

990

Department of the Treasury
Internal Revenue ServiceC&F
904

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

29403004108010

OMB No 1545-0047

2016

Open to Public Inspection

C&F
904

For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

C Name of organization
CEDARVILLE UNIVERSITY% BRIAN CAVIGGIOLA
Doing business asNumber and street (or P O box if mail is not delivered to street address) Room/suite
251 NORTH MAIN STREETCity or town, state or province, country, and ZIP or foreign postal code
CEDARVILLE, OH 45314F Name and address of principal officer
THOMAS WHITE
251 NORTH MAIN STREET
CEDARVILLE, OH 453148501

D Employer identification number

31-0536647

E Telephone number

(937) 766-7818

G Gross receipts \$ 171,519,846

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

Website: WWW.CEDARVILLE.EDU

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

L Year of formation 1887

M State of legal domicile
OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CEDARVILLE UNIVERSITY IS A CHRIST-CENTERED LEARNING COMMUNITY EQUIPPING STUDENTS WITH AN EDUCATION GROUNDED IN BIBLICAL TRUTH

POSTMARK

RECEIVED

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3	27
4	21
5	2,956
6	20
7a	3,788
7b	-51,328

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,921,684

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)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

8,742,726	6,394,205
113,851,564	118,335,051
1,416,496	2,178,906
27,478	8,660
124,038,264	126,916,822
33,179,444	32,746,267
0	0
49,427,401	50,614,164
0	65,000
34,038,815	34,895,173
116,645,660	118,320,604
7,392,604	8,596,218

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

175,132,002 183,940,001

21 Total liabilities (Part X, line 26)

28,279,382 25,860,919

22 Net assets or fund balances Subtract line 21 from line 20

146,852,620 158,079,082

Part II Signature Block

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

Signature of officer

2018-05-15

Date

CHRISTOPHER SOHN VP FOR BUSINESS/CFO

Type or print name and title



Part III Statement of Program Service Accomplishments

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

Briefly describe the organization's mission

CEDARVILLE UNIVERSITY IS A CHRIST-CENTERED LEARNING COMMUNITY EQUIPPING STUDENTS FOR LIFELONG LEADERSHIP AND SERVICE THROUGH AN EDUCATION MARKED BY EXCELLENCE AND GROUNDED IN BIBLICAL TRUTH. THE UNIVERSITY ACHIEVES ITS MISSION BY COMPLETING "PORTRAIT STATEMENTS" WHICH REFLECT CHARACTERISTICS OF A CEDARVILLE UNIVERSITY GRADUATE.

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

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

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

If "Yes," describe these changes on Schedule O





















Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

(Code)	(Expenses \$ 51,875,384 including grants of \$)	(Revenue \$ 96,611,054)
See Additional Data		
(Code)	(Expenses \$ 32,746,267 including grants of \$)	(Revenue \$)
See Additional Data		
(Code)	(Expenses \$ 11,887,090 including grants of \$)	(Revenue \$ 21,720,209)
See Additional Data		
See Additional Data Table		
Other program services (Describe in Schedule O)		
(Expenses \$ 8,244,011 including grants of \$)		(Revenue \$)
Total program service expenses	104,752,752	

Form 990 (2016)

Part IV Checklist of Required Schedules

ADFGISKMOZ

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
1a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		
20a		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b		
1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
21		No
2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
22	Yes	
3 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
23	Yes	
1a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
24d		No
1a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
25b		No
3 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
26		No
7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
27		No
3 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c		No
3 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
29	Yes	
3 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
30		No
1 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
31		No
2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
32		No
3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
33	Yes	
3 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
34	Yes	
1a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35a		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b		
3 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36		No
7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
37		No
3 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	
38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 5,624		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 2,956		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	Yes	
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
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.	Yes	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13 Did the organization have a written whistleblower policy?	Yes	
14 Did the organization have a written document retention and destruction policy?	Yes	
15a 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?		
15b The organization's CEO, Executive Director, or top management official.	Yes	
15c Other officers or key employees of the organization.	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b 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?		

Section C. Disclosure

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

8 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) _____

9 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.

10 State the name, address, and telephone number of the person who possesses the organization's books and records: **BRIAN CAVIGGIOLA 251 NORTH MAIN STREET CEDARVILLE, OH 45314 (937) 766-7818**

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

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

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

[illegible]

[illegible]

Sub-Total			
Total from continuation sheets to Part VII, Section A			
Total (add lines 1b and 1c)	1,674,286	0	382,753

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 rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		No
4	Yes	
5		No

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
NEER COLLEGE CATERERS, 351 W 9TH TER STE 204 JEAXA, KS 66215	FOOD	5,619,778
GUSON CONSTRUCTION, BOX 726 INEY, OH 45365	CONSTRUCTION	2,777,407
PLIED MECHANICAL SYSTEMS, - 8 WOLF CREEK PIKE YTON, OH 45426	MECHANICAL	1,518,901
ERNATIONAL CENTER FOR CREATIVITY, 6 MANNING PKWY WELL, OH 43065	EDUCATION	888,800
YAL COMPANY, 0 E PARHAM RD HMOND. VA 23228	CONSULTING	397,248

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 38

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
--	----------------------	--	---	--

and Other Similar Amounts	1a Federated campaigns . . .	1a		
	b Membership dues . . .	1b		
	c Fundraising events . . .	1c	17,280	
	d Related organizations	1d		
	e Government grants (contributions)	1e	383,659	
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,993,266	
	g Noncash contributions included in lines 1a-1f \$		253,692	
h Total. Add lines 1a-1f . . .		6,394,205		

Program Service Revenue		Business Code				
	2a TUITION AND FEES	611710	95,803,621	95,803,621		
	b AUXILIARY FEES	611710	21,538,681	21,538,681		
	c OTHER PROGRAM REVENUE	611710	992,749	988,961	3,788	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f . . .		118,335,051				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,156,709			1,156,709
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		3,764			3,764
		(i) Real	(ii) Personal			
	6a Gross rents					
		4,300				
	b Less rental expenses					
	c Rental income or (loss)	4,300	0			
	d Net rental income or (loss) ▶		4,300			4,300
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	45,592,367				
	b Less cost or other basis and sales expenses	44,570,170				
	c Gain or (loss)	1,022,197				
	d Net gain or (loss) ▶		1,022,197			1,022,197
	8a Gross income from fundraising events (not including \$ 17,280 of contributions reported on line 1c) See Part IV, line 18 a		33,450			
	b Less direct expenses b		32,854			
	c Net income or (loss) from fundraising events ▶		596			596
	9a Gross income from gaming activities See Part IV, line 19 a		0			
	b Less direct expenses b		0			
	c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances a		0				
b Less cost of goods sold b		0				
c Net income or (loss) from sales of inventory ▶		0				
	Miscellaneous Revenue	Business Code				

total- 1210916722

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	32,746,267	32,746,267		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,188,628	241,716	777,118	169,794
5 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	36,193,277	32,489,381	2,702,981	1,000,915
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,522,540	2,264,392	188,388	69,760
9 Other employee benefits.	8,209,757	7,369,599	613,120	227,038
10 Payroll taxes.	2,499,962	2,244,124	186,702	69,136
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	27,735		27,735	
c Accounting.	105,350		105,350	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	65,000			65,000
f Investment management fees.	91,356		91,356	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	935,031	862,002	73,029	
12 Advertising and promotion.	416,852	323,469	62,088	31,295
13 Office expenses.	7,617,414	3,188,983	4,390,107	38,324
14 Information technology.	2,241,343	2,011,972	167,387	61,984
15 Royalties.	0			
16 Occupancy.	3,557,075	3,000,807	556,268	
17 Travel.	1,149,803	872,426	165,323	112,054
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,041,926	713,016	252,526	76,384
20 Interest.	267,117	244,395	22,722	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	7,648,119	6,903,345	744,774	
23 Insurance.	519,194		519,194	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a STUDENT FEES	1,103,312	1,103,312		
b AUXILIARY SERVICES	7,425,647	7,425,647		
c STUDY ABROAD PROGRAM	655,230	655,230		
d BAD DEBT	92,669	92,669		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	118,320,604	104,752,752	11,646,168	1,921,684
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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



	(A) Beginning of year		(B) End of year
1 Cash—non-interest-bearing	25,296	1	28,323
2 Savings and temporary cash investments	6,093,578	2	13,932,270
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	1,683,218	4	2,000,408
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
7 Notes and loans receivable, net	0	7	0
8 Inventories for sale or use	543,113	8	636,655
9 Prepaid expenses and deferred charges	964,408	9	646,689
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 222,400,088		
b Less accumulated depreciation	10b 110,440,017	10c	111,960,071
11 Investments—publicly traded securities	50,877,509	11	52,240,389
12 Investments—other securities See Part IV, line 11	0	12	0
13 Investments—program-related See Part IV, line 11	2,659,006	13	2,495,196
14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	175,132,002	16	183,940,001
17 Accounts payable and accrued expenses	5,175,790	17	5,995,089
18 Grants payable	0	18	0
19 Deferred revenue	3,616,620	19	3,461,021
20 Tax-exempt bond liabilities	12,938,124	20	10,000,426
21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
23 Secured mortgages and notes payable to unrelated third parties	0	23	0
24 Unsecured notes and loans payable to unrelated third parties	0	24	0
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	6,548,848	25	6,404,383
26 Total liabilities. Add lines 17 through 25	28,279,382	26	25,860,919
Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27 Unrestricted net assets	110,841,869	27	119,459,101
28 Temporarily restricted net assets	17,619,125	28	19,647,094
29 Permanently restricted net assets	18,391,626	29	18,972,887
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
30 Capital stock or trust principal, or current funds		30	
31 Paid-in or capital surplus, or land, building or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	146,852,620	33	158,079,082
34 Total liabilities and net assets/fund balances	175,132,002	34	183,940,001

Part XI Reconciliation of Net Assets

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

Total revenue (must equal Part VIII, column (A), line 12)	1	126,916,822
Total expenses (must equal Part IX, column (A), line 25)	2	118,320,604
Revenue less expenses Subtract line 2 from line 1	3	8,596,218
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	146,852,620
Net unrealized gains (losses) on investments	5	2,847,182
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	
Other changes in net assets or fund balances (explain in Schedule O)	9	-216,938
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	158,079,082

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
Form 990 or
990-EZ

Public Charity Status and Public Support

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service
Name of the organization
MARVILLE UNIVERSITY

Employer identification number

31-0536647

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

Is the organization 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)**.
- ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- ☐ An 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 university _____
- ☐ 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)**.
- ☐ 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.**
- ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations _____

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total

Gross receipts from related activities, etc. (see instructions)

12

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

14

Public support percentage for 2015 Schedule A, Part II, line 14

15

a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule A (Form 990 or 990-EZ) 2016

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
8 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
9 c Add lines 7a and 7b						
10 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
12 c Add lines 10a and 10b						
13 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
14 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
15 3 Total support. (Add lines 9, 10c, 11, and 12)						

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
Investment income percentage from 2015 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 19b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		
Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
1 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3a		
2 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
3 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
1 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.		
4a		
2 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
3 Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
1 Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a		
2 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
3 Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 .		
6		
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).		
7		
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).		
8		
1 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a		
2 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 .		
9b		
3 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 .		
9c		
a 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 line 10b below.		
10a		
2 Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

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 the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
2		
3		

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).

By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a ☐ 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.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

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 activities but for the organization's involvement.

Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
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	
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)	
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	
Distributable amount for 2016 from Section C, line 6	
Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
Excess distributions carryover, if any, to 2016			
From 2013.			
From 2014.			
From 2015.			
Total of lines 3a through e			
Applied to underdistributions of prior years			
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, line 7			
\$			
Applied to underdistributions of prior years			
Applied to 2016 distributable amount			
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 (if amount greater than zero, see instructions)			
Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
Excess distributions carryover to 2017. Add lines 3j and 4c			
Breakdown of line 7			
Excess from 2013.			
Excess from 2014.			
Excess from 2015.			
Excess from 2016.			

Part VI

Supplemental Information.

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

Facts And Circumstances Test

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.

Name of the organization
EDARVILLE UNIVERSITY

Employer identification number

31-0536647

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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 an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

- 2a Total number of conservation easements
- 2b Total acreage restricted by conservation easements
- 2c Number of conservation easements on a certified historic structure included in (a)
- 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

3 Revenue included on Form 990, Part VIII, line 1

▶ \$

4 Assets included in Form 990, Part X

▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

- ☐ Public exhibition ☐ Loan or exchange programs
- ☐ Scholarly research ☐ Other
- ☐ Preservation for future generations

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

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

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

☐ Yes ☐ No

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

- 3 Beginning balance
- 4 Additions during the year
- 5 Distributions during the year
- 6 Ending balance

	Amount
1c	
1d	
1e	
1f	

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

☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 Beginning of year balance	26,229,258	26,812,368	27,074,941	23,813,772	19,792,474
2 Contributions	745,958	886,698	1,029,949	232,957	1,392,069
3 Net investment earnings, gains, and losses	3,676,430	-263,900	-39,569	4,095,896	3,284,727
4 Grants or scholarships	1,169,280	934,888	1,001,939	822,633	424,607
5 Other expenditures for facilities and programs	115,805	216,630	188,200	181,700	167,000
6 Administrative expenses	56,290	54,389	62,814	63,351	63,891
7 End of year balance	29,310,271	26,229,259	26,812,368	27,074,941	23,813,772

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

- 8 Board designated or quasi-endowment ▶
- 9 Permanent endowment ▶ 65.000 %
- 10 Temporarily restricted endowment ▶ 35.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 Land		3,087,278		3,087,278
2 Buildings		169,141,902	71,852,228	97,289,674
3 Leasehold improvements		5,071,155	3,841,808	1,229,347
4 Equipment		37,643,602	32,077,060	5,566,542
5 Other		7,456,151	2,688,921	4,787,230
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				111,960,071

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives		
) Closely-held equity interests		
) Other _____		
) _____		
) _____		
) _____		
) _____		
) _____		
) _____		
) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
)		
)		
)		
)		
)		
)		
)		
)		
)		
)		
)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

(a) Description of liability	(b) Book value
Federal income taxes	0
ASSETS	1,475,000

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements		1	96,833,653
Amounts included on line 1 but not on Form 990, Part VIII, line 12			
Net unrealized gains (losses) on investments	2a	2,847,182	
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIII)	2d	103,384	
Add lines 2a through 2d		2e	2,950,566
Subtract line 2e from line 1		3	93,883,087
Amounts included on Form 990, Part VIII, line 12, but not on line 1			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII)	4b	33,033,735	
Add lines 4a and 4b		4c	33,033,735
Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	126,916,822

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

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

Total expenses and losses per audited financial statements		1	85,607,191
Amounts included on line 1 but not on Form 990, Part IX, line 25			
Donated services and use of facilities	2a		
Prior year adjustments	2b		
Other losses	2c		
Other (Describe in Part XIII)	2d	32,854	
Add lines 2a through 2d		2e	32,854
Subtract line 2e from line 1		3	85,574,337
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII)	4b	32,746,267	
Add lines 4a and 4b		4c	32,746,267
Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	118,320,604

Part XIII Supplemental Information

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

Return Reference	Explanation
Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE E

Form 990 or 990-EZ

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization
DARVILLE UNIVERSITY

Employer identification number

31-0536647

Part I

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
1	Yes	

Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	Yes	
---	-----	--

Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.

3	Yes	
---	-----	--

Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
 - b Admissions policies?
 - c Employment of faculty or administrative staff?
 - d Scholarships or other financial assistance?
 - e Educational policies?
 - f Use of facilities?
 - g Athletic programs?
 - h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

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.

6a	Yes	
6b		No
7	Yes	

Worksheet Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Cat No 50085D

Schedule E (Form 990 or 990-EZ) (2016)

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

Return Reference	Explanation
CCHEDULE E, PART I, LINE 3	CEDARVILLE UNIVERSITY DOES NOT ILLEGALLY DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENETIC INFORMATION, SEX, AGE, NATIONAL OR ETHNIC ORIGIN, OR DISABILITY IN RELATION TO ADMISSION OR ACCESS TO EMPLOYMENT IN ITS PROGRAMS AND ACTIVITIES. THE POLICY IS STATED IN THE ACADEMIC CATALOG, EMPLOYEE HANDBOOK AND APPLICATION SECTION OF OUR WEBPAGE
CCHEDULE E, PART I, LINE 6A	CEDARVILLE UNIVERSITY RECEIVES GOVERNMENTAL GRANTS FOR PELL, PERKINS, FEDERAL WORK STUDY PROGRAM, AND FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS FOR STUDENT FINANCIAL AID AND ASSISTANCE. AN A-133 AUDIT OF THESE PROGRAMS IS CONDUCTED ANNUALLY

Statement of Activities Outside the United States

OMB No 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
DARVILLE UNIVERSITY

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number
31-0536647

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	STUDY ABOARD PROGRAM	246,676
a Sub-total					246,676
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					246,676

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

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

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 **▲**

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2016

Software ID:

Software Version:

EIN: 31-0536647

Name: CEDARVILLE UNIVERSITY

Part V **Supplemental Information**

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

me of the organization
DARVILLE UNIVERSITY

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

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

31-0536647

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

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☒ Mail solicitations
- ☒ Internet and email solicitations
- ☒ Phone solicitations
- ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PHILANTHROCORP 111 S TEJON ST STE 520 COLORADO SPRINGS, CO 80903	PLANNED GIVING		No		65,000	
Total					65,000	

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

AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

	(a) Event #1 CEDARVILLE GOLF (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	50,730			50,730
2 Less Contributions	17,280			17,280
3 Gross income (line 1 minus line 2)	33,450			33,450
4 Cash prizes				
5 Noncash prizes	14,361			14,361
6 Rent/facility costs	8,120			8,120
7 Food and beverages	9,795			9,795
8 Entertainment				
9 Other direct expenses	578			578
10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,854
11 Net income summary Subtract line 10 from line 3, column (d) ▶				596

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.

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

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

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

3 If "No," explain _____

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

3 If "Yes," explain _____

Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

Indicate the percentage of gaming activity conducted in

13a	%
13b	%

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

Name

Address

a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name

Address

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

Mandatory distributions

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference	Explanation
------------------	-------------

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.

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

Department of the
Treasury
Internal Revenue Service
Directorate of the organization
DARVILLE UNIVERSITY

re of the organization
DARVILLE UNIVERSITY

Employer id
31-0536647

Part I 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

Part II **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.

[illegible]

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 1 table. ▲

Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1) SCHOLARSHIPS & STUDENT AID	3418	32,746,267			

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	CEDARVILLE UNIVERSITY AWARDS FINANCIAL AID GRANTS TO STUDENTS IN ACCORDANCE WITH THE UNIVERSITY'S INSTITUTIONAL FINANCIAL AID POLICIES

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 <div style="border: 2px solid black; padding: 5px; text-align: center;"> 2015 Open to Public Inspection </div>
Department of the Treasury Internal Revenue Service	Name of the organization CEDARVILLE UNIVERSITY	Employer identification number 31-0536647

Part I Questions Regarding Compensation																
<p>a 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.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p> <p>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> <p>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.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> <p>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> <p>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> <p>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.</p> <p>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee	Yes	No
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use															
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence															
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees															
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)															
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract															
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study															
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee															
1b	Yes															
2	Yes															
4a		No														
4b		No														
4c		No														
5a		No														
5b		No														
6a		No														
6b		No														
7		No														
8		No														
9																

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		Base (i) compensation	Bonus & incentive compensation (ii)	Other reportable compensation (iii)				
THOMAS WHITE PRESIDENT	(i)	207,709		944	38,225	17,254	264,132	
	(ii)							
LOREN RENO ACADEMICS	(i)	150,097		749	13,240	0	164,086	
	(ii)							
CHRISTOPHER SOHN OF BUSINESS CFO	(i)	141,165		753	13,372	52,455	207,745	0
	(ii)							
MARC SWEENEY AN OF PHARMACY	(i)	161,833		823	15,056	18,727	196,439	0
	(ii)							
DOUGLAS ANDERSON JR OFFICER OF PHARMACY	(i)	129,870		677	12,015	8,296	150,858	0
	(ii)							
JOHN HART GENERAL COUNSEL	(i)	126,713	0	679	12,007	46,515	185,914	0
	(ii)							
MARK PINKERTON ST. PROF OF PHARMACY	(i)	125,491		680	11,590	15,746	153,507	0
	(ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	THE UNIVERSITY'S PRESIDENT IS PROVIDED WITH A UNIVERSITY OWNED HOUSE THAT IS SERVICED BY OUR CUSTODIAL, GROUNDS, AND MAINTENANCE DEPARTMENTS. THIS BENEFIT QUALIFIES AS NON-TAXABLE HOUSING PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER, UNDER IRC SECTION 119. HEALTH/SOCIAL CLUB DUES ARE PAID ON BEHALF OF THE VP FOR ADVANCEMENT FOR DONOR RELATIONS ACTIVITIES. THE BENEFIT IS INCLUDED IN TAXABLE COMPENSATION.

Supplemental Information on Tax Exempt Bonds

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

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

Department of the Treasury
Internal Revenue Service
Bureau of the Organization
CARVILLE UNIVERSITY

Employer identification number

31-0536647

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
OHIO HIGHER ED FACILITY COMMISSION	34-6849674		05-30-2013	4,850,000	REFINANCE OF 4/7/04 BOND		X		X		X
OHIO HIGHER ED FACILITY COMMISSION	34-6849674		05-30-2013	5,000,000	RENOVATIONS TO MURPHY YOUNGER RICK		X		X		X
OHIO HIGHER ED FACILITY COMMISSION	34-6849674		03-31-2015	8,980,509	REFINANCE BONDS AND TOWNHOUSE CONS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Amount of bonds retired		4,065,000		1,832,529		2,863,366		
Amount of bonds legally defeased		0		0		0		
Total proceeds of issue		4,850,000		5,000,000		8,980,509		
Gross proceeds in reserve funds		0		0		0		
Capitalized interest from proceeds		0		0		0		
Proceeds in refunding escrows		0		0		0		
Issuance costs from proceeds		0		0		0		
Credit enhancement from proceeds		0		0		0		
Working capital expenditures from proceeds		0		0		0		
Capital expenditures from proceeds		4,850,000		5,000,000		1,520,000		
Other spent proceeds		0		0		7,460,509		
Other unspent proceeds		0		0		0		
Year of substantial completion	2013		2013		2015			
	Yes	No	Yes	No	Yes	No	Yes	No

Were the bonds issued as part of a current refunding issue?

Were the bonds issued as part of an advance refunding issue?

Has the final allocation of proceeds been made?

Does the organization maintain adequate books and records to support the final allocation of proceeds?

Part III Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2016

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
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?		X		X		X		
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?								
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
Total of lines 4 and 5								
Does the bond issue meet the private security or payment test?		X		X		X		
Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
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 1.141-12 and 1.145-2?		X		X				
Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
If "No" to line 1, did the following apply?								
Rebate not due yet?		X		X		X		
Exception to rebate?	X		X		X		X	
No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
Is the bond issue a variable rate issue?	X		X			X		
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
Name of provider	KEY BANK		0	0				
Term of hedge			5 %					
Was the hedge superintegrated?	X							
Was the hedge terminated?		X						

Part IV: Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
Name of provider	0		0		0			
Term of GIC								
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?			X				X	
Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Noncash Contributions

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
MARVILLE UNIVERSITY

Employer identification number
31-0536647

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Art—Works of art				
Art—Historical treasures				
Art—Fractional interests				
Books and publications				
Clothing and household goods	X		28,181	FAIR MARKET VALUE
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities—Publicly traded	X	11	225,511	FAIR MARKET VALUE
Securities—Closely held stock				
Securities—Partnership, LLC, or trust interests				
Securities—Miscellaneous				
Qualified conservation contribution—Historic structures				
Qualified conservation contribution—Other				
Real estate—Residential				
Real estate—Commercial				
Real estate—Other				
Collectibles				
Food inventory				
Drugs and medical supplies				
Taxidermy				
Historical artifacts				
Scientific specimens				
Archeological artifacts				
Other ()				
Other ()				
Other ()				
Other ()				

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

- 1a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- 1b If "Yes," describe the arrangement in Part II
- 1c Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 2b If "Yes," describe in Part II
- 3 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	

Compensated Employees, and Independent Contractors

Name and Title

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARD NELSON ADVANCEMENT	40 0 0 0			X				45,812	0	15,655
ICE SUPPLEE MARKETING	40 0 0 0			X				120,578	0	13,583
JIT VAN LOO ENROLLMENT MGMT	40 0 0 0			X				23,152	0	4,828
IATHAN WOOD STUDENT LIFE	40 0 0 0			X				88,836	0	53,819
RC SWEENEY IN OF PHARMACY	40 0 0 0					X		162,656	0	33,783
JGLAS ANDERSON JR FESSOR OF PHARMACY	40 0 0 0					X		130,547	0	20,311
IECCA GRYKA OF OF PHARM SCIENCE	40 0 0 0					X		129,211	0	20,370
IN HART VERAL COUNSEL	40 0 0 0					X		127,392	0	58,522
PK PINKERTON ST PROF OF PHARMACY	40 0 0 0					X		126,171	0	27,336

Part II

Supplemental Information.

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

Return Reference	Explanation
HEDULE M, PART I, LINE 32B	CEDARVILLE USES RAYMOND JAMES TO SELL ANY CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES

OMB No 1545-0047

2016

Open to Public Inspection

SCHEDULE O

Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Internal Revenue Service

One of the organization

PARVILLE UNIVERSITY

Employer identification number

31-0536647

O Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE CHAIR OF THE BOARD IS THE CHAIR OF THE EXECUTIVE COMMITTEE. OTHER MEMBERS OF THE COMMITTEE ARE THE VICE CHAIR, SECRETARY, TREASURER, CHAIR OF EACH STANDING COMMITTEE OF THE BOARD AND TWO TRUSTEES AT LARGE. THE PRESIDENT IS AN EX-OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONDUCTS BUSINESS BETWEEN REGULAR BOARD MEETINGS IF NECESSARY, AND ANY ACTIONS ARE REPORTED TO THE FULL BOARD AT THE NEXT MEETING. FORM 990, PART VI, LINE 1B MR. DAVID DYKEMA, REV. TIMOTHY ARMSTRONG, MR. EVAN ENGLISH, DR. DON LOUGH, REV. MARK VROEGOP, AND MR. ROBERT WYNALDA ARE CONSIDERED NON-INDEPENDENT BOARD MEMBERS DUE TO COMPENSATION LISTED ON PART VII.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CEDARVILLE UNIVERSITY

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number

31-0536647

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
J CEDAR CARE LLC 10 VARSITY DR CEDARVILLE, OH 45314 -5053455	CONSULTING	OH	-51,328	19,614	CEDARVILLE

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Cat No 50135Y

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (21) 1 NORTH MAIN STREET DARVILLE, OH 45314	CHARITABLE TR	OH	NA	TRUST					No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

[illegible]

2/11/19