the sponsoring organization sincluded on Part VIII, line 12  Did the organization sincluded on Part VIII, line 12  Did 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  Did the organization is 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  Did the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instruc	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
required? 79  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organization included on Part VIII, line 12  10a Did be Gross income from expensed on Form 990, Part VIII, line 12, for public use of club facilities  11b Did	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
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?  9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did by the sponsoring organizations. Enter 10 Section 501(c)(7) organizations. Enter 11 Initiation fees and capital contributions included on Part VIII, line 12 .		required?	7g		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	h		7h		
during the year?	8				
9 Did the sponsoring organization make any taxable distributions under section 4966?		, , , , , , , , , , , , , , , , , , , ,			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
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  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	9a				
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  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	b		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	10				
facilities  1.1 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders					
a Gross income from members or shareholders	b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11	Section 501(c)(12) organizations. Enter			
against amounts due or received from them)	а	Gross income from members or shareholders			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  15 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  15 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  16 Enter the amount of reserves on hand	b	Gross income from other sources (Do not net amounts due or paid to other sources			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand		against amounts due or received from them )			
year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  15 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  15 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  15 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	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
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  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		year			
additional information the organization must report on Schedule O  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	13	בפכנוטה סטב(כ)(צא) qualified nonprofit nealth insurance issuers.			
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	а				
In which the organization is licensed to issue qualified health plans			13a		
c Enter the amount of reserves on hand	b	· '   401			
L4a Did the organization receive any payments for indoor tanning services during the tax year? 14a No	c				
		250	142		No
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		110

### 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.

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year  1a						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6	Did the organization have members or stockholders?	6		Νo			
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		No			
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		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	<b>b</b> Each committee with authority to act on behalf of the governing body?						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)			
			Yes	No			
0a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		Νo			
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					
1a	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
2a	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				
3	Did the organization have a written whistleblower policy?	13	Yes				
4	Did the organization have a written document retention and destruction policy?	14	Yes				
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	<b>16</b> b					
	ction C. Disclosure						
7	List the States with which a copy of this Form 990 is required to be filed PA						
8	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						
.9	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year						
•	State the name address, and telephone number of the person who possesses the organization's books and record	c					

▶JAMES HARDT 201 WOOD STREET PITTSBURGH, PA 15222 (412) 392-3969

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1035-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
			_							
										Form <b>990</b> (2015)

Par	t VIII Section A. Officers, I	Directors, Trus	stees,	Key	Emp	loy	ees, a	nd I	lighest Compens	ated Employees	(cont	tınued)	
	( <b>A)</b> Name and Title	(B) A verage 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-	C	( <b>F</b> ) Estima mount or compens from t	ted f other ation he
See			individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated eniptovee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
See	Addıtıonal Data Table										1		
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1b c	Sub-Total		· · · ection A										
d	Total (add lines 1b and 1c) .						•		2,348,179	0			152,158
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho received more th	nan			
_	Did the engage to the first					li e :						Yes	No
3	Did the organization list any for on line 1a? If "Yes," complete S					кеу •	emplo	yee, •	or nighest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ												

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	Yes	
	, , , , , , , , , , , , , , , , , , ,	•	ים	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### **Section B. Independent Contractors**

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
ARAMARK SERVICES	FOOD SERVICE	2,842,086
PO BOX 906023 CHARLOTTE, NC 282906023		
ISS FACILITY SERVICES INC	HOUSEKEEPING	2,467,112
PENN PLACE PITTSBURGH, PA 15219		
MOSITES CONSTRUCTION COMPANY	CONSTRUCTION	1,981,375
4839 CAMPBELLS RUN ROAD PITTSBURGH, PA 15206		
US SECURITY ASSOCIATES	SECURITY	862,598
200 MANSELL COURT FIFTH FLOOR ROSWELL, GA 30076		
PJ DICK INC	CONSTRUCTION	763,703
225 NORTH SHORE DRIVE PITTSBURGH, PA 15212		

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  $\triangleright$  27

Part V	***	Statement o	f Revenue					
		Check if Schedi	ule O contains a respor	nse or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a					
nts	ь	Membership du	ıes <b>1b</b>	-				
Sra not		Fundraising eve		45,410				
ß. Ar	С	_						
Gifi ilar	d	_	zations 1d					
ons, Gifts, Grants Similar Amounts	е	Government grant	s (contributions) 1e	753,208				
er S	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	8,379,702				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines	86,810				
Contained	h		s 1a-1f		9,178,320			
				Business Code				
굺	2a	TUITION & EDUC	FEES	611710	95,820,290	95,820,290		
<del>بر</del> ج	ь	ROOM & BOARD FI	EES EES	721310	10,421,029	10,421,029		
э. П	С	PERFORMANCES		711300	803,388	803,388		
ž	d	PROGRAM RENTAL	<u> </u>	531390	164,777	164,777		
δ, Ξ	e	BOOKSTORE, CAFE	E & MISC	451211	116,631	116,631		
Program Service Revenue	f	All other progra	am service revenue		292,192	292,192		
Ě	g	Total. Add lines	s 2a-2f		107,618,307			
	3		ome (including dividen					1 005 606
	_		aramounts)	H	1,005,606			1,005,606
	5		stment of tax-exempt bond	proceeds P	176,047			176,047
	5	Royalties	(ı) Real	(II) Personal	170,017			1,0,01,
	6a	Gross rents	26,885	(ii) i eiseilai				
	Ь	Less rental	26,397					
		expenses Rental income	488					
	C	or (loss)						
	d	Net rental inco			488			488
	7a	Gross amount from sales of assets other than inventory	(i) Securities 6,069,500	(II) O ther				
	b	Less cost or other basis and sales expenses	6,204,181					
	С	Gain or (loss)	-134,681					
	d		ss)	· · · · <b>&gt;</b>	-134,681			-134,681
Other Revenue	oa e	Ψ	luding 6,410 s reported on line 1c)					
ф	Ь	Less directex	penses b	79,506 86,029				
0	С		(loss) from fundraising		-6,523			-6,523
	9a		from gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С	Net income or i	ا loss) from sales of ۱nve)	entory ▶				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	С							
	d		ue					
	e		s 11a-11d	•				
	12	Total revenue.	See Instructions	•	117,837,564	107,618,307	0	1,040,937

# 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)

1		•	expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,869,641	4,869,641		
2	Grants and other assistance to domestic individuals See Part IV, line 22	33,257,559	33,257,559		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15				
	and 16	20,500	20,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,963,758	565,632	1,198,167	199,959
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	30,299,730	26,482,906	3,282,424	534,400
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,438,243	1,285,919	121,788	30,536
9	Other employee benefits	5,250,671	4,744,038	446,416	60,217
10	Payroll taxes				_
		2,260,157	1,952,368	258,951	48,838
11	Fees for services (non-employees)				
a	Management				
b	Legal	332,244		332,244	
С	Accounting	223,407		223,407	
d	Lobbying	49,158		24,579	24,579
e	Professional fundraising services See Part IV, line 17	27,713			27,713
f	Investment management fees	121,426		121,426	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,003,761	2,505,660	494,776	3,325
12	Advertising and promotion	2,199,288	996,210	1,145,847	57,231
13	Office expenses	2,740,574	2,103,915	566,503	70,156
14	Information technology	436,518	316,357	99,787	20,374
15	Royalties	30,169	30,169		
16	Occupancy	10,025,407	7,703,114	2,050,455	271,838
17	Travel	1,102,149	947,851	113,484	40,814
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	747,462	598,478	113,131	35,853
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,406,078	4,242,282	1,026,057	137,739
23	Insurance	197,278	98,793	98,485	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD SERVICES	2,655,106	2,580,200	65,240	9,666
b	NON CAPITAL EQUIP	1,858,405	1,611,796	244,966	1,643
c	BAD DEBT	802,802	802,802		
d	DANCE & THEATER PRODUCT	449,617	449,617		
e	All other expenses	794,145	693,309	68,138	32,698
25	Total functional expenses. Add lines 1 through 24e	112,562,966	98,859,116	12,096,271	1,607,579
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part	×			<u>'</u>
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		447,804	1	1,315,999
	2	Savings and temporary cash investments		28,110,943	2	30,078,966
	3	Pledges and grants receivable, net	. [	11,046,879	3	13,710,087
	4	Accounts receivable, net	. [	963,713	4	1,340,328
	5	Loans and other receivables from current and former officers, directors, key employees, and highest compensated employees Complete Part II Schedule L	of		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)$ voluntary employees' beneficiary organizations (see instructions) Com II of Schedule L	(9)		6	`
SS	7	Notes and loans receivable, net	ŀ	797,389	7	726,917
⋖	8	Inventories for sale or use		707,000	8	120,011
	9	Prepaid expenses and deferred charges		1,368,162	9	1,258,265
	10a	Land, buildings, and equipment cost or other basis		1,000,102	-	1,230,200
		Complete Part VI of Schedule D	190,963,807			
	b	Less accumulated depreciation 10b	79,161,664	102,543,713		111,802,143
	11	Investments—publicly traded securities	35,399,892	11	36,933,863	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		500,000	13	250,000
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		412,709	15	704,306
	16	Total assets.Add lines 1 through 15 (must equal line 34)		181,591,204	16	198,120,874
	17	Accounts payable and accrued expenses		4,421,616	17	8,076,726
	18	Grants payable		18		
	19	Deferred revenue	• •	8,774,117	19	10,311,643
	20	Tax-exempt bond liabilities		52,574,951	20	49,635,444
c۸	21	Escrow or custodial account liability Complete Part IV of Schedule D	•		21	
abilities	22	Loans and other payables to current and former officers, directors, truskey employees, highest compensated employees, and disqualified	,			
аþ		persons Complete Part II of Schedule L	• •		22	
	23	Secured mortgages and notes payable to unrelated third parties		60,000	23	110,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third and other liabilities not included on lines 17-24) Complete Part X of Schedule D	parties,	4,569,320	25	12 100 544
	36	Tabel Habilitains Add Inno 47 Absorb 25	·	70,400,004	25 26	12,196,544 80,330,357
	26	Total liabilities. Add lines 17 through 25		70,400,004	20	00,330,337
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶	omplete			
lan	27	Unrestricted net assets	.	68,351,798	27	76,272,092
Ba	28	Temporarily restricted net assets	.	32,497,047	28	30,821,127
рц	29	Permanently restricted net assets		10,342,355	29	10,697,298
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34.	and			
ts (	30	Capital stock or trust principal, or current funds			30	
156	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other funds	-		32	
Net Assets	33	Total net assets or fund balances	.	111,191,200	33	117,790,517
_	34	Total liabilities and net assets/fund balances	.	181,591,204	34	198,120,874
	1		-	, ,	J-1	Form <b>990</b> (2015)

orm	990 (2015)			ı	age <b>12</b>
Par	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		117,8	37,564
2	Total expenses (must equal Part IX, column (A), line 25)	2		112,5	62,966
3	Revenue less expenses Subtract line 2 from line 1	3		5,2	74,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		111,1	.91,200
5	Net unrealized gains (losses) on investments	5		2,1	.34,386
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		- 8	309,667
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		117,7	90,517
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,'check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

# Additional Data

Software ID:

Software Version: **EIN:** 25-1094922

INSTRUCTION- INCLUDES 4 ACADEMIC SCHOOLS SERVING APPROXIMATELY 3.188 UNDERGRADUATE AND 656 GRADUATE STUDENTS. AS WELL AS PERFORMING

Name: POINT PARK UNIVERSITY

96,501,770)

Form 990, Part III, Line 4a

4a (Code ) (Expenses \$ 65.417.770 including grants of \$ 32.664.565 ) (Revenue \$

ARTS WHICH PROVIDE APPLIED TRAINING FOR STUDENTS. INCLUDES PHYSICAL PLANT ALLOCATION

# Form 990, Part III, Line 4b

(Revenue \$

545,460)

including grants of \$ STUDENT SERVICES- INCLUDES ADMISSIONS, CAREER DEVELOPMENT, FINANCIAL AID ADMINISTRATION, REGISTRAR, STUDENT ACTIVITIES, STUDENT AFFAIRS OFFICE, AS WELL AS 13 MEN'S AND WOMEN'S INTERCOLLEGIATE ATHLETIC TEAMS INCLUDES PHYSICAL PLANT ALLOCATION

9.728.519

) (Expenses \$

(Code

#### Form 990, Part III, Line 4c

(Code (Expenses \$ 10.226.960 including grants of \$

53.641 ) (Revenue \$ 2.691) ACADEMIC SUPPORT- ACADEMIC SUPPORT ARE EXPENSES THAT PROVIDE SUPPORT FOR THE SCHOOL'S PRIMARY ACADEMIC MISSION INCLUDES LIBRARY

SERVICES, PROGRAM FOR ACADEMIC SUCCESS, INFORMATION & MEDIA CENTERS & PROVOST OFFICE & CENTER FOR TEACHING EXCELLENCE INCLUDES PHYSICAL PLANT ALLOCATION

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code including grants of \$ 613.494 ) (Revenue \$ ) (Expenses \$ 8.669.867 10.568.386 ) AUXILIARY ENTERPRISES- EXPENSES THAT SUPPORT DORMITORIES, DINING HALL, CAFE, BOOKSTORE AND RECREATION CENTER FOR STUDENTS, FACULTY AND STAFF OF THE UNIVERSITY INCLUDES PHYSICAL PLANT ALLOCATION (Code 4.816.000 including grants of \$ 4.816.000 ) (Revenue \$

(Code ) (Expenses \$ 4,816,000 including grants of \$ 4,816,000) (Revenue \$ )

CONTRIBUTION TO POINT PARK UNIVERSITY FOUNDATION, WHICH IS TO PROMOTE, SUPPORT, AND FURTHER THE PURPOSES

OF POINT PARK UNIVERSITY

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

(F)
Estimated amount
of other
compensation
from the
organization and
related
organizations

0

0

0

0

0

0

0

0

4,182

Compensated Employees, and Inde	pendent Cor	ntracto	ors				_		ı
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position of the Position of th	tion ( han c in is b	ne b ooth	ox, an o	unles s ifficer		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
DENNIS ASTORINO BOARD MEMBER	1 50	х						0	(
RICHARD W BOYD BOARD MEMBER	1 50	×						0	C
E MICHAEL BOYLE EX 83116 BOARD MEMBER	1 50	х						0	C
MARK BROADHURST BOARD MEMBER	1 50	×						0	
DIANE BUCCO	1 50	_						0	

1 50

1 50

1 50

1 50

1 50

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BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

ROBIN CONNOLLY

BOARD MEMBER

REP PAUL COSTA

BOARD MEMBER & PRT PROFESSOR

LISA CIBIK

JAMIE CAMPOLONGO

ANTOINE CHAMMAS

.....

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

0

0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position and a person and individual trustee or director	tion ( han o n is b	ne b ooth	ox, ι an o /trus	inless fficer tee)	Former	(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
GARY DEJIDAS BOARD MEMBER	1 50	Х						0	0	0
KISHORE GOPAUL BOARD MEMBER	1 50	х						0	0	0
EDWARD HABERLE BOARD MEMBER	1 50	Х						0	0	0
DEAN JORDAN BOARD MEMBER	1 50	Х						0	0	0
JULIE A LYDA EX 72116 BOARD MEMBER	1 50	Х						0	0	0
TIMOTHY W MCGUIRE SR PHD	1 50									

Х

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Χ

1 50

1 50

1 50

1 50

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J KEVIN MCMAHON EX 83116

JAMES MILLER EX 83116

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

JOSEPH J MURIN

BOARD MEMBER

PEGGY T MCKNIGHT

.....

.....

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	tion ( han o n is b	ne b ooth	ox, ι an o	ınles s fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
DAVID J PEART BOARD MEMBER	1 50	х						0	0	0
LUCAS PIATT BOARD MEMBER	1 50	х						0	0	0
LOREN H ROTH MD EX 83116 BOARD MEMBER	1 50	х						0	0	0
CYNTHIA SHAPIRA EXIT 52416 BOARD MEMBER	1 50	X						0	0	0
DARRELL SMALLEY BOARD MEMBER	1 50	Х						0	0	0
RYAN STANA BOARD MEMBER	1 50	х						0	0	0
MARY BETH TAYLOR EX 83116	1 50	х						0	0	0

1 50

1 50

1 50

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Χ

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BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

REP JAKE WHEATLEY

KAREN FARMER WHITE

JOHN TOMAYKO EX 83116

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

0

0

134,062

45,499

43,631

24,569

475,130

249,184

184,309

249,243

Compensated Employees, and Inde	pendent Cor	itracto	rs			,	,			
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	tion ( han o n is b	ne b ooth	ox, ι an o	unles s fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee		2/1099-MISC)	2/1099-MISC)	
DARRYL FORD WILLIAMS BOARD MEMBER	1 50	х						0	0	
ANNE LEWIS BOARD MEMBER/CHAIR	3 00	х		x				0	0	
TODD MOULES BOARD MEMBER/TREASURER	3 00	х		×				0	0	
JAMES MEREDITH BOARD MEMBER/SECRETARY	3 00	х		x				0	0	
DONALD J JENKINS	3 00							_	_	

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Х

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40 00

40 00

40 00

40 00

40 00

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BOARD MEMBER/V CHAIR

SR VP OF FIN & OPERATIONS

SR VP GENERAL COUNSEL

SR VP ACAD/STUDENT AFFAIRS

JOHN H PEARSON BEG 22416

KAREN MCINTYRE PHD

.....

......

PAUL HENNIGAN EDD

BRIDGET MANCOSH

PRESIDENT

AMY MCCALL

PROVOST

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

40 00

40 00

28 00

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**PROFESSOR** 

DIANE MALDONADO

TIMOTHY W WILSON

ASSIST VP PRESIDENT IT

ASSOC VP ACADEMIC AFFAIRS

MARIANN GEYER 6115 TO PRT

VP EXTERNAL AFFAIRS FORMER KEY EMPL

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more ti perso	tion ( han o n is b	ne b ooth ctor/	not check box, unless n an officer r/trustee)    Representation   Former   Representation   Form		(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
		il trustee or	onal Trustee		loyee	t compensated Lee			
SHARON NAVONEY  VP FOR DEV & ALUMNI RELATI	40 00				х		161,189	0	29,732
GARY BRACKEN VP FOR ENROLLMENT MANAGEME	40 00				х		169,257	0	32,259
RICHARD HASKINSEX EMP 83115  VP FOR SPECIAL CAMPAIGNS	40 00					х	146,360	0	16,407
RONALD LINDBLOM ASSOC VP, ARTISTIC DIR	40 00					х	165,993	0	29,718
DARLENE MARNICH	40 00					х	137,006	0	36,066

Х

16,803

21,051

22,361

0

0

139,883

133,997

132,446

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493195003337

OMB No 1545-004

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization Employer identification number POINT PARK UNIVERSITY 25-1094922 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
Total						

instructions

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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 3,649,990 3,422,303 18,185,962 9,178,320 3,236,867 37,673,442 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9,178,320 Total. Add lines 1 through 3 3,649,990 3,236,867 3,422,303 18,185,962 37,673,442 The portion of total contributions by each person (other than a governmental unit or publicly 17,523,872 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 20,149,570 from line 4 Section B. Total Support Calendar year (c)2013 (d)2014 (f)Total (a)2011 **(b)**2012 (e)2015 (or fiscal year beginning in) 3,649,990 3,236,867 3,422,303 18,185,962 9,178,320 37,673,442 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 1,837,808 1,133,554 1,232,833 1,233,967 1,208,538 6,646,700 royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 44,320,142 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 45 460 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 54 910 % 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 ▶▽ 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 ▶□ 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 ▶□ 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

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

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	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> ⊤otal
(OF 1	iscal year beginning in) ► 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							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	<b>Total.</b> 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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6 )							
	ction B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 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)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line 1	١7		18		
	<b>33 1/3% support tests—2015.</b> If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	<b>33 1/3% support tests—2014.</b> If the							•
	18 is not more than 33 1/3%, check	-						
20	<b>Private foundation.</b> If the organization		-	· ·		•	_	<b>▶</b> □

### Part IV Supporting Organizations

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

_	I, complete Sections A and D, and complete Part V )			
56	ection A. All Supporting Organizations	1	Voc	No.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	1	ı	
	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		
D	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	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes  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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
	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		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

**11**c

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization			
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same per that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive?  If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<b>3b</b>		

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

. С	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 <b>See inst</b>	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete :	Sections	A through E	Г
				(B) C
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Coultry C. Dist III, table Annual	T		
	Section C - Distributable Amount			Current Year
	A djusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- structions)	ıntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
·	30013		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> 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>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
e From 2015			

## DLN: 93493195003337

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

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

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

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

Section 501/a)(3) organizations that have filed Form 5768 (election under section 501/b)). Complete Part II A. Dou

•	<b>2 35c (Proxy Tax) (see separat</b> Section 501(c)(4), (5), or (6) org			F	Missaki sa manahan
	ame of the organization DINT PARK UNIVERSITY			Employer iden	tification number
)a	rt I-A Complete if the o	rganization is exempt under	section 501/	25-1094922 c) or is a section <b>527</b>	organization
					organization.
1	·	rganization's direct and indirect polit	ical campaign act	tivities in Part IV	
2 3	Political expenditures Volunteer hours			•	\$
	v ofunceer nours				
Pai	rt I-B Complete if the o	rganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excis	se tax incurred by the organization ur	nder section 495!	5 ▶	\$
2	Enter the amount of any excis	se tax incurred by organization manag	gers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	•				
	· · · · · · · · · · · · · · · · · · ·	rganization is exempt under			
1	, ,	pended by the filing organization for s			\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to o	ther organization	s for section 527 ▶	\$
3	Total exempt function expend	litures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments amount of political contribution	and employer identification number (E For each organization listed, enter th ons received that were promptly and ( a political action committee (PAC) If	ne amount paid fro directly delivered	om the filing organization's f I to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a
					separate political organization If none, enter -0-
					separate political organization If none,
2					separate political organization If none,
2					separate political organization If none,
3					separate political organization If none,
3					separate political organization If none,

totals

49,157

49,157

112,513,809

112,562,966 1,000,000

250,000

#### Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A	Check	<b>&gt;</b>	Г	– If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
				expenses, and share of excess lobbying expenditures)

			Limits on Lobbying Expenditures	(a) Filing organization's	(b) Affiliated group totals
В	Check	<b>&gt;</b>	if the filing organization checked box A and "limited control" provisions apply		
			expenses, and share of excess lobbying expenditures)	•	
	0		in the ming organization belongs to an annated group (and not min are 11 oden anniated gro		

Total lobbying expenditures to influence public opinion (grass roots Total lobbying expenditures to influence a legislative body (direct lobbying)

(The term "expenditures" means amounts paid or incurred.)

- Total lobbying expenditures (add lines 1a and 1b)
- Other exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amoun	t from the following table in both columns
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots	nontaxable	amount	(enter	25%	of line	1 f)

- Subtract line 1g from line 1a If zero or less, enter -0-
- Subtract line 1f from line 1c If zero or less, enter -0-
- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	Y	е	s		Г	No
--	---	---	---	--	---	----

#### 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014(d)2015 (e) Total beginning in) 1.000.000 Lobbying nontaxable amount 1,000,000 1.000.000 1.000.000 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) Total lobbying expenditures 50.897 49,165 50,613 49,157 199,832 250,000 250,000 250,000 250,000 1,000,000 Grassroots nontaxable amount Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  1 Volunteers?  2 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  3 Media advertisements?  4 Mailings to members, legislators, or the public?  5 Publications, or published or broadcast statements?  6 Grants to other organizations for lobbying purposes?  7 Direct contact with legislators, their staffs, government officials, or a legislative body?  8 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  9 Other activities?  1 Total Add lines 1c through 1i  1 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  1 If "Yes," enter the amount of any tax incurred under section 4912  1 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  1 Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  1 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  1 Did the organization agree to carry over lobbying and political expenditures from the prior year?  1 Total Hall Bounded the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."		No	(b)	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of 1 Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Iff the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No' line 3, is answered "Yes."		No _	Amou	nt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If fives, enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Ift III-A  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No' line 3, is answered "Yes."				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  If III-A  Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B  Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not line 3, is answered "Yes."				
Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Int III-A  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Noi line 3, is answered "Yes."				
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Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  If till—A  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not line 3, is answered "Yes."				
Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Other activities in line 1 cause the organization is exempt under section 501(c)(4), section 501 to 101(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Int III-B  Complete if the organization is exempt under section 501(c)(4), section 501 to 101(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not line 3, is answered "Yes."				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."				
Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."		-		
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If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Int III-A  Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not line 3, is answered "Yes."				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not line 3, is answered "Yes."		-		
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not line 3, is answered "Yes."		-		
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not line 3, is answered "Yes."				
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  STETTII-B  Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."	1(c)	(5), or		n
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  STETTII-B  Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."		_	Yes	N
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."			1	
TIII-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."			2	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."			3	
Dues, assessments and similar amounts from members	1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
Learning year	2a			
	2b			
<u> </u>	2c			
	3			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
· · · · · · · · · · · · · · · · · · ·	5			
Part IV Supplemental Information	-			

Explanation

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

# **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493195003337

2015

Open to Public Inspection

	NT PARK UNIVERSITY			Linploye	er identificat	101111	uniber
				25-109			
Pa	<b>Organizations Maintaining Dono</b> Complete if the organization answer			ds or .	Accounts.		
		(a) Donor advised funds		<b>(b)</b> Fur	nds and othe	racc	ounts
	Total number at end of year						
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor funds are the organization's property, subject to			advised	I	<b>┌</b> ʏ	es No
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the				ırpose		
20	conferring impermissible private benefit?  t II Conservation Easements. Comple	ate if the organization answ	vered "Vec" on	Form C	190 Dart IV	line	
(·I	Purpose(s) of conservation easements held by the			101111 9	790, Pait IV	, 11116	<del>.</del> /.
	Preservation of land for public use (e.g., recr	`	арріу)				
	education)		eservation of an h	ıstorıca	lly important	land	area
	Protection of natural habitat	Pre	eservation of a ce	rtified h	ıstorıc struc	ture	
	Preservation of open space						
:	Complete lines 2a through 2d if the organization	held a qualified conservation co	ontribution in the	form of	a conservati	on	
	easement on the last day of the tax year						
_	Total number of conservation easements		-	<del>_</del>	Held at the	Ena c	of the Year
a b	Total acreage restricted by conservation easeme	onte	<b>⊢</b>	2a   2b			
	Number of conservation easements on a certified		_	2C 2C			
c d	Number of conservation easements included in (	· ·	` ′ ⊢	20			
u	historic structure listed in the National Register	e, acquired after 0,17,00, and 1		2d			
;	Number of conservation easements modified, tra	nsferred, released, extinguished	d, or terminated l	by the o	rganızatıon d	urıng	the
	tax year ▶						
	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>	•				
	Does the organization have a written policy regard violations, and enforcement of the conservation of	- ·	nspection, handlir	ng of	ΓYe	:S	□ No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violation	ns, and enforcing	conserv	vation easem	nents	during the
	A mount of expenses incurred in monitoring, inspi	ecting handling of violations, a	nd enforcing con-	servatio	n easements	duri	ng the year
	► \$	seeing, namaning of Frontierions, at	na chiorenig con	,	n casements	duii	ing the year
	Does each conservation easement reported on li	ne 2(d) above satisfy the requir	rements of section	on 170(l	n)(4)		
	(B)(I) and section $170(h)(4)(B)(II)$ ?	– (,,,		(.		s	☐ No
ı	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation early	of the footnote to the organizat					
ar	Organizations Maintaining Collectory Complete if the organization answer			Other	· Similar A	sse	ts.
а	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition	on, education, or	researc	h ın furtherar		
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition					
(	i) Revenue included on Form 990, Part VIII, line	1	<b>•</b>	\$			_
	Assets included in Form 990, Part X		<b>▶</b> 4				
	If the organization received or held works of art,	nistorical treasures, or other sii					='
	following amounts required to be reported under s				32, p. 0.11d		

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part		ganizations Maintaining	Collections of A	rt, Historica	l Tre	easures, c	r Ot	her Similar <i>F</i>	ssets		
	Using the	organization's acquisition, acc items (check all that apply)	ession, and other rec	ords, check any	of th	ie following tl	hat ar	e a sıgnıficant u	se of its		
а	<b>✓</b> Publi	c exhibition		d L	oan c	or exchange	progra	ims			
b	┌ Scho	larly research		<b>e</b>	ther						
c	Prese	· ervation for future generations									
		description of the organization	's collections and exp	olaın how they fu	ırther	the organiza	ition's	exempt purpos	e in		
5	During the	year, did the organization sol be sold to raise funds rather tl						sımılar 🔽 <b>Y</b> e	s V	No	
Part	Col	crow and Custodial Arra mplete if the organization t X, line 21.	_	Form 990, Pa	art IV	/, line 9, or	repo	rted an amou			990,
		anization an agent, trustee, cu n Form 990, Part X?	stodian or other inter	mediary for con	trıbutı	ions or other	asse	ts not	es 🗆	No No	
b	If"Yes,	" explain the arrangement in F	art XIII and complet	e the following t	able			An	nount		
c	Beginnir	ng balance	·	_			<b>1</b> c				
d	A ddıtıor	ns during the year				Ī	1d				
e	Distribu	tions during the year					1e				
f	Ending l	palance					1f				
<b>2</b> a	Did the org	ganization include an amount o	on Form 990, Part X, I	line 21, for escr	ow or	custodial ac	count	liability? <b>Y</b>	es	No	
b Par		xplain the arrangement in Par dowment Funds. Comple									
		·	(a)Current year	(b)Prior year	Ь (	<b>c)</b> Two years ba	ck (d	Three years back	<b>(e)</b> Fou	ır yea	rs back
<b>1</b> a	Beginning	of year balance	37,133,997	37,053,21		31,430,0		27,379,289			715,713
b	Contribution	ons	1,101,583	1,079,49	7	1,077,4	187	2,105,115		1,	345,523
c	Net invest losses	ment earnings, gains, and	2,439,866	-571,08	6	4,955,8	320	2,292,228		1,	662,218
d		scholarships • •	339,711	308,97		296,5	501	284,569			282,196
e	Other expand progra	enditures for facilities ams • • • • •	6,120,555	118,66	0	113,6	609	62,044			61,969
f	Administra	ative expenses									
g	End of yea	r balance	34,215,180	37,133,99	7	37,053,2	16	31,430,019		27,	379,289
a b c	Board desi Permanent Temporari	e estimated percentage of the agnated or quasi-endowment but endowment but all 260 %  Iy restricted endowment but nages on lines 2a, 2b, and 2c	3 510 %	ance (line 1g, co	lumn	(a)) held as	<b>-</b>				
3a	Are there	endowment funds not in the po	ssession of the organ	nization that are	held	and administ	tered :	for the			
	organizatio	•						_		es	No
	` '	ed organizations			•				a(i) a(ii)	_	No No
		i organizations n 3a(ii), are the related organi:	zations listed as requ	red on Schedul	• R?			<u> </u>	3b		110
4	Describe i	n Part XIII the intended uses	of the organization's	endowment fund	ls						
Part		nd, Buildings, and Equip					_	222			
	Col	mplete if the organization  Description of property	answered 'Yes' to I	Form 990, Par (a)	t IV,	line 11a.S	ee Fo	rm 990, Part :		1U. Book	value
		Description of property		Cost or other (investme		Cost or other (other)		(c)depreciation		DOOK	varac
<b>1</b> a L	and					16,3	23,613			16,	323,613
<b>b</b> B	luildings					121 2	34,545	59,165,36	.4	72	169,181
c 1	easehold u	mprovements		_		<del> </del>	22,745	1,522,74	_	12,	169,181
	guipment	•				<u> </u>	91,946	18,473,55		3	018,391
	ther						90,958	10,473,33			290,958

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

111,802,143

(including name of secu	r category irity)	( <b>p)</b> Bo	ok value		(c)Method of valuation or end-of-year market va
L)Financial derivatives				0030	or end or year market va
)Closely-held equity interests					
<b>)</b> O ther					
tal. (Column (b) must equal Form 990, Part X, col (B) art VIIII Investments—Program Re		•			
Complete if the organization a	answered 'Yes' on Forn	n 990, Part IV	, line 11c. <sub>S</sub>	ee Form	990, Part X, line 13.
(a) Description of invest			ok value		(c) Method of valuation or end-of-year market val
				3331	or end or year market var
				+	
				+	
		l l			
		<b>&gt;</b>			
otal. (Column (b) must equal Form 990, Part X, col (B) Part IX Other Assets. Complete if the o	organization answered 'Ye		Part IV , line	11d See F	
			. Part IV , line	11d See F	form 990, Part X, line 15 <b>(b)</b> Book value
	organization answered 'Ye		Part IV , line	11d See F	
	organization answered 'Ye		Part IV , line	11d See F	
	organization answered 'Ye		Part IV, line	11d See F	
	organization answered 'Ye		Part IV , line	11d See F	
	organization answered 'Ye		Part IV, line	11d See F	
	organization answered 'Ye		Part IV , line	11d See F	
	organization answered 'Ye		Part IV, line	11d See F	
	organization answered 'Ye		Part IV, line	11d See F	
	organization answered 'Ye		Part IV, line	11d See F	
	organization answered 'Ye		Part IV, line	11d See F	
other Assets. Complete if the o	organization answered 'Ye  (a) Description	s' on Form 990,		•	(b) Book value
otal. (Column (b) must equal Form 990, Part X, c	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered.	s' on Form 990,		•	(b) Book value
other Assets. Complete if the o	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered.	s' on Form 990,		•	(b) Book value
otal. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. Complete I See Form 990, Part X, line 25.  (a) Description of liability	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered.	s' on Form 990,		•	(b) Book value
otal. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. Complete I See Form 990, Part X, line 25.  (a) Description of liability	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered.	s' on Form 990,		•	(b) Book value
otal. (Column (b) must equal Form 990, Part X, of Part X  Other Liabilities. Complete is See Form 990, Part X, line 25.  (a) Description of liability ederal income taxes	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered 'Ye  (b) Book	s' on Form 990,		•	(b) Book value
otal. (Column (b) must equal Form 990, Part X, c  Part X Other Liabilities. Complete is See Form 990, Part X, line 25.  (a) Description of liability  Indeed income taxes	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered 'Ye  (b) Book	vered 'Yes' or		•	(b) Book value
otal. (Column (b) must equal Form 990, Part X, ce Part X Other Liabilities. Complete is See Form 990, Part X, line 25.  (a) Description of liability orderal income taxes  EW MARKETS TAX CREDIT  DNDITIONAL ASSET RETIREMENT OBLIGATION.	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered 'Ye  (b) Book	o' on Form 990,  vered 'Yes' or  value  ,750,000  ,490,318		•	(b) Book value
tal. (Column (b) must equal Form 990, Part X, c  Part X Other Liabilities. Complete I See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  EW MARKETS TAX CREDIT  DNDITIONAL ASSET RETIREMENT OBLIGATION.	organization answered 'Ye  (a) Description  ol (B) line 15 )  of the organization answered 'Ye  (b) Book	vered 'Yes' or		•	(b) Book value
tal. (Column (b) must equal Form 990, Part X, center of See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  EW MARKETS TAX CREDIT  DINDITIONAL ASSET RETIREMENT OBLIGATION OF SEE SWAP  NOUITIES PAYABLE	organization answered 'Ye  (a) Description  of (B) line 15 )  of the organization answered in the organization and the o	o' on Form 990,  vered 'Yes' or  value  ,750,000  ,490,318		•	(b) Book value
tal. (Column (b) must equal Form 990, Part X, c  Part X Other Liabilities. Complete is See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  EW MARKETS TAX CREDIT  DNDITIONAL ASSET RETIREMENT OBLIGATION OF SEE SWAP  NUITIES PAYABLE  DAN PROGRAM REFUNDABLE TO FEDERAL	organization answered 'Ye  (a) Description  of (B) line 15 )  of the organization answered in the organization and the organization and the organization answered in the organization and the organization a			•	(b) Book value
Other Assets. Complete if the of the control of the	organization answered 'Ye  (a) Description  of (B) line 15 )  of the organization answered in the organization and the organization and the organization answered in the organization and the organization a			•	(b) Book value
Other Assets. Complete if the of the control of the	organization answered 'Ye  (a) Description  of (B) line 15 )  of the organization answered in the organization and the organization and the organization answered in the organization and the organization a			•	(b) Book value
otal. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. Complete is the of the other sequences.	organization answered 'Ye  (a) Description  of (B) line 15 )  of the organization answered in the organization and the organization and the organization answered in the organization and the organization a			•	(b) Book value
Other Assets. Complete if the of the control of the	organization answered 'Ye  (a) Description  of (B) line 15 )  of the organization answered in the organization and the organization and the organization answered in the organization and the organization a			•	(b) Book value
Other Assets. Complete if the of the control of the	organization answered 'Ye  (a) Description  of (B) line 15 )  of the organization answered in the organization and the organization and the organization answered in the organization and the organization a			•	(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Reti	urn
Total revenue, gains, and other support per audited financial statements	1	86,379,103
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains (losses) on investments 2a 2,134,38	5	
Donated services and use of facilities	1	
Recoveries of prior year grants		
Other (Describe in Part XIII )		
	-	
		1,437,145
	3	84,941,958
	-	
	-	
		32,895,606
	_	117,837,564
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per Ke	eturn.
Total expenses and losses per audited financial statements	1	79,779,786
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities 2a		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII )	6	
Add lines <b>2a</b> through <b>2d</b>	2e	112,426
Subtract line <b>2e</b> from line <b>1</b>	3	79,667,360
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a 121,42	6	
Other (Describe in Part XIII )	0	
Add lines <b>4a</b> and <b>4b</b>	4c	32,895,606
Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	112,562,966
		any additional
mation	to provide	any additional
Return Reference Explanation		
dditional Data Table		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)  **XIII** Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XIII, lines 2d and 4b A Iso complete this part maticin  Return Reference  Explanation	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements

Page <b>5</b>	chedule D (Form 990) 2015					
	ormation <i>(continued)</i>	Supplemental Info	Part XIII			
	Explanation	Return Reference				
	1	L				

# **Additional Data**

**EIN:** 25-1094922 Name: POINT PARK UNIVERSITY

BUILT

THE C

**Supplemental Information** 

Return Reference Explanation

AMPUS THAT WERE ALSO DONATED

Software ID: Software Version:

PART III. LINE 4

THE PRIMARY PIECE OF THE POINT PARK COLLECTION IS "FREEDOM BOUND," A SCULPTURE BY ARTIST P AIGE BRADLEY, COMMISSIONED AND DONATED BY A BOARD MEMBER IN 2008 IT WAS INSTALLED AS PART

DANCE COMPLEX THE UNIVERSITY HOLDS PAINTINGS AND PHOTOGRAPHS ON DISPLAY THROUGHOUT

OF THE LAWRENCE HALL LOBBY RENOVATION, WHICH INCLUDES A GRAND ENTRANCE TO THE NEWLY

Supplemental Information								
Return Reference	Explanation							
PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 50 INDIVIDUAL INVESTMENT ACCOUNTS EST ABLISHED TO FUND NUMEROUS PURPOSES THE TOTAL ENDOWMENT CONSISTS OF TWO COLLECTIVE FUND GR OUPS IT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS (THE "ENDOWMENT FUND") WHICH ARE C LASSIFIED AS EITHER TEMPORARILY OR PERMANETNLY RESTRICTED FUNDS, AND NON-DONOR UNRESTRICTE D FUNDS THAT HAVE BEEN ESTABLISHED BY THE BOARD OF TRUSTEES (THE "BOARD") TO FUNCTION AS R ESERVE-TYPE FUNDS (THE "BOARD- DESIGNATED RESERVE FUND"), WHICH ARE CLASSIFIED AS UNRESTRI CTED FUNDS AS REQUIRED BY GAAP, THE NET ASSETS OF THE UNIVERSITY'S ENDOWMENT ARE CLASSIFI ED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONR- IMPOSED RESTRICTIONS THE PURPO SE OF THE "ENDOWMENT FUND"- IS TO PRESERVE PERMANENTLY RESTRICTED DONOR GIFTS AND ACHIEVE LONG-TERM APPRECIATION TO MAIN THE ASSETS IN PERPETUITY THE PURPOSE OF THE "BOARD-DESIGN ATED RESERVE FUND"- IS TO MAINTAIN THE LIQUIDITY NECESSARY TO SUPPORT THE LONG-TERM FISCAL HEALTH OF THE UNIVERSITY							

Return Reference	Explanation
PART X, LINE	THE UNIVERSITY QUALIFIES AS A TAX-EXEMPT, NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501 (C)
	(3)OF THE INTERNAL REVENUE CODE ACCORDINGLY, THERE IS NO PROVISION FOR FEDERAL OR STATE INCOME TAXES THE UNIVERSITY ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE WITH
	AUTHORITATIVE GUIDANCE, WHICH PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT
	TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE T
	AX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET MANAGEMENT DETERMINED THE
	RE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD AT AUGUST 31, 2016 AND

**Supplemental Information** 

201

Supplemental Information	
Return Reference	Explanation
PART XI, LINE	RENTAL EXPENSE \$ 26,398 SPECIAL EVENT EXPENSE \$ 86,028 CHANGE IN VALUE OF INTEREST RATE

PART XI, LINE

2D - OTHER

SWAP \$-809,667 TOTAL PART XII LINE 2D \$-697,241

ADJUSTMENTS

Supplemental Information

Supplemental Information								
Return Reference	Explanation							
PART XI, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID \$32,774,180 TOTAL PART XII LINE 4B \$32,774,180							

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE \$26,398 SPECIAL EVENT EXPENSE \$86,028 TOTAL PART XIII LINE 2D \$112,426

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID \$32,774,180 TOTAL PART XIII LINE 4B \$32,774,180

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As Filed Data -

DLN: 93493195003337

OMB No 1545-0047

Open to Public Inspection

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

**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.

Department of the Treasury Internal Revenue Service

	ame of the organization  INT PARK UNIVERSITY  Employer identificat				
		25-1094922			
Pa	rt I			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in other governing instrument, or in a resolution of its governing body?	its charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student ad programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please deplease explain. If you need more space use Part II	gram, in a way	3	Yes	
4 a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?		4a_	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the puwith student admissions, programs, and scholarships?	ublic dealing	4c	Yes	
d	d Copies of all material used by the organization or on its behalf to solicit contributions?			Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II  Does the organization discriminate by race in any way with respect to Students' rights or privileges?		- - - 5a		No
	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		<b>5</b> c		No
d	Scholarships or other financial assistance?		5d		Νo
е	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No
<b>6</b> 2	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?		6b		No
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Page 1975-1975-1975-1975-1975-1975-1975-1975-	•	7	Yes	

SCHEDULE E. PART I. LINE 3 THE UNIVERSITY INCLUDES IN ITS BYLAWS AND CATALOGS A STATEMENT CONFIRMING ITS OPPOSITION TO ANY PRACTICE WHICH DEPRIVES ANY INDIVIDUAL OF RIGHTS AND PRIVILEGES BASED ON RACE. RELIGION. SEX. NATIONAL ORIGIN OR HANDICAP THE UNIVERSITY WILL NOT AFFILIATE NOR EXTEND RECOGNITION TO ANY GROUP WHOSE POLICIES ARE DISCRIMINATORY SCHEDULE E. PART I. LINE 6 COMMONWEALTH OF PA HIGHER EDUCATION ASSISTANCE GRANT. CHILD DEVELOPMENT RESOURCES GRANT (PA DEPARTMENT OF WELFARE). FEDERAL U.S. DEPARTMENT OF EDUCATION SEOG/FWS/PELL. ASSET 13

PROJECT. INTERNATIONAL RURAL GENTRIFICATION GRANT Schedule E (Form 990 or 990-EZ) (2015)

Page 2

efile GRAPHIC pri	nt - DO NO1	PROCESS	As Filed Da	ta -	DLN: 9	93493195003337
SCHEDULE F (Form 990)	ted States	OMB No 1545-0047				
	1990,	2015				
			· ·	14b, 15, or 16. o Form 990.		
Department of the Treasury Internal Revenue Service	► Informati	on about Schedu	le F (Form 990) a	nd its instructions is at и	ww.irs.gov/form990.	Open to Public Inspection
Name of the organizatio					Employer ident	ification number
POINT PARK UNIVERS	51 I Y				25-1094922	
Part I General	Informatio	n on Activiti	as Outsida tl	he United States.	23 103 1322	
				orm 990, Part IV, line	. 14b.	
•	_			s to substantiate the		
_		-		nts or assistance, and	_	
used to award t		_	ity for the gran	nto or abbiotance, and	the selection checks	_ v
asca to aviara ti	ne grants or	assistance				Yes  ✓ No
2 For grantmaker assistance outs			ganızatıon's p	rocedures for monitor	ing the use of its grant	ts and other
<b>3</b> Activites per Reg	ion (The follow	ving Part I, line	3 table can be d	uplicated if additional sp	pace is needed )	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLU ICELAND & GREI		0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	142,930
(2) EUROPE (INCLU ICELAND & GREI		0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM FINANCIAL AID	20,500
(3) EUROPE (INCLU		0	0	PROGRAM SERVICES		1,159
ICELAND & GREI					DEVELOPMENT	
(4) EUROPE (INCLU ICELAND & GREI		0	0	PROGRAM SERVICES	MEDIA STUDIES TOUR	13,525
(5)						
<b>3a</b> Sub-total		0	0			178,114
<b>b</b> Total from continuto Part I	uation sheets	0	0			0
c Totals (add lines	3a and 3h)	Ω	0			178 114

Schedule F (Form 990) 2015

	applicable)		disbarsement	assistance	assistance	appraisal, other)
(1)						
(2)						
( 3)						
(4)						

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

Page 2

Schedule F (Form 990) 2015							Page <b>3</b>
Part III Grants and Ot	ther Assistance t duplicated if addition	to Individuals	Outside the Uni	ited States. Complete If	f the organization ar	nswered "Yes" to Form	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT FINANCIAL E	EUROPE	9		POSTING TO STUDENT'S ACCOUNT	20,500	TUITION DISCOUNT	FMV
(2)							
(3)					[		
(4)					1		,
( 5)					1		
(6)					1		
(7)					1		
(8)					1		
(9)					1		
(10)					1		
(11)					1		
( 12)					1		
( 13)		+			1		
(14)					1		
( 15)							
( 16)		+		+			
( 17)				+			

(18)

Provide the information required by Part 1, line 2 (monitoring of funds); Part 1, 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).

#### 990 Schodule E. Supplemental Information

390 Schedule F, S	o Schedule F, Supplemental Information							
Return Reference	Explanation							
PART I, LINE 2	FINANCIAL AID AWARDS AT POINT PARK UNIVERSITY ARE DETERMINED ON THE BASIS OF ACADEMIC ACHI EVEMENT, COMMUNITY SERVICE, ARTISTIC OR ATHLETIC TALENT AND FINANCIAL NEED ELIGIBILITY GR ANTS AND LOANS ARE DISTRIBUTED USING POWERFAIDS APPLICATION AND POSTED TO STUDENT'S ACCOUNTING IN JENZABAR (HIGHER EDUCATION INFORMATION SYSTEM) ANNUALLY THE FINANCIAL AID AREA IS A UDITED BY AN INDEPENDENT ACCOUNTING FIRM							

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

∇ Solicitation of government grants

▼ Special fundraising events

OMB No 1545-0047

DLN: 93493195003337

2015

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

25-1094922

Employer identification number

Pa	rt I	<b>Fundraising Activities.</b> 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	Indic	ate whether the organization raised funds through any of the following activities Check all that apply

- $oldsymbol{b}$  Internet and email solicitations
- c Phone solicitations
- d 🔽 In-person solicitations
- 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
- **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?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																			
1 RICHARD HASKINS 7416 PERRYSVILLE AVE PITTSBURGH, PA 15202	FUNDRAISING CONSULTANT FOR CAP CAMPAIGN		No	0	13,351	-13,351																
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
Total	ı	1	<b>&gt;</b>		13,351	-13,351																

3	List all states in which the organization is	registered or	licensed to	solicit co	ntributions	or has be	en notified it i	s exempt from
	registration or licensing							

PA.NY

**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.		· 		
		(a)Event #1  GOLF EVENT (event type)	(b)Event #2  ATHLETICS GOLF (event type)	(c)O ther events  (total number)	(d) Total events (add col (a) through col (c))
we					
Revenue	1 Gross receipts	108,700	16,216		124,916
ш.	2 Less Contributions	40,250	5,160		45,410
	Gross income (line 1 minus	68,450	11,056		79,506
	4 Cash prizes				
	5 Noncash prizes				
Ses	6 Rent/facility costs	56,417	6,186		62,603
Expenses	7 Food and beverages	15,804	2,124		17,928
	8 Entertainment	2.072	2.425		5.400
Direct Direct	9 Other direct expenses L  10 Direct expense summary Add lines 4	3,073	, ,		5,498 86,029
_	11 Net income summary Subtract line 1	-	•		-6,523
Pai	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
å M	3 Noncash prizes				
Direct	4 Rent/facility costs				
Δ	5 Other direct expenses				
	<b>6</b> Volunteer labor	Yes%   Νο	Yes	├ Yes <u>%</u> ├ No	
	7 Direct expense summary Add lines 2	through 5 in column (d	)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizat  Is the organization licensed to conduct	5 5			Yes No
b					
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	; the tax year?	Yes No
b	If "Yes," explain				

SCHE	dule G (Form 990 or 990-EZ) 2	015		Page
11	Does the organization conduct	gaming activities with nonmem	bers?	Yes No
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity
	formed to administer charitable	e gamıng?		Yes No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility			13a 9
b	An outside facility			13b
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events l	books and records
	Name ▶			
	Address ►			
15a			hom the organization receives gami	
	revenue?			Yes No
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ hinspace}$ \$		
c	If "Yes," enter name and addre	ess of the third party		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation	n ▶ \$	<del></del>	
	Description of services provide	ed		
	Director/officer	Employee	☐ Independent contracto	r
17	Mandatory distributions			
а	Is the organization required un	ider state law to make charitable	e distributions from the gaming proce	eeds to
	retain the state gaming license	e?		□Yes □No
b	Enter the amount of distributio	ns required under state law dist	ributed to other exempt organization	· ·
	in the organization's own exem	pt activities during the tax year	<b>&gt;</b> \$	
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th	
		(5555557.		

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments

Complete if the organize

Department of the
Treasury
Internal Revenue Service

Name of the organization

POINT PARK UNIVERSITY

### Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

ion answered "Yes," on Form 990, Part IV, line 21 or 22
Attach to Form 990.

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

OMB No 1545-0047

Employer identification number

<u> 2015</u>

DLN: 93493195003337

Open to Public Inspection

						25-1094922	
Part I General Information	on on Grants an	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or a	ssistance?				tance, and	√ Yes No
Part III Grants and Other Assists that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 5	   01(c)(3) and govern	 nment organizations lis	ted in the line 1 table .			· · · · •	4
<b>3</b> Enter total number of other orga	anızatıons listed in f	he line 1 table	<u> </u>	<u> </u>	<u></u> .	<b>▶</b>	0
For Paperwork Reduction Act Notice, see	e the Instructions for	Form 990	_	Cat No. 50055P	-	Schedu	le I (Form 990) 2015

Schedule I (Form 990) 2015

Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	е	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance			
(1) SCHOLARSHIP AID FOR HIGHER UNDERGRADUATE AND GRADUA STUDENTS	II.	3287	-	32,753,680	FMV	TUITION DISCOUNT			
HOUSING ASSISTANCE TO S <sup>-</sup> (2) RESIDENT ADVISORS	TUDENT	33		389,880	FMV	ROOM AND BOARD WAIVER			
(3) SCHOLARSHIP FOR SCHOOL AGE CHILDREN TO ATTEND SUMMER DAN PROGRAM		145		113,999	FMV	TUITION DISCOUNT			
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference E	Explanation	1							
PART I, LINE 2 FINANCIAL AID AWARDS TO STUDENTS AT POINT PARK UNIVERSITY ARE DETERMINED ON THE BASIS OF ACADEMIC ACHIEVEMENT, COMMUNITY SERVICE, ARTISTIC OR ATHLETIC TALENT AND FINANCIAL NEED ELIGIBILITY GRANTS AND LOANS ARE DISTRIBUTED						•			

ANNUALLY THE FINANCIAL AID AREA IS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM

#### **Additional Data**

ALLEGHENY CONFERENCE

11 STANWIX STREET 17TH

PITTSBURGH, PA 15222 URBAN INNOVATION 21

1901 CENTRE AVE SUITE

PITTSBURGH, PA 15219

PITTSBURGH BALLET

2900 LIBERTY AVENUE PITTSBURGH, PA 15201

FLOOR

300

THEATRE

25-0965213

26-0379369

23-7101094

Software ID: Software Version:

**EIN:** 25-1094922

Name: POINT PARK UNIVERSITY

7,935

25,000

5,000

(h) Purpose of grant

or assistance

ECONOMIC

ECONOMIC

DEVELOPMENT

DEVELOPMENT

PERFORMING ARTS

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) A mount of cash	(e) A mount of non-	(f) Method of valuation	(g) Description of
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	non-cash assistance
or government				assistance	other)	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of **(b)** EIN (c) IRC section (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(C)(3) 47-3515830 4.816.000 CAPITAL PROJECT

POINT PARK UNIVERSITY FOUNDATION 201 WOOD STREET

PITTSBURGH.PA 15222

DLN: 93493195003337

#### Schedule J (Form 990)

## **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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Schedule J (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

**Employer identification number** Name of the organization POINT PARK UNIVERSITY 25-1094922 **Questions Regarding Compensation** No Yes 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract ✓ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes 40 Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

rage Z										
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	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

REIMBURSABLE PER THE UNIVERSITY'S EXPENSE REIMBURSEMENT POLICY, HOWEVER, THE PRESIDENT'S SPOUSE'S EXPENDITURES ARE REIMBURSED FOR OFFICIAL BUSINESS, ACCORDING TO THE PRESIDENT'S EMPLOYMENT CONTRACT. GENERALLY TRAVEL FOR THE PRESIDENT'S SPOUSE IS INFREQUENT THE UNIVERSITY PAYS FOR THE DUES OF THE PRESIDENT AND THE VP OF EXTERNAL AFFAIRS TO BUSINESS CLUBS WHICH HAVE BEEN IDENTIFIED BY THE BOARD AS HAVING MEMBERS YIELDING SIGNIFICANT IMPACT ON FUNDRAISING AND THE UNIVERSITY'S ROLE IN THE DOWNTOWN COMMUNITY THE PRESIDENT PARTICIPATES IN A NON-QUALIFIED PENSION PLAN PART I, LINE 7 NON-FIXED PAYMENTS ARE LISTED IN COLUMN (B) (II) BONUS & INCENTIVE COMPENSATION THEY ARE DETERMINED ANNUALLY BASED ON

Schedule J (Form 990) 2015

Supplemental Information

Part III

PERFORMANCE EVALUATIONS PART II, COLUMN D THE NON-TAXABLE BENEFITS REPORTED ON SCHEDULE J PRIMARILY INCLUDE THE FOLLOWING  $\,$  TUITION ASSISTANCE, EMPLOYER  $\,$ PROVIDED HEALTH INSURANCE, PARKING BENEFITS, AND QUALIFIED MOVING REIMBURSEMENT TUITION ASSISTANCE PROGRAMS ARE A ISTANDARD BENEFIT PROVIDED BY COLLEGE AND UNIVERSITY EMPLOYERS TO FLIGIBLE EMPLOYEES AND THEIR FAMILY MEMBERS THE INTERNAL REVENUE CODE (SECTION 117(D)) SPECIFICALLY PROVIDES THAT GROSS INCOME DOES NOT INCLUDE OUALIFIED TUITION BENEFITS THE VALUE OF SUCH QUALIFIED TUITION BENEFITS DEPENDS UPON THE NUMBER OF ELIGIBLE FAMILY MEMBERS RECEIVING THE TUITION BENEFITS DURING THE YEAR

Schedule J (Form 990) 2015

Page 3

#### Software ID: **Software Version:**

**EIN:** 25-1094922

Name: POINT PARK UNIVERSITY

Form 990, Schedule J,	Part 1	I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees		
(A) Name and Title		(i)	f W-2 and/or 1099-MI	C compensation (iii) Other	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred
		Base Compensation	Bonus & incentive compensation	reportable compensation	compensation			on prior Form 990
1 PAUL HENNIGAN EDD PRESIDENT	(1)	358,072	70,000	47,058	59,875	74,187	609,192	0
	(11)	0	0	0	0	- 0		0
1BRIDGET MANCOSH SR VP OF FIN & OPERATIONS	(1)	231,046	18,000	138	17,442	28,057	294,683	0
SK VI OF TIN G OF ENAMENS	(11)	0	0	0	0			0
2AMY MCCALL	(1)	183,616	0	693	12,944	30,687	227,940	0
SR VP GENERAL COUNSEL	(11)	0	0	0	0			0
3KAREN MCINTYRE PHD	(1)	223,884	24,000	1,359	6,851	17,718	273,812	0
SR VP ACAD/STUDENT AFFAIRS	(11)	0	0	0	0			0
4SHARON NAVONEY	(1)	158,753	0	2,436	12,250	17,482	190,921	0
VP FOR DEV & ALUMNI RELATI		0	0	2,430	0			0
5GARY BRACKEN	(1)	168,459		700	12.050	0	0	
VP FOR ENROLLMENT MANAGEME	(11)	0	0	798 0	13,050  0	19,209 	201,516	0
RICHARD HASKINSEX EMP	(.)	120.456				0	0	
683115 VP FOR SPECIAL CAMPAIGNS	(1)	128,456	0	17,904	9,050	7,357 	162,767	0
	(11)	0	0	0	0	0	0	0
<b>7</b> RONALD LINDBLOM ASSOC VP, ARTISTIC DIR	(1)	164,743	0	1,250	12,650	17,068	195,711	0
	(11)	0	0	0	0	-		0
8DARLENE MARNICH PROFESSOR	(1)	136,770	0	236	7,153	28,913	173,072	0
FROI L330K	(11)	0	0	0	0	-		0
9DIANE MALDONADO	(1)	138,135	1,500	248	10,315	6,488	156,686	0
ASSOC VP ACADEMIC AFFAIRS	(11)		1,300		10,313		130,080	
	`_		0	0	Ü	0	0	
10TIMOTHY W WILSON ASSIST VP PRESIDENT IT	(1)	132,407	1,500	90	4,020	17,031	155,048	0
	(11)	0	0	0	0	-	_ _ 0	0
MARIANN GEYER 6115 TO 11PRT	(1)	132,290	0	156	10,102	12,259	154,807	0
VP EXTERNAL AFFAIRS FORMER KEY EMPL	(11)	0	0	0	0			0

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

Schedule K

# **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

OMB No 1545-0047

2015

DLN: 93493195003337

Inspection

Employer identification number

Name of the organization

Department of the Treasury

(Form 990)

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

POINT PARK UNIVERSITY 25-1094922 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No CARROLLTOWN BOROUGH 25-6000301 11-13-2013 10,000,000 SEE PART VI Χ Χ Х MUNICIPAL AUTHORITY ALLEGHENY CO HIGHER EDU 31,670,000 SEE PART VI 25-1650137 08-01-2013 Χ Х Χ **BUILDING AUTHORITY** 5,000,000 SEE PART VI MT LEBANON INDUSTRIAL 20-5476955 01-19-2007 Χ Χ **DEV AUTHORITY** MT LEBANON INDUSTRIAL 20-5476955 12-27-2006 3,830,000 SEE PART VI Х Χ Х **DEV AUTHORITY** Part II **Proceeds** В С D Α A mount of bonds retired . . . . . . . . . . . . . 31,392,445 Total proceeds of issue 3 10,000,000 31,670,000 5,000,000 3,830,000 5 6 7 51,895 277,525 7,250 58,500 8 

10	Capital expenditures from proceeds		2,498,105				4,992,750		3,771,500
11	Other spent proceeds								
12	Other unspent proceeds		7,450,000						
13	Year of substantial completion	2015		2012		2008		20	08
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		x		×		x		×
15	Were the bonds issued as part of an advance refunding issue?		Х		X		х		X
16	Has the final allocation of proceeds been made?		х	X		×		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	x		х		x		x	

#### Drivate Rusiness Use

PG	Private Business use								
			Α		В		С	ſ	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		х		Х		х
2	Are there any lease arrangements that may result in private business use of bond-	×		×			×		x

						c		D		
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bu of bond-financed property?	siness use		×		X		×		×
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot counsel to review any management or service contracts relating to the finance									
prope	erty?									
С	Are there any research agreements that may result in private business use of financed property?	f bond-		×		Х		X		×
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot counsel to review any research agreements relating to the financed property.									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government.							•		•
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?			х		Х		х		х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of		•		•		•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se	ctions								
9	Has the organization established written procedures to ensure that all nonquibonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			х		Х		х		х
Par	t IV Arbitrage		·					•		
	<del></del>	А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	×		×		×			×	
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?									
с	No rebate due?									
	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?	Х		Х				Х		Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		х		×			Х		×
b	Name of provider						•			
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
							ı	Cabad	ulo V (Form (	200) 2015

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

	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?		Х		x		Х		x
Port VI. Complemental Information, Droude additional information for responded to questions on Cabadula V (see instructions)								

В

С

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

Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION	ENTITY 1, PART 1, LINE A, COLUMN F RENOVATION OF THAYER AND ACADEMIC HALL, INCLUDING CONVERSION OF CERTAIN SPACE IN THAYER HALL INTO STUDENT HOUSING AND PURCHASE OF EQUIPMENT RELATED TO CONVERSION ENTITY 1, PART II, LINE 3, COLUMN A, LOAN IS STRUCTURED AS A TAX EXEMPT DRAW-DOWN BANK LOAN IN AN AMOUNT NOT TO EXCEEED \$10,000,000 AS OF 8/31/2015, \$2,550,000 WAS DRAWN-DOWN THE CONSTRUCTION WAS SUBSTANTIALLY COMPLETED IN 2015 THE REMAINDER OF LOAN PROCEEDS WILL BE DRAWN-DOWN BY 10/31/2016 ENTITY I, PART I, LINE B, COLUMN F FOR ACQUISITION AND RENOVATION OF STUDENT APARTMENT HOUSING, RENOVATION OF LOBBY, AND ACQUISITION OF YMCA BUILDING AND RENOVATION INTO STUDENT UNION AND ADDITIONAL CAPITAL PROJECTS THE BONDS WERE SUBSEQUENTLY REFINANCED WITH TAX EXEMPT NOTES IN 2013 PART I, LINE C, COLUMN F FOR PURCHASE AND RENOVATION OF A CLASSROOM/OFFICE BUILDING AND PURCHASE OF AN OFFICE BUILDING, LOBBY RENOVATION AND LIBRARY FURNITURE PART I, LINE D, COLUMN F FOR PURCHASE AND RENOVATION OF A CLASSROOM/OFFICE BUILDING AND PURCHASE OF AN OFFICE BUILDING, LOBBY RENOVATION AND LIBRARY FURNITURE ORIGINALLY ISSUED WITH A \$3,830,000 TAX EXEMPT PORTION OUT OF A TOTAL \$10,000,000 THE TAXABLE PORTION WAS FULLY CONVERTED TO TAX EXEMPT ON 7/16/12 ORIGINAL \$3,830,000 12/31/07 \$1,084,435 10/31/08 \$946,350 7/16/12 \$1,470,252 ENTITY II, PART I, LINE A, COLUMN F FOR SUPPORT OF DANCE STUDIO, A LIBRARY, A TELEVISION AND FILM STUDIO, MISCELLANEOUS CAPITAL PROJECTS ENTITY II, PART I, LINE B, COLUMN F DANCE STUDIO COMPLEX AND VARIOUS CAPITAL EXPENDITURES

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

DLN: 93493195003337 OMB No 1545-0047

# **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990.

2015

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service

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

Name of the organization

Employer identification number

	NT PARK UNIVERSITY									Emi	pioyer iu	entinca	ition nu	mber	
										25	-10949	22			
Pa	ert I Bond Issues		1	T											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	Descriptio	n of purpose	( <b>g)</b> De	feased		On alf of		Pool ncing
													uer		nemg
										Yes	No	Yes	No	Yes	No
A	SOUTH FORK MUNICIPAL AUTHORITY	25-1550471		07-27-2006	10,00	00,000	SEE P	PART VI			X		×		×
В	AUTH FOR IMPROV IN MUNICIPALITIES	25-1196358		08-16-2004	7,00	00,000	SEE P	SEE PART VI			Х		Х		Х
Pa	rt II Proceeds														
						A			В		С			D	
1	A mount of bonds retired														
	A mount of bonds legally defea	ased													
3	Total proceeds of issue					10,000	,000		7,000,000						
4	Gross proceeds in reserve fun	nds													
5	Capitalized interest from proceeds														
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds	s				64	,117		74,518						
8	Credit enhancement from proc	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds				9,935	,883		6,925,482						
11	Other spent proceeds														
12	Other unspent proceeds			-											
13	Year of substantial completion	n			21	007		20	06						
					Yes	No	,	Yes	No	Yes	1	No	Ye	5	No
14	Were the bonds issued as part	t of a current refundın	ıgıssue?			Х			X						
15	Were the bonds issued as part	t of an advance refund	dıngıssue?			Х			Х						
16	Has the final allocation of prod	ceeds been made? .			Х			Х							
17	Does the organization maintai allocation of proceeds?	•		ort the final	X			x							
Pa			· ·												
						Α		ı	В		С			D	
					Yes	No		Yes	No	Yes	N	<b>l</b> o	Ye	5	No
1	Was the organization a partne	r in a partnership, or a	a member of an LL	C, which owned		X			Х						

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

Χ

			4		,	C		l l	U
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use	:	×		Х				
b	of bond-financed property?	e l							
_	counsel to review any management or service contracts relating to the financed								
prope	Are there any research agreements that may result in private business use of bond-								
С	financed property?		×		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outsid counsel to review any research agreements relating to the financed property?	e							
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	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х		Х				
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?.		×		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		•				'		<u> </u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х		Х				
Par	Arbitrage		•				•		<u> </u>
	<del></del>	4		В		С		D	
	Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield  Reduction and Penalty in Lieu of Arbitrage Rebate?		×						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
b	Exception to rebate?								
С	No rebate due?								
	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		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		×					
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

	•
_	
_	
_	
	9
	-

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		x				
b	Name of provider						•		
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		X				
7	Has the organization established written procedures to monitor the requirements of section $148^\circ$	×		x					
Pa	rt V Procedures To Undertake Corrective Action								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х		х				
Pa	Supplemental Information. Provide additional information	nation for res	onses to qu	iestions on S	chedule K (	see instructio	ns).		
						<del></del>	Sched	ule K (Form 990	) 2015

Page **3** 

**Transactions with Interested Persons** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, DLN: 93493195003337

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at Department of the Trea

Treasury	<u>www.irs.gov/form<b>990</b></u> .	
Internal Revenue Service		
Name of the organiza	tion	Empl

Name of the org								En	nploye	r identi	fication	number		
POINT PARK ONIVE								25	-109	4922				
							(4), and 501(c 25a or 25b, or					106		
	e of disqualif						fied person an			z, Part cription		(d) Corr	ected?	
					organization			`	transaction			Yes No		
								-						
<b>2</b> Enter the a	mount of tax	ıncu	rred by orga	nızatıon ma	nagers or dis	qualified pers	ons during the	yearı	ınder	section	•			
4958								٠		<b>&gt;</b> \$				
<b>3</b> Enter the a	mount of tax	, ıf ar	y, on line 2,	, above, reii	mbursed by th	ne organizatio	n			<b>&gt;</b> \$				
Part II Lo	ans to and	l/or	From In	terested	Persons.									
Cor	mplete if the	orgar	nization ans	wered "Yes	" on Form 99		line 38a, or Fo	orm 99	0, Par	t IV, lın	e 26, o	rıfthe		
org	anization rep	orted	i an amount	on Form 99	0, Part X, lin	e 5, 6, or 22								
(a) Name of	(b) Relation	ship	(c)	(d) Loan t		(e)O riginal	(f)Balance	(g)		(h		(i)Wri		
interested person	with organizatio	on	Purpose of loan	or from th organizatio		principal amount	due	default?			Approved by board or		agreement?	
•	3		L					С		commi				
				To F	From			Yes	No	Yes	No	Yes	No	
													_	
													<u> </u>	
otal		-!	<b>▶</b> \$	- filin - To	towarted F	1								
					terested F		rt IV, line 27							
(a) Name of II		(b)	Relationshi	p between		ofassistance			stance	e (e)	Purpos	e of assi	stance	
perso	n	ınte	rested pers organiza											
			organiza	cion										
										-				

Return Reference

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) A MAHARAJA	A FAMILY MEMBER OF KISHORE GOPAUL, BOARD MEMBER	108,785	EMPLOYMENT		No
(2) G MAHARAJA	A FAMILY MEMBER OF KISHORE GOPAUL, BOARD MEMBER	17,574	EMPLOYMENT		No

Explanation

Schedule L (Form 990 or 990-EZ) 2015

► Attach to Form 990.

DLN: 93493195003337

SCHEDULE M (Form 990)

# **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

If applicable   or items contributed   amounts reported on   noncash co   form 990, Part VIII, line   1g   1g   1g   1g   1g   1g   1g   1		_	ts
(a) Check applicable or items contribution amounts reported on Form 990, Part VIII, line 1g applicable or items contributed amounts reported on Form 990, Part VIII, line 1g applicable or items contributed amounts reported on Form 990, Part VIII, line 1g applicable or items or items contributed amounts reported on Form 990, Part VIII, line 1g applicable or items or item	d of determi	_	ts
Check if applicable or items contribution Noncash contribution for items contributed amounts reported on noncash concash conc	d of determi	_	its
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 . 10 Securities—Partnership, LLC, or trust interests . 12 Securities—Partnership, LLC, or trust interests . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . 15 Real estate—Residentia . 16 Real estate—Commercial . 17 Real estate—Other 18 Collectibles 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy 21 Archeological artifacts 22 Scientific specimens 24 Archeological artifacts 25 Other ► (	N TRNFR		
3 Art—Fractional interests	N TRNFR		
4 Books and publications	N TRNFR		
5 Clothing and household goods	N TRNFR		
goods	N TRNFR		
7   Boats and planes	N TRNFR		
Securities — Publicly traded   X	N TRNFR		
9 Securities—Publicly traded . 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	N TRNFR		
10 Securities—Closely held stock	N TRNFR		
11 Securities—Partnership, LLC, or trust interests			
or trust interests			
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 ► (       X       1       66,481 VENDOR INVO         26 Other ► (        )         27 Other ► (        )         28 Other ► (        )			
contribution—Other       .         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 ▶ (       X       1       66,481 VENDOR INVO         26 Other ▶ (       .       .         27 Other ▶ (       .       .       .         28 Other ▶ (       .       .       .         28 Other ▶ (       .       .       .			
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 ▶ (       X       1       66,481 VENDOR INVO          .       .       .       .       .       .         26 Other ▶ (        .			
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 ▶ ( )       X			
18 Collectibles			
19 Food inventory			
20 Drugs and medical supplies          21 Taxidermy          22 Historical artifacts          23 Scientific specimens          24 Archeological artifacts          25 Other ► (       X       1       66,481 VENDOR INVO         26 Other ► (           27 Other ► (           28 Other ► (			
21 Taxidermy			
22 Historical artifacts			
23 Scientific specimens			
24 Archeological artifacts       X       1       66,481 VENDOR INVO         25 Other ► (			
25 Other ► ( X 1 66,481 VENDOR INVO			
LED MEDIA SIGN )         26 Other ► ( )         27 Other ► ( )         28 Other ► ( )			
27 Other ► () 28 Other ► ()	DICE PAID	)	
28 Other • ()			
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		<b>.</b>	0
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, t	that	Yes	No
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?	. зоа		No
<b>b</b> If "Yes," describe the arrangement in Part II			<u> </u>
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<u> </u>		No
<ul> <li>b If "Yes," describe in Part II</li> <li>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</li> </ul>	32a		

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -		DLN:	DLN: 93493195003337					
SCHEDULE (Form 990 of 990-EZ) Department of the Treasury Internal Revenue Service	Complete For	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  ▶ Attach to Form 990 or 990-EZ.  ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.									
Name of the orga POINT PARK UNIVERS		ormati	ion		Employer identif	ication number					
Return Reference				kplanation							
FORM 990, PART VI, SECTION A, LINE 1	IS NOT IN SESSION EXCEPT THAT IT MAY NOT (I) ALIENATE OR ENCUMBER THE REAL ESTATE OR ENDO										

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. J K MCMAHON AND C SHAPIRA HAVE A BUSINESS RELATIONSHIP. PART VI. SECTION A. LINE 2

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE RETURN IS PREPARED BY THE UNIVERSITY'S BUSINESS OFFICE IT IS REVIEWED BY AN INDEPENDE PART VI. NT ACCOUNTING FIRM THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS A REVIEW ON BEH SECTION B. ALF OF THE BOARD. THE FINAL COPY IS SENT TO ALL VOTING MEMBERS OF THE BOARD BEFORE IT IS F. LINE 11

II FD

990 Schedule O, Supplemental Information

Return

Reference FORM 990.

PART VI.

LINE 12C

SECTION B.

CONTAINED WITHIN THE UNIVERSITY'S WRITTEN CODE OF CONDUCT IS THE CONFLICT OF INTEREST POLI

Explanation

CY, WHICH IS DISTRIBUTED ANNUALLY TO THE BOARD OF TRUSTEES, AS WELL AS TO ALL FULL-TIME AN D PART-TIME EMPLOYEES AND IS AVAILABLE ON THE UNIVERSITY'S WEBSITE THE CONFLICT OF INTERE ST STATEMENT THAT IS SIGNED BY DIRECTORS AND OFFICERS STATES, "I ACKNOWLEDGE AN ONGOING RE SPONSIBILITY TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY MAY ARISE." BOARD MEMBERS COMPLETE A 'CONFLICT OF INTEREST STATEMENT' ANNUALLY THE POLICY MAKES CLEAR THAT NOT ALL CONFLICTING INTERESTS ARE PROHIBITED. EACH REPORTED CONFLICT IS EVALUATED TO MAKE CERTAIN

THAT DIRECTORS AND OFFICERS PRIMARY OBLIGATION TO THE UNIVERSITY IS NOT COMPROMISED.

990 Schedule O, Supplemental Information Return

Reference

FORM 990,	THE BOARD IS RESPONSIBLE FOR HIRING THE PRESIDENT, AND THE EXECUTIVE COMMITTEE OF THE BOAR
PART VI,	D ACTS AS THE COMPENSATION COMMITTEE FOR DETERMINING THE PRESIDENT'S ANNUAL GOALS, OBJECTI
SECTION B,	VES, PERFORMANCE AND COMPENSATION THE RULES ARE SET FORTH IN THE UNIVERSITY'S BYLAWS, ART
LINE 15	CLE VI, SECTION 2, PARAGRAPH 5 "THE EXECUTIVE COMMITTEE SHALL ALSO ACT AS THE COMPENSATI
	ON COMMITTEE FOR PURPOSES OF APPROVING THE PRESIDENT'S ANNUAL GOALS AND OBJECTIVES, EVALUA
	TING THE PRESIDENT'S ANNUAL PERFORMANCE, AND DETERMINING THE PRESIDENT'S ANNUAL COMPENSATI

ON THE EXECUTIVE COMMITTEE IN THIS ROLE SHALL ADHERE TO ALL APPLICABLE STANDARDS PROMULGA

PARTMENT USES SURVEYS FROM CUPA-HR [COLLEGE & UNIVERSITY PROFESSIONAL ASSOC] FOR STAFF AN

Explanation

TED BY THE IRS WITH RESPECT TO COMPENSATION PAYABLE BY EXEMPT ORGANIZATIONS. THE PRESIDENT SHALL NOT BE PRESENT WHILE THE EXECUTIVE COMMITTEE DELIBERATES ON THE COMPENSATION. GOALS , AND OBJECTIVE, OR PERFORMANCE OF THE PRESIDENT. THE EXECUTIVE COMMITTEE SHALL ALSO PROVI DE ADVICE TO THE PRESIDENT REGARDING THE ANNUAL GOALS AND OBJECTIVES. PERFORMANCE, AND COM PENSATION OF THE PRESIDENT'S EXECUTIVE OFFICERS THE BOARD CHAIR WILL REPORT TO THE BOARD. AS A PPROPRIATE, CONCERNING THE EXECUTIVE COMMITTEE'S DELIBERATIONS AS THE COMPENSATION CO MMITTEE "THE UNIVERSITY REGULARLY EMPLOYS THE SERVICES OF AN INDEPENDENT FIRM TO DO AN EX ECUTIVE BENCHMARKING STUDY AND IMPLEMENT A PEER REVIEW PROCESS (SIMILAR TO THE PROCESS FOR

D FACULTY TO BENCHMARK COMPENSATION

FACULTY AND STAFF) FOR THE COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS AND KEY EMPLO YEES IN ORDER TO HELP ADVISE THE COMPENSATION COMMITTEE. IN GENERAL THE HUMAN RESOURCES DE

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE CONFLICT OF INTEREST POLICY IS A VAILABLE ONLINE AS A COMPONENT OF THE UNIVERSITY'S COD PART VI. E OF CONDUCT, THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST, THE FINANCIAL STATEMENTS. SECTION C. ARE NOT AVAILABLE TO THE PUBLIC LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. CHANGE IN VALUE OF INTEREST RATE SWAP -809,667 PART XI, LINE

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION. THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT O PART XI. QUESTION 2C IF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT  $\,$  T HIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Return Explanation
Reference

FORM 990 FULL TIME STAFF 330 FULL TIME FACULTY 152 PART TIME FACULTY 366 PART TIME STAFF 180 PART TIME STUDENTS 817
PART I. LINE 5 TOTAL EMPLOYEES 1845

SCHEDULE R Related Or

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**DLN: 93493195003337**OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

**Employer identification number** 

Department of the Treasury
Internal Revenue Service
Name of the organization

POINT PARK UNIVERSITY

(Form 990)

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

25-1094922 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (d) (a) (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1)POINT PARK UNIVERSITY FOUNDATION TO PROMOTE, SUPPORT, 501(C)(3) 509(A)(3) POINT PARK UNIVERSITY No 201 WOOD STREET AND FURTHER THE PURPOSES OF POINT PARK PITTSBURGH, PA 15222 UNIVERSITY 47-3515830

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	domicile controllin (state or entity foreign	ctivity Legal domicile (state or	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			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No		
											$\vdash$		
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>						

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

(a) Name, address, and EIN of related organization	<b>(b)</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	

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

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

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>b</b> Gift, grant, or capital contribution to related organization(s)				1b Ye	es
${f c}$ Gıft, grant, or capital contribution from related organization(s)				<b>1</b> c	No
f d Loans or loan guarantees to or for related organization(s)				1d	No
f 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)				<b>1</b> g	No
<b>h</b> Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
				1m	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10	No
o Sharing of paid employees with related organization(s)				10	100
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1g	No
Remibulsement para by related organization(s) for expenses					<del></del>
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		vered relationships	and transaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount invol	ved
1)POINT PARK UNIVERSITY FOUNDATION	В	4,816,000	CASH TRANSACTION		
			<u>I</u>		

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

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

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

Schedule R (Form 990) 2015 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation SCHEDULE R, PART II, RELATED THE FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HAS BEEN

Schedule R (Form 990) 2015

ORGANIZATION EXEMPT STATUS FILED WITH THE IRS AND IS CURRENTLY PENDING APPROVAL THE ORGANIZATION IS ANTICIPATING THAT THE INTERNAL REVENUE