

Extended to April 17, 2018

Return of Organization Exempt From Income Tax

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

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

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUN 1, 2016 and ending MAY 2017 В Check if applicable C Name of organization D Employer identification number Address change Clarke University of Dubuque, Iowa Name change Doing business as 42-0680408 Initial Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1550 Clarke Drive 563-588-6315 termi City or town, state or province, country, and ZIP or foreign postal code 40,856,046. X Amended Dubuque, IA 52001 H(a) Is this a group return Applica-F Name and address of principal officer Elizabeth McGrath _Yes LX_No for subordinates? pending same as C above Yes H(b) Are all subordinates included? ■ Tax exempt status
■ 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ www.clarke.edu H(c) Group exemption number ► 0928 K Form of organization X Corporation Trust Association Other > L Year of formation: 1843 M State of legal domicile IA |Part I | Summarv Briefly describe the organization's mission or most significant activities Catholic, co-educational Activities & Governance <u>liberal arts university educating at post-secondary & graduate level</u> 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 27 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 741 27 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T. line 34 0. RECEIVED **Prior Year Current Year** 3,041,379. Contributions and grants (Part VIII, line 1h) 5,344,102. Revenue 9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and S-0S <u>32,339,040</u>. 31,484,768. JAN 1 8 2019 d) <u><207,928.</u>> 1,532,349. 201,360. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 224,399. Total revenue - add lines 8 through 11 (must equal Part VIII Column F) Nine (12) 35,373,851. 38,585,618. 11,127,657. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,085,627. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15,978,874. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,447,714. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 21,262. 22,946. b Total fundraising expenses (Part IX, column (D), line 25) \(\bigs \) 1, 209, 989. 8,891,364. 9,130,541. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 35.977.127. 35.728.858. <603,276. 2,856,760. Revenue less expenses Subtract line 18 from line 12 or ices **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 69,155,154 71,384,023. 14,195,611. 12,126,516. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 54,959,543. 59,257,507. □ Part II | Signature Block Onder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is True, correct, and complete Declaration of prepared (other than officer) is based on all information of which preparer has any knowledge AR Woldu Signature of office Œlere Elizabeth McGrath, Treasurer/VP for Business & Finance Type or print name and title Naid Separer Date PTIN Print/Type preparer's name Check Preparer's signature Carmen Krantz 12/28/18 self-employed Carmen Krantz P00031958 Firm's name EIDE BAILLY LLP Firm's EIN 45-0250958 Use Only Firm's address 1545 ASSOCIATES DR., DUBUQUE, IA 52002 Phone no 563-556-1790

X Yes

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

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
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	Х	
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	x	
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			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	77	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	v
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	446	x	
•=	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 22
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	•••		
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
			990	

	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 If "Yes," complete Schedule I, Parts I and II	21		X
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	Х	
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	Х	
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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		х
b				
_	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		х
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		х
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		х
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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 55		
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 47
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
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		1 01111	~~~ (

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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	47			
b		the number of Forms W-2G included in line 1a Enter 0 if not applicable	1b	0			
С	Did th	e organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
		ling) winnings to prize winners?			1c	x	
2a		the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,					
	filed fo	or the calendar year ending with or within the year covered by this return	2a	741			
b	If at le	ast one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b_	X	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	autho	rıty over, a			
	fınanc	ial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a	L	X
b		s," enter the name of the foreign country			-		
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR)		-	_
5a	Was ti	he organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b	<u> </u>	X
		s," to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did t	ne org	anization solicit			
	•	ontributions that were not tax deductible as charitable contributions?		_	_6a_		X
b		s," did the organization include with every solicitation an express statement that such contribu-	tions	or gifts			
		not tax deductible?			6b	 	-
7	-	nizations that may receive deductible contributions under section 170(c).		Overvee edt et belever	-	·	
		organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	X	-
		s," did the organization notify the donor of the value of the goods or services provided?	20 101	uurod	_7b	^	
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w Form 8282?	as rec	Julied	7c		X
ч		s," indicate the number of Forms 8282 filed during the year	7d	1	-70		1
		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e	_	X
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
q		organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g		
_		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	spons	oring organization have excess business holdings at any time during the year?	-		8		,
9	Spons	soring organizations maintaining donor advised funds.		•	_	_	_
а	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section	on 501(c)(7) organizations. Enter		1			
а	Initiati	on fees and capital contributions included on Part VIII, line 12	10a				
b	Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>		1	
11	Section	on 501(c)(12) organizations. Enter	1	1		1	ļ
а	Gross	income from members or shareholders	11a				
b	Gross	income from other sources (Do not net amounts due or paid to other sources against					
		nts due or received from them)	11b	_			
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
		s," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13		on 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>	 	├
а		organization licensed to issue qualified health plans in more than one state?			13a	 	
		See the instructions for additional information the organization must report on Schedule O		v			
b		the amount of reserves the organization is required to maintain by the states in which the	امد ا	I			
_		zation is licensed to issue qualified health plans	13b	"			
		the amount of reserves on hand	13c		14-		Х
		e organization receive any payments for indoor tanning services during the tax year? s," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedu</i> i	lo ()		14a 14b		<u> </u>
ນ	,, (C)	s, that it mod a rotti report these payments. If two, provide an explanation in scriedu	<u> </u>		170	ь	

Clarke University of Dubuque, Iowa Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 28 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 0 27 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Х 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

52001

Joanne M. Burrows, SC, Ph.D. - 563-588-6385

1550 Clarke Drive, Dubuque,

Form	agn	12016	()

Clarke University of Dubuque, Iowa

AS₂-0680408 EQ. 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter ·0· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and 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 r	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	١.,	Position do not check more than one loox, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated
	hours per	box					h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	or di	8	1		sated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee	l trus!		99/	neu		(W·2/1099-MISC)		organization and related
	below	duali	Institutional trustee	_	Key employee	stcol	*			organizations
	line)	Individual	Instit	Officer	Key e	Highest compensated employee	Form			
(1) Robert C. Wahlert	1.00									
Chair	1 00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(2) Mary Rose Corrigan-Psihoyos	1.00	∤			·					
Vice Chair		X		X				0.	0.	0.
(3) Ann McDonough	1.00								_	
Secretary		X		Х				0.	0.	0.
(4) Karen Chiappetta	1.00	- ₋								
Trustee	1 00	X	_	-				0.	0.	0.
(5) Bernadette McManigal, BVM	1.00	 								•
Trustee	1 00	X			<u> </u>	├		0.	0.	0.
(6) John Stavnes	1.00	┨								
Trustee	1 00	X			_			0.	0.	0.
(7) Carolyn Fitzgerald Gantz	1.00	.,				l		_	•	•
Trustee	1 00	X			_	_		0.	0.	0.
(8) Margaret Geraghty, BVM, Ph.D.	1.00	₹,						_	0	•
Trustee	1 00	Х				<u> </u>		0.	0.	0.
(9) Teri Hawks Goodman	1.00	X						0.	0.	0
Trustee	1.00	^						0.	0.	0.
(10) Richard Gregory	1.00	x						0.	0.	0.
Trustee	1.00	^	<u> </u>					0.	0.	0.
(11) Suzanne McGovern Juergens	1.00	x						0.	0.	. 0.
Trustee . (12) Nancy Swift Klauer	1.00	^						0.	0.	, 0.
Trustee	1.00	X						0.	0.	0.
(13) Teri Hadro, BVM	1.00							0.	0.	<u> </u>
Trustee	1.00	x						0.	0.	0.
(14) Fr. Mark Ressler	1.00								<u> </u>	<u> </u>
Trustee		x						0.	0.	0.
(15) Ann Harrington, BVM, Ph.D.	1.00									•
Trustee		X						0.	0.	0.
(16) Maureen Quann	1.00							•	***	
Trustee		х			l			0.	0.	0.
(17) Matthew Zelle	1.00									
Trustee		х						0.	0.	0.
622007 11 11 16										Form 990 (2016)

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)	
· (A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) Regina Qualls, BVM	1.00									
Trustee		X						0.	0.	0.
(19) James H. Thompson	1.00	X						0.	0.	0.
Trustee Carbons	1.00	^						0.	<u> </u>	<u></u>
(20) Jane Daly Seaberg Trustee	1.00	X						0.	0.	0.
(21) Cathy Schulze	1.00									
Trustee		Х						0.	0.	0.
(22) Thomas P. Williams, DDS, MD Trustee	1.00	X						0.	0.	0.
(23) Ronald C. Wilgenbusch Trustee	1.00	x						· 0.	0.	0.
(24) Mary Ann Zollmann, BVM, Ph.D. Trustee	1.00	x						0.	0.	0.
(25) Jenifer Collins Westphal Trustee	1.00	х						0.	0.	0.
(26) Carolyn Farrell, BVM	1.00							•	•	•
Trustee	1.30	х						0.	0.	0.
1b Sub-total	•						<u> </u>	0.	0.	0.
c Total from continuation sheets to Part V	II, Section A						>	726,998.	0.	143,974.
d Total (add lines 1b and 1c)							<u> </u>	726,998.	0.	143,974.

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

Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

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

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
	, ,	Compensation
Conlon Construction Company	Construction	
PO Box 3400, Dubuque, IA 52004	services	610,975.
Klauer Construction Company	Construction	
2755 Dodge St, Dubuque, IA 52003	services	424,340.
Tri-State Travel		
PO Box 307, Galena, IL 61036	Travel services	213,889.
NewCity, Inc.	Website development	
PO Box 989, Blacksburg, VA 24063	services	201,044.
Experienced Roofing, LLC	Construction	
PO Box 1687, Dubuque, IA 52004	services	168,605.
2 Total number of independent contractors (including but not limited to tho	se listed above) who received more than	
\$100,000 of compensation from the organization	7	

See Part VII, Section A Continuation sheets

Form **990** (2016)

X

AS AMENDED 42-0680408 Form 990 Clarke University of Dubuque, Iowa

Part VII Section A. Officers, Directors, To	rustees, Key Er	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) (B)			-	(0	C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per			*				from	from related	other
	week			'		oloyee		the	organizations	compensation from the
•	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MJSC)	organization
	related	90 00	ste			sate		(44-2/1099-141130)		and related
	organizations	ruste	al fr		yee	mpe			•	organizations
	below	Individual trustee or director	institutional trustee	 	Key employee	Highest compensated employee	 <u> </u>			3
	line)	ۇ	tnstrt	Officer	Key	를	Рог шег			
(27) Dennis Powers	1.00									
Trustee		x						0.	ο.	0.
(28) Joanne M. Burrows, SC, Ph.D.	40.00									
President and Trustee		X		Х			ŀ	208,210.	0.	55,207.
(29) Daisy Halvorson	40.00									
Treasurer/VP Business/Finance		1		x				140,502.	0.	24,648.
(30) Susan R. Burns, Ph.D.	40.00									
Provost/VP of Academic Affairs		1		x	ļ			124,839.	0.	24,058.
(31) William Biebuyck	40.00							121,0331		21/0300
VP-Institutional Advancement	10100	1				x		151,722.	0.	25,681.
(32) Jan Lee	40.00	-		广	-	-		2327,220		20,0020
Faculty Chair, Nursing Dept.	2000	1				x		101,725.	0.	14,380.
receipt oneil, narbing bept.								202,,200		
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Total to Part VII, Section A, line 1c								726,998.		143,974.

Clarke University of Dubuque, Iowa Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or Unrelated Total revenue business exempt function sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b Fundraising events 1c 32,246 d Related organizations 1d Government grants (contributions) 1e 1,356,077 All other contributions, gifts, grants, and similar amounts not included above 1f 3,955,779 g Noncash contributions included in lines 1a-1f \$ 1,062,468 h Total. Add lines 1a-1f 5.344.102 Business Code 611310 Program Service Revenue 2 a Tuition and fees 27,072,735 27,072,735 Auxiliary enterprises 611710 4,117,021 4,117,021 611710 204,192 204,192 Conferences & events All other program service revenue 900099 90,820 90,820 Total. Add lines 2a-2f 31,484,768 Investment income (including dividends, interest, and other similar amounts) 614,975 614,975. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents 83,028 b Less rental expenses 620 c Rental income or (loss) 82,408 d Net rental income or (loss) • 82,408 82,408, 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 2,720,897 b Less cost or other basis and sales expenses .803.523 c Gain or (loss) 917.374 d Net gain or (loss) 917,374 917,374 8 a Gross income from fundraising events (not Other Revenue including \$ 32,246. of contributions reported on line 1c) See Part IV, line 18 36,201 b Less direct expenses 38 980 c Net income or (loss) from fundraising events \triangleright <2.779 <2,779. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а 572,075 b Less cost of goods sold 427,305 c Net income or (loss) from sales of inventory 770

11 a

d All other revenue e Total. Add lines 11a 11d Total revenue See instructions.

Miscellaneous Revenue

38,585,618,

31 484 768

Business Code

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Sect	ION 501(c)(3) and 501(c)(4) organizations must con			omplete column (A)	,
	Check if Schedule O contains a respo	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	44 405 655	44 405 655		
	individuals See Part IV, line 22	11,127,657.	11,127,657.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	477 402	60 201	241 001	60 201
_	trustees, and key employees	477,403.	68,201.	341,001.	68,201
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and		44		
	persons described in section 4958(c)(3)(B)	61,731.	61,731.		
7	Other salaries and wages	11,961,294.	9,610,573.	1,819,720.	531,001
8	Pension plan accruals and contributions (include				.
	section 401(k) and 403(b) employer contributions)	483,542.		88,754.	20,959
9	Other employee benefits	1,595,233.		1,168,364.	32,080
10	Payroll taxes	868,511.	650,949.	182,773.	34,789
11	Fees for services (non-employees)				
а	Management				
b	Legal	24,862.		24,862.	
С	Accounting	121,615.		121,615.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	22,946.			22,946
f	Investment management fees	94,558.		94,558.	
g	Other (If line 11g amount exceeds 10% of line 25,				,
	column (A) amount, list line 11g expenses on Sch O.)	277,043.	167,706.	109,337.	
12	Advertising and promotion	248,150.		248,150.	
13	Office expenses	2,239,703.	1,735,900.	404,744.	99,059
14	Information technology	411,170.	134,286.	138,442.	138,442
15	Royalties				
16	Occupancy	958,481.	958,481.		
17	Travel	659,110.	591,653.	34,264.	33,193
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	. 74,305.	70,361.	3,154.	790
20	Interest	218,486.	194,406.	12,040.	12,040
21	Payments to affiliates			•	•
22	Depreciation, depletion, and amortization	2,242,708.	2,003,066.	119,821.	119,821
23	Insurance	219,902.	44,487.	175,415.	
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 0.)				
а	Stipends and casual lab	283,868.	271,089.	-	12,779
b	Memberships	171,251.	53,079.	112,959.	5,213
С	Repairs and maintenance	151,063.	28,789.	119,245.	3,029
d	Bad debt expense	38,082.		38,082.	
	All other expenses	696,184.	458,117.	162,420.	75,647
25	Total functional expenses Add lines 1 through 24e	35,728,858.	28,999,149.	5,519,720.	1,209,989
26	Joint costs Complete this line only if the organization		- , <u> , , , , , , , , , , - ,</u>		_,,_
-	reported in column (B) joint costs from a combined			i	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Clarke University of Dubuque, Iowa

Form 990 (2016)
Part X Balance Sheet

Pa	rt X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non interest-bearing	1,810. 1	1,810.
	2	Savings and temporary cash investments	4,216,251. 2	3,847,516.
	3	Pledges and grants receivable, net	436,803. ₃	428,509.
	4	Accounts receivable, net	701,073. 4	695,113.
	5	Loans and other receivables from current and former officers, directors,		1
		trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary	•	
ş		employees' beneficiary organizations (see instr) Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	7	
,<	8	Inventories for sale or use	195,234. 8	161,442.
	9	Prepaid expenses and deferred charges	351,208. 9	310,578.
	10a	Land, buildings, and equipment cost or other	1	
		basis Complete Part VI of Schedule D 10a 71,957,454.		
	b	Less accumulated depreciation 10b 37,774,277.	34,725,308. 10c	34,183,177.
	11	Investments · publicly traded securities	21,896,418. 11	15,999,412.
	12	Investments - other securities See Part IV, line 11	3,251,972. 12	12,034,595.
	13	Investments · program-related See Part IV, line 11	1,477,497. 13	1,705,222.
	14	Intangible assets	14	2 21 5 512
	15	Other assets See Part IV, line 11	1,901,580. 15	2,016,649.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	69,155,154. 16	71,384,023.
	17	Accounts payable and accrued expenses	2,215,332. 17	1,643,294.
	18	Grants payable Deferred revenue	758,946. 19	910 024
	19	· · · · · · · · · · · · · · · · · · ·		819,934. 6,918,978.
	20	Tax-exempt bond liabilities Escrew or sustadial account liability. Complete Part IV of Schodule D.		55,091.
"	22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,	46,732. 21	33,031.
Liabilities	22	key employees, highest compensated employees, and disqualified persons		
ā		Complete Part II of Schedule L	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	672,960. 23	513,844.
	24	Unsecured notes and loans payable to unrelated third parties	24	313,044.
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X of		
		Schedule D	2,069,137. 25	2,175,375.
	26	Total liabilities. Add lines 17 through 25	14,195,611. 26	12,126,516.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		,
es		complete lines 27 through 29, and lines 33 and 34.	.	
ŭ	27	Unrestricted net assets	38,675,359. 27	41,085,173.
3al	28	Temporarily restricted net assets	3,551,071. 28	4,037,954.
<u>.</u> ق	29	Permanently restricted net assets	12,733,113. 29	14,134,380.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here		,
p		and complete lines 30 through 34.		·
ets	30	Capital stock or trust principal, or current funds	30	•
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	32	
~	33	Total net assets or fund balances	54,959,543. 33	59,257,507.
	34	Total liabilities and net assets/fund balances	69,155,154. 34	71,384,023.

	n 990 (2016) Clarke University of Dubuque, Iowa	4200	<u>680408</u>	\₽₽	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	•				•
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,58	5,6	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,72	8,8	<u>58.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	2,85	6,7	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,95	9,5	43.
5	Net unrealized gains (losses) on investments	5	1,44	1,7	87.
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		<5	83.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	59,25	7,5	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				ŀ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3ą	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		ļ <u>.</u>	
	Act and OMB Circular A-133?		_3a	'X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

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.

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Total

Open to Public Inspection

Name of the organization Employer identification number Clarke University of Dubuque, 42-0680408 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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) 6 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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 III. functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (iii) EIN your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

(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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	3818924.	2495359.	2900244.	3041379.	5344102.	17600008.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3818924.	2495359.	2900244.	3041379.	5344102.	17600008.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					-	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1743584.
6	Public support. Subtract line 5 from line 4						<u>15856424.</u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3818924.	2495359.	2900244.	3041379.	5344102.	17600008.
8	Gross income from interest,						
	dividends, payments received on					•	
	securities loans, rents, royalties	•					
	and income from similar sources	909,026.	884,621.	1021805.	806,824.	698,003.	4320279.
9	Net income from unrelated business		·			•	
	activities, whether or not the						
	business is regularly carried on		·		•	1	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						<u>21920287.</u>
12	Gross receipts from related activities,	etc (see instruction	ons)			12 161	<u>,595,767.</u>
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here	· · · · · · · · · · · · · · · · · · ·				<u>▶</u> ∟
	ction C. Computation of Publ				_		70 24
	Public support percentage for 2016 (I		•	olumn (f))		14	72.34 %
	Public support percentage from 2015					15	73.49 %
16a	33 1/3% support test - 2016. If the o	•			14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		•		1 15 - 00 1 (00)		▶ [X]
b	33 1/3% support test - 2015. If the c				line 15 is 33 1/3%	or more, cneck tr	nis box
	and stop here. The organization qual	•	•		40 40 - 40 -		P
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t vi now the organ	iization _
	meets the "facts-and-circumstances"	-		• • •	-	17a and bas 45 -	100/ 01
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the				=	•	, r
40	organization meets the "facts and-circ						
ıσ	Private foundation. If the organization	n did not check a	DOX OIT HITE TO, TO	a, 100, 17a, 01 1/t	•		or 990-EZ) 2016
					Sche		, UI 33U-EL/ LU IU

Schedule A (Farm 990 or 990-EZ) 2016 Clarke University of Dubuque, Iowa Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	elow, please com	piete i art ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	• •					
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						,
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6			• •			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						¥
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here				•		
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15 ′	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage		<u>.</u>		
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	=	=				▶ ∟ ind
-	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2016 Clarke University of Dubuque, Iowa

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5); or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **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)

		Yes	No
	1		
		_	
i	-		
	_2		
	3a		
	3b		
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	3c		
	4a		
	4b		
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	9c		
	10a		
	10b	• -	

Sche	edule A (Form 990 or 990-EZ) 2016 Clarke University of Dubuque, Iowa 42-06	8040	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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		<u> </u>
b	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			١,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			`
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	l	ا . ا	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	l		1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		Ь
Sec	tion C. Type II Supporting Organizations			
	When a manufacture of the automated advantage of the state of the stat		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	٠ ـ		-
Sec	the supported organization(s) tion D. All Type III Supporting Organizations	<u> </u>		<u> </u>
000	tion b. Air Type in oupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NU
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	İ		ł
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,	Г <u></u>
	significant voice in the organization's investment policies and in directing the use of the organization's			,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ĺ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	•		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			ii
	activities but for the organization's involvement	2b		_
3	Parent of Supported Organizations Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		أحد ا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI. the role played by the organization in this regard	l 2h		

Schedule A (Form 990 or 990 EZ) 2016 Clarke University of Dubuque, Iowa Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 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 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 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, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1° Adjusted net income for prior year (from Section A, line 8, Column A) Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

4

5

Schedule A (Form 990 or 990 EZ) 2016 Clarke University of Dubuque, Iowa 42-0680408 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C. line 6 10 Line 8 amount divided by Line 9 amount (ı) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016 h c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 8 <u>a</u> ! **b** Excess from 2013

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014 d Excess from 2015 e Excess from 2016

AS AMENDED

Schedule A	(Form 990 or 990-E	EZ)2016 Clarke	. Universit	y of Dubuque	e, Iowa	42-0680408 Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec	Il Information. Pr In, lines 1, 2, 3b, 3c, 4th Ction D, lines 2 and 3 , 6, and 8, and Part V	ovide the explanation o, 4c, 5a, 6, 9a, 9b, 9d , Part IV, Section E, Iii	ns required by Part II, lin c, 11a, 11b, and 11c, Pa nes 1c, 2a, 2b, 3a, and d, and 6 Also complete	ne 10, Part II, line 17a art IV, Section B, lines 3b, Part V, line 1, Part	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Clarke University of Dubuque, Iowa	42-0680408
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	-
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	,
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	v important land area
	Protection of natural habitat Preservation of a certified h	
	Preservation of open space	istoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onsoniation casement on the last
~	day of the tax year	Held at the End of the Tax Year
_	Total number of conservation easements	
a		_2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
2	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizer >	nization during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
_	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	•
6	Land volunteer rious devoted to monitoring, inspecting, hartoning of violations, and emoting conservati	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•	S	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(6)	B)(ı)
•	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	• •
	conservation easements	33
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	•
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	S

	011		. 6 D I	-	AS	SAME			_
		<u>University</u>				Similar A	<u> </u>		age 2
3	'Using the organization's acquisition, accessi	on, and other record	is, check any of the	following tha	at are a sigi	nificant use of	f its collectio	n item	S
_	(check all that apply)								
a	X Public exhibition	d		hange progr	ams				
b	X Scholarly research	е	Other						
C	X Preservation for future generations								
4	Provide a description of the organization's co						Part XIII		
5	During the year, did the organization solicit of				ier similar a	ssets	□ ,,	77	٦
Dai	to be sold to raise funds rather than to be market IV Escrow and Custodial Arran					000 D	Yes Yes		<u>No</u>
Га	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered	"Yes" on F	orm 990, Pan	t IV, line 9, o	•	
ıa	Is the organization an agent, trustee, custod on Form 990, Part X?	an or other intermed	nary for contribution	is or other as	ssets not in	ciuded		T] No
L	, , , , , , , , , , , , , , , , , , ,						Yes	الحكم.	סואו ר
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table .				A · · · -		
	0						Amoun	<u>t </u>	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance						[TT]		T
	Did the organization include an amount on F				-		X Yes	<u> </u>	_ No
	If "Yes," explain the arrangement in Part XIII							<u>X</u>	
Pa	t V Endowment Funds. Complete								
	Parameter to the ballons	(a) Current year	(b) Prior year	(c) Two yea) Three years b		_	
1a	Beginning of year balance	24,259,677.	31,302,936.	32,89		31,436,8		994	
b	Contributions	1,668,915.	403,082.		5.448.	265,8			596.
C	Net investment earnings, gains, and losses	2,606,295.	<1,977,642.		4,693.	4,182,4		<u>,345</u>	<u> 265.</u>
d	Grants or scholarships	665,977.	572,137.	51	1,408.	478,2	36.	<u> 177</u>	<u>397.</u>
е	Other expenditures for facilities								
	and programs	863,963.	4,832,415.	99	7,655.	2,406,3	45. 2	<u>.855,</u>	<u>837.</u>
f	Administrative expenses	94,414.	64,147.	8	4,745.	104,5		<u>66</u> ,	968.
g	End of year balance	26,910,533.	24,259,677.		2,936.	32,895,9	89. 31	<u>,436</u> ,	<u>877.</u>
2	Provide the estimated percentage of the curr		e (line 1g, column (a	i)) held as					
а	Board designated or quasi-endowment	51.69	_%						
b	Permanent endowment ► 47.34	%							
C	Temporarily restricted endowment	<u>.97</u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	ered for the	organization	1		
	by							Yes	No
	(i) unrelated organizations		•				3a(ı)		<u> </u>
	(ii) related organizations						3a(iı)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds						
Par	t VI _ Land, Buildings, and Equipm	ent.							_
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a S	See Form 990), Part X, Iır	ne 10	I		
	Description of property	(a) Cost or of	1 , ,	or other		umulated	(d) Boo	k value	e
		basis (investr			depre	eciation			
1a	Land			0,119.				0,1	
b	Buildings		57,19	<u>5,596.</u>	27,42	<u> 22,496.</u>	29,77	<u>3,1</u>	<u>00.</u>
С	Leasehold improvements								
d	Equipment			1,085.		<u>92,800.</u>	2,57		
<u>e</u>	Other		4,30	0,654.	2,85	58,981.	1,44		
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	<u>qual Form</u> 990, Part	X, column (B), line 1	0c)		•	34,18	<u>3,1</u>	<u>77.</u>

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Clarke Univ	versity of Dub	uque, Iowa	42-0680408 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	In See Form 990 Part V line 19	,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	
(1) Financial derivatives	(5) 2001 14/40	(0)	or one or your market value
(2) Closely-held equity interests	,		
(3) Other			_
(A) Cash value of life			· · · · · · · · · · · · · · · · · · ·
(B) insurance	375,017.	End-of-Year Mar	ket Value
(C) Dubuque Foundation Trust	10,817.	End-of-Year Mar	
(D) Real estate	15,200.	Cost	Rec value
(E) Hedge fund	2,451,723.	End-of-Year Mar	ket Value
(F) Common trust funds	9,181,838.	End-of-Year Mar	
(G)	7,101,030.	End of feat Mar	REC VALUE
(H)			· · · · · · · · · · · · · · · · · · ·
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,034,595.		
Part VIII Investments - Program Related.	1_ 12,034,3336		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	
(1)	(0)	(0)	
(2)			
(3)			·
(4)			
(5)			
(6)			***************************************
(7)	-		
(8)			***************************************
. (9)			
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)		·	• • •
Part IX Other Assets.	\		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d See Form 990. Part X. line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			•
(8)	·- <u></u>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		D
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X,	line 25
(a) Description of liability) Book value	
(1) Federal income taxes			
***************************************	an		
(3) programs		1,206,847.	
(4) Conditional asset retirem			
(5) obligation		940,367.	
(6) Annuities payable		28,161.	
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2,175,375.

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

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

Part III, line 4:

The collection consists of a limited heritage edition of world-renowned

Saint John's Bible. The heritage edition is a completely handwritten and

illustrated re-creation of the original Saint John's Bible. The Saint

John's Bible is a significant representation of the Word of God and a

compelling work of art. This rare gift to Clarke will serve as a

testament to our Catholic heritage and it will be a source of pride for

the University and community. The University plans to exhibit the Bible

as volumes are received and is planning a speaker series to accompany each

volume's arrival.

Part IV, line 2b

Part X, Line 2:

The University is recognized as exempt from federal income taxes under

Section 501(c)(3) of the Internal Revenue Code. The University is subject
to federal and state income taxes on any net income from unrelated
business activities.

The University files a Form 990 (Return of Organization Exempt from Income Tax) annually. When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the tax position taken or the amount of the position that would ultimately be sustained. Examples of tax positions common to universities include such matters as the following: the tax exempt status of each entity and various positions relative to potential sources of unrelated business taxable income (UBIT). The benefit of tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any.

Tax positions are not offset or aggregated with other positions. Tax

38,980.

Schedule D (Form 990) 2016

positions that meet the "more likely than not" recognition threshold are
measured as the largest amount of tax benefit that is more than 50% likely
to be realized on settlement with the applicable taxing authority. The
portion of the benefits associated with tax positions taken that exceeds
the amount measured as described above is reflected as a liability for
uncertain tax benefits in the accompanying statements of financial
position along with any associated interest and penalties that would be
payable to the taxing authorities upon examination. As of May 31, 2016 and
2015, there were no uncertain tax benefits identified and recorded as a
liability.
•
Part XI, Line 2d - Other Adjustments:

Part XI, Line 2d - Other Adjustments:	·
Scholarships and grants included in expenses for Form 990	-10,168,157.
Investment management fees included in expenses for Form	
990	-94,558.
Total to Schedule D, Part XI, Line 2d	-10,262,715.
	• ,
Part XI, Line 4b - Other Adjustments:	•
Book store cost of goods sold included in revenue for Form	
990	-427,305.
Fundraising expenses included in revenue for Form 990	-38,980.
Rent expenses included in revenue for Form 990	-620.
Total to Schedule D, Part XI, Line 4b	-466,905.
Part XII, Line 2d - Other Adjustments:	
Book store cost of goods sold included in revenue for Form	
990	427,305.

Fundraising expenses included in revenue for Form 990

33

SCHEDULE E

(Form 990 or 990-EZ)

Schools ► Complete if the organization answered "Yes" on Form 990, AS AMÉI

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Name of the organization

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

Clarke University of Dubuque,

42-0680408

Inspection

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	,	YES	NO
		,		
_	other governing institutions, or in a resolution of its governing body.	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			
	If you need more space, use Part II	3	X	
	See Part II			
4	Pose the organization maintain the following?			
4 а	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	- 4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to		-	
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	<u>5d</u>		X
e	Educational policies?	<u>5e</u>	ļ	X
† -	Use of facilities?	<u>5f</u>		X
9	Athletic programs? Other extracurricular activities?	<u>5g</u> 5h		X
11	If you answered "Yes" to any of the above, please explain If you need more space, use Part II	311		
6a	Does the organization receive any financial aid or assistance from a governmental agency?		- <u>-</u>	-
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2016

Schedule E (Form 990 or 990 EZ) 2016 Clarke University of Dubuque, Iowa A240680408—Rate 2 Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information
Line 3 - Explanation of Nondiscrimination Policy:
Clarke does not make any public disclosures in the media
regarding its nondiscrimination policy when recruiting
students. However, Clarke does include a statement in the
Magazine of Clarke, the website and other printed materials
such as brochures and applications. All public job postings
include a statement that Clarke is an equal opportunity employer.
Line 6 - Explanation of Government Financial Aid:
Financial aid or assistance from a governmental agency is distributed to
students using federally approved financial need analysis criteria.
,
•
•
•
,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. `

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

Inspection

Schedule F (Form 990) 2016

Name of the organization					Employer ident	fication number
Clarke Universi	ty of Du	buque. I	'owa		42-06804	0.8
Part I General Info	rmation on A	ctivities Ou	tside the United States. Complet	e if the organ		
Form 990, Part I	V, line 14b			<u> </u>		
	_	•	ds to substantiate the amount of its gran			, ,
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance? '	」Yes No
2 For grantmakers. Desc United States	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
3 Activities per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
				,		
Central America and			Investments reported on			14 245 251
the Caribbean	1	0	cost basis			14,245,851.
ζ.						
•						
			,			
		•				
,						
			·			
		1				
<u> </u>	 	<u>-</u>				
3 a Sub-total	0	0				14,245,851.
b Total from continuation		_				
sheets to Part I c Totals (add lines 3a	0	0				0.
c Totals (add lines sa					. -	14 045 051

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

42-0680408

Clarke University of Dubuque, Iowa

Schedule F (Form 990) 2016

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)	
·		,	•						
					,				
		,		>		:			
								,	,
		·			ı	•			ns an
 2 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has pro 3 Enter total number of other organizations or entities 	recipient organization the grantee or counse other organizations o	s listed above that are re linas provided a section rentities	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 Enter total number of other organizations or entities	foreign country,	recognized as tax-ey	cempt by			AE NI
632072 09-21-16			38			>	Scheo	Schedule F (Form 990) 2016	DED

-	,
42-0680408	ion answered "Yes" on Form 990, Part IV, line 16
Iowa	the organization
Clarke University of Dubuque,	sistance to Individuals Outside the United States. Complete if it
Schedule F (Form 990) 2016	Part III, Grants and Other Ass

Page 3

(h) Method of valuation (book, FMV, appraisal, other)					(AS.AN	AENDE	F (Form 990) 2016
(g) Description of noncash assistance							. ,		Schedule
(f) Amount of noncash assistance		-				,			
(e) Manner of cash disbursement				•	,				
(d) Amount of cash grant					,				
c) Number of recipients									
(b) Region	,		,						
(a) Type of grant or assistance (b) Region	,	,	•						,

Schedule F (Form 990) 2016 Clarke University of Dubuque, Iowa

Foreign Forms

Instructions for Form 5713, do not file with Form 990)

Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X Yes No Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Yes X No Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Yes X No Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Yes X No (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2016

Yes X No

AS AMENDED

Schedule F	Supplemental Information 42-0680408 Page 9
Part V	Supplemental Information
•	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of
	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2016

Open to Public Inspection

vame of the organization	University of Dubu	mne	. т	OWA	42-0		ANS
	· Complete if the organization answe						
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicitat f X Solicitat g X Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra • (inclu- irofess	non-g gover alsing ding o	overnment grants inment grants events fficers, directors, tru fundraising services	stees, or	Yes	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in co	d by) er	(vi) Amount paid to (or retained by) organization
The Stelter Company - 10435	Planned giving website and	Yes	No				
New York Avenue, Des Moines,	newsletter	<u> </u>	х	0.	6	,442.	<6,442 <u>.</u> :
Crescendo Interactive, Inc	Planned giving website and						
110 Camino Ruiz, Camarillo,	newsletter		X	0.	5	<u>,500.</u>	<5,500.
Ruffalo Noel Levitz, LLC - 1025 Kirkwood Parkway SW,	Phone-a-thon		х	0.	11	,004.	<11,004.
Total			>		•	946.	<22,946.
List all states in which the organization or licensing IA	on is registered or licensed to solicit (contrik	oution	s or has been notifie	d it is exempt	trom re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

See Part IV for continuations

Schedule G (Form 990 or 990-EZ) 2016

4::4

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 Clarke University of Dubuque, Iowa 42-0680408 Page 2 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 (b) Event #2 (c) Other events (a) Event #1 (d) Total events Celebrity None (add col (a) through <u>Golf Classic</u> col (c)) (total number) (event type) (event type) 68,447. 68,447. 1 Gross receipts 32,246. 32,246 2 Less Contributions 36,201. 36,201 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 20,317. 20,317. 18,503. 18,503. Food and beverages 8 Entertainment 160. 160. Other direct expenses 38,980. 10 Direct expense summary Add lines 4 through 9 in column (d) <2,779. 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

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632082 09-12-16

AS AMENDED

Sch	edule G (Form 990 or 990-EZ) 2016 Clarke University of Dubuque, Iowa 42-0680408 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility 13a %
b	An outside facility %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party
	Name
	Address ▶
16	Gaming manager information
,	Name ▶′
ν.	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year > \$
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:
<u> </u>	nodure of rure ry firm as rest or row mignese rure rundrursers.
(i) Name of Fundraiser: The Stelter Company
<u> </u>) Name of Fundraiser: The Sterter Company
(i	Address of Fundraiser: 10435 New York Avenue, Des Moines, IA 50322
/ -	Name of Eundraiger, Creagende Interestina Inc
<u>(i</u>	
<u>(i</u>) Address of Fundraiser: 110 Camino Ruiz, Camarillo, CA 93012
<u>(i</u>	Name of Fundraiser: Ruffalo Noel Levitz, LLC

AS	AMENDED'	
	0680408 Page 4	

Schedule G (Form 990 or 990 EZ) Clarke University of Dubuque, Iowa Part IV Supplemental Information (continued)	42-0680408 Page 4
Supplemental information (continued)	
(i) Address of Fundraiser:	
1025 Kirkwood Parkway SW, Cedar Rapids, IA 52404	
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SCHEDULE (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

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

ت	J	o Z)	1	ļ				1	1	ı AS	AME		
Employer identification number $42-0680408$		X		IV, line 21, for any		(h) Purpose of grant or assistance					-	-		Schedule I (Form 990) (2016)
		stance, and the select		es" on Form 990, Part		(g) Description of noncash assistance								
		for the grants or ass		anization answered "Y		(f) Method of valuation (book, EMV, appraisal, other)								
		grantees' eligibility	d States	complete if the orga	par	(e) Amount of non-cash assistance				,	,			
Iowa		or assistance, the	funds in the Unite	Governments.	onal space is need	(d) Amount of cash grant							e line 1 table	
Clarke University of Dubuque,		amount of the grants	oring the use of grant	ations and Domestic	be duplicated if additi	(c) IRC section (if applicable)		,					janizations listed in the	table ons for Form 990.
versity (d Assistance	o substantiate the tance?	cedures for monito	Jomestic Organiz	5,000 Part II can	(b) EIN	-					1	id government org	see the Instruction
Name of the organization Clarke Uni	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government							Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of other organizations listed in the line i table. For Paperwork Reduction Act Notice, see the Instructions for Form
Name of t	Part I	1 Doe	2 Des	Part II		1 (a)								S Ente

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Schedule I (Form 990) (2016) (f) Description of noncash assistance 8 (e) Method of valuation (book, FMV, appraisal, other) criteria records for all potential recipients to ensure that the scholarship/award Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed the aid office and various scholarship/award committees review on specific Members of (d) Amount of non-cash assistance Ö Ö Ö students based detailed in the various grant/scholarship agreements. ŧ. 468. 14,634 597,066 9,108,989 540,669 47 (c) Amount of cash grant 97 116 346 697 (b) Number of recipients and scholarships are awarded to is being awarded properly. (a) Type of grant or assistance Tuition remission & other waivers Institutional scholarships Part I, Line 2: Endowed scholarships Federal SEOG grants Endowed awards financial 632102 11-01-18 Grants Part IV Part III

Page 2

42-0680408

Iowa

Clarke University of Dubuque,

Schedule | (Form 990) (2016)

42-0680408 · Page 2	(e) Method of valuation (book, FMV, appraisal, other)			,		•			ASA	AMEN	Schedule I (Form 990)
1 (Form 990), Part III)		. 0	0						,	,	
ugue, Iowa States (Schedule I	(c) Amount of cash grant	418,831.	350,000							,	8 4
ty of Dub	(b) Number of recipients	18.	35,		,	1	·	•			
Schedule I (Form 990) Clarke University of Dubuque, Iowa Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)	(a) Type of grant or assistance	Tuition exchange	Advanced education nursing traineeship						•		632242 04-01-16

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.

Clarke University of Dubuque, Iowa

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

Employer identification number 42-0680408

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			,
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	,			
b	If any of the boxes on 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	_	Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
				•
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			,
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				,
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			ì
	organization or a related organization	_		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III			
	, , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	•		ر ا
5	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 .			
а	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III			,
6	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			
а	The organization?	6a		X
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III			ì
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			- <u></u> -i
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Clarke University of Dubuque, Iowa

42-0680408

Page 2

Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	aple	(E) Total of columns	(F) Compensation
(A) Name and Title	l. <u>-</u>	(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Denemis	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
Joanne M. Burrows, SC, Ph.D.	Ξ	206,839.	0.	1,371.	12,276.	43,975.	264,461.	0
	Ξ	0.	0	0	0	0		0
/ Halvorson	Ξ	139,734.	0.	768.	7,140.	18,319.	165,96	0
Treasurer/VP Business/Finance	Ξ		0	0.	0	0.		
(3) William Biebuyck	Ξ	150,439.	0.	1,283.	7,769.	18,786.	178,277.	
ncement	(ii)	0 •	0	0	0	0	0	
	Θ							
	(ii)							
	Ξ							
	Ξ							
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	3							!
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	Ξ							
	Ξ							
	(II)							A
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9	Ξ							C. C.
	Ξ							D
	Ξ							
							Schedu	Schedule J (Form 990)[2016
				C L				,

•

SCHEDULEK (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

2016 Open to Public Inspection

OMB No 1545-0047

AMENDE (g) Defeased (h) On behalf (i) Pooled financing ŝ Employer identification number × × ŝ ŝ 42-0680408 Yes No × × ۵ of issuer Δ Yes Yes Yes No × × ŝ ŝ issued 1/22/98 an & other construct Science facility Refunding bonds (f) Description of purpose O explanations, and any additional information in Part VI.

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Yes Yes Continuations 853 7,862,050 8,000,000 29,342 5,988,894 1,945,911 × S × × × ŝ 201 35, 8 8,000,000. Yes 8,000,000 × Yes (e) Issue price (**f**) 1,218,972 4,472,294 8,001,039 145,753 35,853 3,347,139 × ŝ ŝ 2013 and 05/25/12 05/25/12 (d) Date issued Yes Yes (a) × × × Clarke University of Dubuque, Iowa for Columns (c) CUSIP # None None Does the organization maintain adequate books and records to support the final allocation of proceeds? Was the organization a partner in a partnership, or a member of an LLC, 42-1235696 42-1235696 See Part VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? - Series Authority - Series Working capital expenditures from proceeds Higher Education Higher Education Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Authority Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Department of the Treasury Internal Revenue Service Proceeds A Loan B Loan Iowa Iowa Part I 2 æ 우 Ξ 9 ဖ 6 15 O 4 4 ద 4

832121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 5 3

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

bond-financed property?

N

Schedule K (Form 990) 2016

×

×

A Are there any management or service contracts that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use as a result of counsel to review any research agreements relating to the financed business use as a result of entitles other than a section 501(c)(3) organization or a state or local government section 501(c)(3) organization, or a state or local government esection 501(c)(3) organization, or a state or local government test? C Does the bond issue meet the private security or payment test? Ba Has there been a sale or disposition of any of the bond financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued? C Does the bond issue meet the percentage of bond-financed property sold or disposed of c I "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of c I "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections	Kes Kes	% % % X X X 000 % X X	Yes	O % %	Yes	No No
Are there any management or service contracts that may result in private business use of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property? Are there any research agreements relating to the financed property? Fi "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use as a result of entities other than a section 501(c)(3) organization or a state or local government bent the percentage of financed property used in a private business use as a result of entities other than a section 501(c)(3) organization or a state or local government bent the percentage of financed property used in a private business use as a result of entities other than a section 501(c)(3) organization or a state or local government bent the percentage of financed property used in a private business use as a result of color or business activity carried on by your organization, another section 501(c)(3) organization of a state or local government color organization of any of the bond financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections	Yes				Yes	ON N
X X 00				% % %		
X 00.00. X				% % %		
X 00. 00. X X				% % %		
X 00. 00. X		\bowtie		% % %		
00. 00. ×				% % %		
of volume of vol				% % %		
of • • • • • • • • • • • • • • • • • • •				% % %		
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.00 .00 .00				% %	_	
x X x zp				%		%
X X						%
X X						
X 2						
		%				
		%				
if "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections				%		%
1 141.12 and 1 145.2?						
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 1 145-27	X					
Part IV Arbitrage						
. 4	8			S	٥	
oitrage Rebate, Yield Reduction and	Yes	S N	Yes	N _o	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X				
If "No" to line 1, did the following apply?						
Rebate not due yet?		×				
Exception to rebate?		×				
No rebate due?	×					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was						S
performed						
Is the bond issue a variable rate issue?	×					78 &
Has the organization or the governmental issuer entered into a qualified						r El See
hedge with respect to the bond issue?		×				æ 0
Name of provider		;				J. I.
Term of hedge						
Was the hedge superintegrated?						1430
Was the hedge terminated?						
632.122 10-19-16				Sch	Schedule K (Form 990) 2016	m 990) 2016

9	Iowa		42-	-0680408				Page 3
Part IV Arbitrage (Continued)								
	∢			B		O	٥	
	Yes	8	Yes	8	Yes	No	Yes	ON
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? b Name of provider		×		×				
			•	•				
6 Were any gross proceeds invested beyond an available temporary period?		×		×				
7 Has the organization established written procedures to monitor the requirements of section 148?	×		×					
Part V Procedures To Undertake Corrective Action								
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					U	٥	
	Yes	No	Yes	No	Yes	N _o	Yes	S N
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 isn't available under applicable	>		>					
긲	<		4					
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K Cahadii a V Dart T Band Teamore.	s on Schedule	K See instructions	uctions			{		
Name: Towns Higher Education Loan	Authority		1					
TOWN HIGHER ENUCACION DONN	- 471 101	Serres	Z A					
unding bonds issued 1/22/98 and new science	facility							
	II .							
Issuer Name: Iowa Higher Education Loan	Authority -	Seri	es B					
Purpose:								
Science facility & other construction to enhance	the	cambus						
Schedule K, Part IV, Arbitrage, Line 2c:								
er Name: Iowa Higher Education Loan	Authority -	Series	S A				5	
ne Rebate Computation was Performe	2	017						
(a) Issuer Name: Iowa Higher Education Loan Auth	Authority -		S B				ţ	
Date the Rebate Computation was Performe	7	17	1 1					
								S
K, Part II, Line II, Column A	7 0 0 0	- 1	- 1-	-				
issued on January 22, 1998.	r er niid	ponds	огтдтпа	атту				
								6
edule K			`					300
nterest e	ds whil	e they	were	held		*******		
in the project fund was \$1,039.								ا محدول ا
						Sch	nedule K (For	Schedule K (Form 990) 2016
See Part VI Supplemental Information Sheet								

Clarke University of Dubuque, Iowa

Schedule K (Form 990) 2016	632124 10-19-16
Cara l	
6 C C C C C C C C C C C C C C C C C C C	
Store A	
V 1	
S	
A	
	remaining bond available.
	proceeds has not been made as the University does not plan to use the
	13. The final
	ישו
	B bond was used. Final
	science facility and other construction to enhance the campus. Once
	ies A bond was used to refund bonds and construction of
	Schedule K, Part II, Lines 13 & 16, Column B:
	ormation. Provide additional information for responses to questions on Schedule K. See ins
Page 4	Schedule K (Form 990) 2016 Clarke University of Dubuque, Iowa 42-0680408

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b."

Attach to Form 990 or Form 990-EZ.

Open To Public

internal Revenue Service	- inivillativi	avou	t Schedule E (Foi	111 330	01 990-	יבצן מווט ו	เราแรนเบเนยแ	2 12 41 WW	w.irs.gov/	omi	0.	In	spec	tion	
Name of the organization	า									Em	ployer	r ident	ificat	ion nu	ımber
	Clarke	Un	iversity	of	Du	bugu	e, Iow	a		42	-06	804	80		
Part I Excess E	Benefit Trans	sacti	ons (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) c	rganizatio	ns ont	y)				
Complete if	the organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV, lın	e 25a or 25l	o, or Form	990 EZ, F	art V,	line 40	Эb			
1 , , , , , , , , , , , , , , , , , ,		(b) F	Relationship bet	ween o	disqua	lified							(d)	Corre	cted?
(a) Name of disquali	tiea person		person and o	rganıza	ation		((c) Descrip	tion of tra	nsactio	n		Y	'es	No
														.	
					•								-	-	
													+		
0.5-1															
2 Enter the amount of	tax incurred by	tne o	rganization mar	nagers	or disc	qualified	persons du	ring the y	ear under						
section 4958	ftay if any on li	no 2 .	ahaya rambur	and bu	the er						> 5				
3 Enter the amount of	i tax, ii ariy, ori ii	116 2, 8	above, reimburs	seu by	trie or	gariizatio	וו				• •				
Part II Loans to	and/or Fron	n Int	erested Per	sons											
Complete if	the organization	n ansv	vered "Yes" on	Form 9	990-EZ	. Part V.	line 38a or l	Form 990.	Part IV. li	ne 26.	or if th	ne ora:	anızat [.]	ion	
	amount on Fori					, ,				,		3-			
(a) Name of	(b) Relatio	nship	(c) Purpose		an to or	(e)	Original	(f) Bala	nce due	(g) In	(h) Ap	proved	(i) V	/ritten
interested person	with organi	zation	of loan		n the zation?	princip	al amount				ault?	comn	ard or		ment?
				То	From					Yes	No	Yes	No	Yes	No
										<u> </u>	<u> </u>	↓	<u> </u>	Ь_	
										<u> </u>	<u> </u>	↓		Ь—	<u> </u>
										ļ	<u> </u>	↓	<u> </u>	—	<u> </u>
	•									<u> </u>	 	 		<u> </u>	-
				-							ļ		 	 	
				 								<u> </u>	 	-	
			•	-							-	\vdash	├─	 	-
 _														 	
Total				.1	1 1		▶ \$							\vdash	
	r Assistance	Ber	efiting Inter	reste	d Pei	rsons.	Ψ			<u> </u>				1	
	the organization		_				e 27								
(a) Name of interes	_	Т.	b) Relationship				Amount of	<u> </u>	(d) Type	e of		(e) Purp	ose o	f
	·	`	interested pers	son an			ssistance		assistar		`	•	assist		
			the organiza	ation											
									<u> </u>		\perp				
								1							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schedule'L (Form 990 or 990 EZ) 2016 Clarke University of Dubuque, Iowa Part IV Business Transactions Involving Interested Persons.

42-0680408 Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
Cottingham & Butler	Owned by substantia	251,679.	Insurance s		X
Julie Cirks	Family relationship		Compensatio		Х
-					
	-				
		,			
		-x			
Part V Supplemental Information Provide additional information for re	sponses to questions on Schedule L (see i	nstructions)			
Sch L, Part IV, Business	Transactions Involvin	ng Interest	ed Persons:		
(a) Name of Person: Cott	ingham & Butler				
(b) Relationship Between	Interested Person and	d Organizat	ion:		
Owned by substantial con	tributor				
(c) Amount of Transaction	n \$ 251,679.				
(d) Description of Trans	action: Insurance serv	vices			
(e) Sharing of Organizat	ion Revenues? = No		·		
(a) Name of Person: Juli	e Cirks				
(b) Relationship Between	Interested Person and	d Organizat	ion:		
Family relationship to s	ubstantial contributor	<u>r</u>	•		
(c) Amount of Transaction	n \$ 61,731.		-		
(d) Description of Trans	action: Compensation a	and benefit	s as a empl	oyee	
(e) Sharing of Organizat	ion Revenues? = No		7		
			,	•	
			_		•
			· · · · ·	-	
					,

AS AMENDED

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue, Service

Name of the organization

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

Attach to Form 990.

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

Clarke University of Dubuque, Iowa

Employer identification number 42-0680408

Pai	rt I	Type	s of Property								
		l		(a) Check if applicable		(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contrib	etermır	-	ts
1	Art -	Works of	art								
2	Art -	Historica	l treasures				_				
3	Art -	Fractiona	al interests								
4	Воо	ks and pu	iblications								
5	Clothing and household goods			X		3	,815.	Thrift stor	e v	alu	<u>е</u>
6	Cars and other vehicles										
7	Boa	ts and pla	ines								
8	Intel	lectual pr	operty								
9			ublicly traded	X	1	1,033	,562.	Selling pri	.ce		
10	Sec	urities - Cl	osely held stock								
11	Seci	urities - Pa	artnership, LLC, or				· -				
	trust	interests									
12	Sec	urities - M	scellaneous								
13	Qua	lified cons	servation contribution -								
	Histo	oric struct	tures								
14	Qua	lified cons	servation contribution - Other								
15	Real	estate - F	Residential								
16	Real	estate (Commercial								
17	Real	estate (Other								
18	Colle	ectibles									
19	Food	d inventor	у								
20	Drug	s and me	dical supplies			•					
21	Taxi	dermy									
22	Histo	orical artif	acts								
23	Scie	ntific spe	cimens								
24	Arch	eological									
25	Othe		(<u>Gift certific</u>)	X	51			Face value			
26	Othe		(<u>Tickets</u>)	X	4			Face value			
27	Othe	er 🕨	(<u>Gift baskets</u>)	X	4	1		Selling pri			
28	Othe		(Jewelry)	X	2		919.	<u>Selling pri</u>	.ce		
29			rms 8283 received by the organ							_	
	for w	hich the	organization completed Form 82	283, Part IV, I	Donee Acknowled	gement	29			<u> </u>	
										Yes	No
30a			ar, did the organization receive b	-				-			
	must	hold for	at least three years from the dat	te of the initia	al contribution, and	I which isn't require	ed to be u	sed for	l .		
	exen	npt purpo	ses for the entire holding period	ls.					30a		X
b			ribe the arrangement in Part II								1
31								31	Х	<u> </u>	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									1	
		ributions?							32a		X
b			ribe in Part II								
33	If the	organiza	tion didn't report an amount in o	column (c) fo	r a type of propert	y for which column	ı (a) ıs che	cked,			1
	desc	ribe in Pa	urt II						1		

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

Schedule M (Form 990) (2016)

AS AMEN

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Inspection

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

Name of the organization Clarke University of Dubuque, Iowa	Employer identification number 42-0680408
Form 990, Section B, Amended return:	
The 2016 990 was amended to complete required information	on foreign
investments.	
	ì
Part IV, line 14 b is marked yes with the appropriate Sch	edule F
sections completed.	
Form 990, Part III, Line 1, Description of Organization M	ission:
programs, and graduate programs.	·
· · · · · · · · · · · · · · · · · · ·	
We, the faculty, students, staff and administration are a	caring,
learning community committed to excellence in education.	We provide a
supportive environment that encourages personal and intel	lectual
growth, promotes global awareness and social responsibili	ty, and
deepens spiritual values.	
Form 990, Part III, Line 4a, Program Service Accomplishme	nts:
Clarke confers the Associate of Arts (AA), Bachelor of Ar	ts (BA),
Bachelor of Science (BS), Bachelors of Applied Studies (B	AS), Bachelors
of Social Work (BSW), Bachelor of Science in Nursing (BSN), Bachelor of
Fine Arts (BFA), Master of Arts in Education (MAE), Maste	r of Business
Administration (MBA), Master of Organizational Leadership	(MOL), Master
of Social Work (MSW), Doctor of Nursing Practice (DNP) and	d Doctor of

Physical Therapy (DPT)

Page 2

Name of the organization

Clarke University of Dubuque, Iowa

Employer identification number 42-0680408

Executive Committee which consists of the Chair of the Board of Trustees,
the President of the University, the President of the Sisters of Charity of
the Blessed Virgin Mary and not less than five nor more than eleven members
selected from the Board of Trustees.

The Executive Committee has full charge of the affairs of the corporation

between regular meetings of the Board of Trustees, subject to the

conditions or limitations hereinafter imposed. Excluded from the powers

and authority of this Committee are the following:

- 1. Power to adopt, amend or repeal the Articles of Incorporation or Bylaws;
- 2. Election of officers of or filling vacancies on the Board of Trustees;
- 3. Election of or removal of officers of the corporation;
- 4. Power to act on mergers or consolidations;
- 5. Appointment of or discharge of standing committees of the Board of Trustees;
- 6. Undertaking or authorization of major financing, as defined by the Debt Policy, unless specifically authorized to undertake and to negotiate

 financing in excess of such amount by the Board of Trustees;
- 7. Authority to fix officers' compensation unless specially authorized by the Board of Trustees;
- 8. Power to fix student fees, room and board charges, or tuition, except after presentation to the Board of Trustees and then only within the parameters as are set by the Board of Trustees;
- 9. Sale, lease or disposition of real estate;
- 10. Such other aspects of the corporation's business as the Board of
 Trustees may from time to time by resolution specifically restrict;
- 11. Confer degrees, earned or honorary.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Employer identification number Clarke University of Dubugue, Iowa 42-0680408 Form 990, Part VI, Section A, line 7b: The Board of Trustees has general powers, duties, and responsibilities with regard to governance of the organization. In addition, pursuant to the Bylaws of the Organization, a Board of Corporators consisting of nine (9) specific individuals from the Board of Trustees, has authority to: A. adopt, alter, amend or repeal the Bylaws of the Corporation; B. exercise, in its discretion, the power of disaffirmation with regard to Board of Trustee decisions/actions. Disaffirmation requires a majority vote of the Board of Corporators and must be exercised within five (5) days of the Board of Trustee decision/action_being disaffirmed;

itself.

Each member of the Board of Corporators is entitled to one (1) vote.

C. exercise such other powers as it may, from time to time, reserve to

Form 990, Part VI, Section B, line 11b:

The review of the Form 990 is delegated by the Board of Trustees of Clarke University to the Audit Committee comprised of members of management of Clarke and several Trustees who serve on the Board. The Audit Committee meets to review the completed Form 990 with the paid tax preparer. Any revisions are made and subsequently approved by the committee prior to the full board meeting. All Trustees receive a final copy of the Form 990 after it is approved by the Audit Committee and before it is filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

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Any duality of interest or possible conflict of interest on the part of any Board of Trustee member shall be disclosed to the other members of the board of Trustees and made a matter of record through an annual procedure and also when the conflict of interest becomes a matter of action by the Board of Trustees. Any Board of Trustee member having a duality of interest or possible conflict of interest on any matter shall not vote or use his or her personal influence on the matter, and he or she shall not be counted in determining the quorum situation. The foregoing requirements shall not be construed as preventing the Board of Trustee member from briefly stating his or her position in the matter, nor from answering the pertinent questions of other Board of Trustee members since his or her knowledge may be of great assistance. Any new member of the Board will be advised of this policy upon entering upon the duties of his and her office.

Form 990, Part VI, Section B, Line 15:

The Board has a conversation during an executive session meeting each

January regarding the President's compensation and the contract terms. A

small ad hoc group composed of the Chair, Vice Chair, and Trustee/legal

counsel meet to discuss the President's compensation. They review

comparative salaries and benefits for other presidents in the Iowa

Association of Independent College & Universities (IAICU), and prepare a

recommendation for the full Board to approve. The recommendation is

approved or rejected by the Board at the April meeting.

The Audit Committee reviews the compensation for the other officers of the

Organization and uses comparability data from the IAICU for similar

positions. The other officers receive the same compensation increase as

other salaried and faculty employees on an annual basis.

<u>Schedule O (Form 990 or 990 EZ) (2016)</u>	AS	Page 2 Employer identification number
Name of the organization Clarke University of Dubuqu	o Town	Employer identification number 42-0680408
Clarke University of Dubuqu	e, Iowa	42-0000400
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Form 990, Part VI, Section C, Line 19:		
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The governing documents, conflict of inte	rest policy and	audited financial
statements of Clarke University are avail	able upon reques	t. In addition,
our university-wide conflict of interest	policy is availa	ble on our website
in the employment manual. Our financial		
National Association of College and Unive	rsity Business O	fficers' website.
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Form 990, Part XI, line 9, Changes in Net	Assets. '	``
Adjustment on annuity obligation		
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