

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 68,181,263 including grants of \$ 35,755,118) (Revenue \$ 66,853,777)
	See Additional Data

4b	(Code) (Expenses \$ 9,127,144 including grants of \$ 0) (Revenue \$ 8,941,032)
	See Additional Data























4c	(Code) (Expenses \$ 8,275,295 including grants of \$ 0) (Revenue \$ 8,106,553)
	See Additional Data

	(Code) (Expenses \$ 4,561,028 including grants of \$ 0) (Revenue \$ 7,304,246)
	AUXILIARY SERVICES

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 4,561,028 including grants of \$ 0) (Revenue \$ 7,304,246)

4e	Total program service expenses ▶ 90,144,730
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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	134
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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,817
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ►UK 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 30		
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 27		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶DORIS DUMASASTVPCTRL 7900 W DIVISION ST RIVER FOREST, IL 603051099 (708) 524-6770	

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,689,230	0	404,369

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 54**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIMCO FACILITY SERVICES LLC, 135 S LASALLE STREET CHICAGO, IL 60674	JANITORIAL SERVICES	963,515
ALLIEDBARTON SECURITY SERVICES, 161 WASHINGTON STREET STE 600 CONSHOHOCKEN, PA 19428	CAMPUS SECURITY SERV	682,923
JENZABAR, 101 HUNTINGTON AVENUE BOSTON, MA 02199	HIGHER ED TECHNOLOGY	362,359
AMERICAN INSTITUTE OF FOREIGN STUDY, 1 HIGH RIDGE PARK STANFORD, CT 06905	STUDY ABROAD PROGRAM	355,045
HOLABIRD ROOT LLC, 140 S DEARBORN CHICAGO, IL 60603	CONSTRUCTION COMPANY	296,316

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 31**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	199,010			
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,294,021			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,540,948			
	g Noncash contributions included in lines 1a-1f \$ _____		166,481			
	h Total. Add lines 1a-1f		11,033,979			
	Program Service Revenue		Business Code			
2a Tuition & Fees		611310	82,884,916	82,884,916		
b AUXILIARY ENTERPRISES		611710	7,304,246	7,304,246		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			90,189,162			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,410,641			1,410,641
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		146,693				
	b Less rental expenses	118,301				
	c Rental income or (loss)	28,392 0				
	d Net rental income or (loss)		28,392			28,392
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		2,983,817 3,100				
	b Less cost or other basis and sales expenses	2,973,586				
	c Gain or (loss)	10,231 3,100				
	d Net gain or (loss)		13,331			13,331
	8a Gross income from fundraising events (not including \$ _____ 199,010 of contributions reported on line 1c) See Part IV, line 18	a	305,010			
	b Less direct expenses	b	178,376			
	c Net income or (loss) from fundraising events		126,634			126,634
	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				
11a FINANCE CHARGES & PAYMENT PLAN FEES	611710	453,987	453,987			
b PARKING	611710	147,195	147,195			
c WELLNESS CENTER	611710	62,283	62,283			
d All other revenue		352,981	352,981			
e Total. Add lines 11a-11d		1,016,446				
12 Total revenue. See Instructions		103,818,585	91,205,608		1,578,998	

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	35,755,118	35,755,118		
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.	2,088,036	1,231,124	330,282	526,630
6 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.	31,664,474	28,905,565	1,176,080	1,582,829
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,919,335	1,635,417	164,768	119,150
9 Other employee benefits.	4,810,829	4,227,034	294,288	289,507
10 Payroll taxes.	2,494,851	2,207,209	165,357	122,285
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	143,443		143,443	
c Accounting.	140,609		140,609	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,464,324	3,750,925	1,011,868	701,531
12 Advertising and promotion.	504,647	383,132	0	121,515
13 Office expenses.	5,515,800	4,898,831	205,434	411,535
14 Information technology.	1,357,412	1,332,242	0	25,170
15 Royalties.	0			
16 Occupancy.	70,600		70,600	
17 Travel.	725,860	591,281	95,544	39,035
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	852,704	744,102	83,325	25,277
20 Interest.	1,368,635		1,368,635	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	3,602,155	3,056,165	366,216	179,774
23 Insurance.	463,652	396,731	44,614	22,307
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 UNCOLLECTABLE ACCOUNTS	1,022,659		1,022,659	
b INTERCOLLEGIATE SPORTS	545,162	545,162		
c EQUIPMENT	443,057	389,245	47,330	6,482
d ACCRED , HONORARIUM, & HOSP	131,099	93,611	16,510	20,978
e All other expenses	15,835	1,836	764	13,235
25 Total functional expenses. Add lines 1 through 24e.	101,100,296	90,144,730	6,748,326	4,207,240
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	14,372
	2	Savings and temporary cash investments		8,841,702	2	8,487,526
	3	Pledges and grants receivable, net		6,846,360	3	6,082,888
	4	Accounts receivable, net		4,186,426	4	7,281,980
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		15,000	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		32,654	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,098,559	9	340,462
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	128,305,068		
	b	Less: accumulated depreciation	10b	52,552,686		
				77,483,023	10c	75,752,382
	11	Investments—publicly traded securities		33,282,681	11	36,493,877
	12	Investments—other securities. See Part IV, line 11		50,000	12	50,000
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		4,488,891	15	4,839,193	
16	Total assets. Add lines 1 through 15 (must equal line 34)		136,325,296	16	139,342,680	
Liabilities	17	Accounts payable and accrued expenses		6,684,089	17	5,701,436
	18	Grants payable		0	18	0
	19	Deferred revenue		83,884	19	231,285
	20	Tax-exempt bond liabilities		31,693,725	20	30,787,981
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		950,919	21	665,152
	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.		11,693,127	25	8,626,087
	26	Total liabilities. Add lines 17 through 25		51,105,744	26	46,011,941
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		50,150,315	27	51,558,405
	28	Temporarily restricted net assets		13,979,228	28	20,210,823
	29	Permanently restricted net assets		21,090,009	29	21,561,511
	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		85,219,552	33	93,330,739
	34	Total liabilities and net assets/fund balances		136,325,296	34	139,342,680

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	103,818,585
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,100,296
3	Revenue less expenses Subtract line 2 from line 1	3	2,718,289
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,219,552
5	Net unrealized gains (losses) on investments	5	5,392,898
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,330,739

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Software ID:
Software Version:
EIN: 36-2167855
Name: Dominican University

Form 990 (2016)

Form 990, Part III, Line 4a:

INSTRUCTIONAL SUPPORT - RANKED BY U S NEWS AND WORLD REPORT IN THE TOP TIER #19 OF ALL MIDWESTERN MASTERS UNIVERSITIES, DOMINICAN UNIVERSITY OFFERS INSTRUCTION THROUGH THE COLLEGE OF ARTS AND SCIENCES WITH OVER 50 MAJORS IN UNDERGRADUATE PROGRAMS, AS WELL AS PROFESSIONAL AND PRE-PROFESSIONAL PROGRAMS, INCLUDING A POST BACCALAUREATE PRE-MEDICAL STUDIES PROGRAM THE UNIVERSITY ALSO OFFERS OVER 20 GRADUATE DEGREE PROGRAMS IN BUSINESS, EDUCATION, LIBRARY AND INFORMATION SCIENCE, SOCIAL WORK, CONFLICT RESOLUTION, AND THE NEWLY OFFERED PHYSICIAN ASSISTANT STUDIES THE ROSARY COLLEGE OF ARTS AND SCIENCES STRIVES TO EMBODY A COMMUNITY OF LEARNERS SEEKING TRUTH THROUGH FREE AND OPEN INQUIRY AND DIALOGUE WITH A DIVERSE ARRAY OF PERSONS, PLACES, TEXTS, OBJECTS, IDEAS AND EVENTS, PAST AND PRESENT, SUPPORTIVE OF EACH LEARNERS DEVELOPMENT AND COMMITTED TO USING TALENTS TO MAKE A POSITIVE CONTRIBUTION TO THE WORLD THE COLLEGE STRIVES TO PRODUCE GRADUATES OF A LIBERAL ARTS AND SCIENCES PROGRAM WHO CAN THINK CRITICALLY, COMMUNICATE IDEAS WELL, ORALLY AND IN WRITING, AND ACHIEVE BOTH BREADTH OF UNDERSTANDING ACROSS FIELDS AND DEPTH OF KNOWLEDGE IN ONE FIELD THE BRENNAN SCHOOL OF BUSINESS PROVIDES EXPERIENTIAL BUSINESS EDUCATION AT THE UNDERGRADUATE, GRADUATE, AND EXECUTIVE LEVELS THE CURRICULUM PREPARES STUDENTS TO ADVANCE THEIR CAREERS BY COMBINING BOTH THEORY AND PRACTICE WITHIN AND BEYOND THE CLASSROOM GUIDED BY THE UNIVERSITYS CORE VALUES OF CARITAS ET VERITAS, WE DEVELOP ETHICALLY-MINDED LEADERS WHO CREATE SUSTAINABLE VALUE FOR BUSINESS AND COMMUNITIES IN A GLOBAL SOCIETY THE BRENNAN MBA PROGRAM OFFERS MULTIPLE AREAS OF CONCENTRATION AND DOUBLE-DEGREE PATHWAYS THE BA-MBA IS AN ACCELERATED MBA FOR UNDERGRADUATES WHO HAVE EARNED OR EARN CREDIT HOURS AS PART OF A BACHELORS PROGRAM AT DOMINICAN UNIVERSITY THE STUDENT BODY, WITH REPRESENTATIVES FROM AROUND THE WORLD, IS DIVERSE IN TERMS OF BOTH BUSINESS EXPERIENCE AND CULTURAL BACKGROUNDS IN RECENT YEARS, THE BRENNAN SCHOOL OF BUSINESS HAS EXPANDED ITS GLOBAL REACH BY PARTNERING WITH TOP-RANKED UNIVERSITIES ABROAD TO OFFER EXECUTIVE MBA PROGRAMS IN POLAND AND CZECH REPUBLIC THE GOALS OF THE GRADUATE SCHOOL OF LIBRARY AND INFORMATION SCIENCE ARE TO EDUCATE INDIVIDUALS FOR POSITIONS IN A WIDE SPECTRUM OF ESTABLISHED AND EMERGING LIBRARY, INFORMATION, KNOWLEDGE, AND MEDIA CONTEXTS, TO PROVIDE CONTINUING EDUCATION FOR THE PROFESSIONAL COMMUNITY, AND TO ADVANCE AND ENHANCE TEACHING BY MEANS OF FACULTY PUBLICATION, SERVICE IN PROFESSIONAL ORGANIZATIONS AND OTHER VENUES THE MASTER OF LIBRARY AND INFORMATION SCIENCE PROGRAM IS ACCREDITED BY THE COMMITTEE ON ACCREDITATION OF THE AMERICAN LIBRARY ASSOCIATION (ALA) THE SCHOOL OF EDUCATION HAS BEEN DEDICATED TO PRODUCING TEACHERS WHO HAVE GONE ON TO BE THE LEADERS, CONTINUING SCHOLARS AND ROLE MODELS IN AMERICAN SCHOOLS WHILE THE PROGRAMS HAVE ADVANCED TO MEET EVER CHANGING NEEDS, THE CORE VALUES OF SCHOLARSHIP, LEADERSHIP, AND SERVICE HAVE REMAINED CONSTANT THE SCHOOL OF EDUCATION IS CREDITED BY THE COUNCIL FOR THE ACCREDITATION OF EDUCATOR PREPARATION (CAEP) FOR BACCALAUREATE AND GRADUATE PROGRAMS FOR THE PREPARATION OF TEACHERS AND OTHER PROFESSIONAL PERSONNEL FOR EARLY CHILDHOOD, ELEMENTARY AND SECONDARY SCHOOLS IN ADDITION, THE UNIVERSITYS EDUCATION PROGRAMS ARE APPROVED BY THE ILLINOIS STATE BOARD OF EDUCATION DOMINICAN UNIVERSITYS GRADUATE SCHOOL OF SOCIAL WORK, ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION, OFFERS A RIGOROUS AND CHALLENGING CURRICULUM, WHICH EMPHASIZES A GLOBALLY FOCUSED AND FAMILY-CENTERED PRACTICE THE PROGRAM EQUIPS STUDENTS WITH NEW KNOWLEDGE TO ADDRESS DOMESTIC AND INTERNATIONAL SOCIAL WORK ISSUES AND TO CHANGE THE WORLD, BECOME A LEADER IN THE FIELD OF SOCIAL WORK AND LEAD A MEANINGFUL LIFE THE SCHOOL OF SOCIAL WORK IS ACCREDITED BY THE COMMISSION OF THE COUNCIL ON SOCIAL WORK EDUCATION (CSWE) DOMINICAN UNIVERSITY WAS REACCREDITED BY THE HIGHER LEARNING COMMISSION OF THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS IN 2015 AS A BACCALAUREATE, MASTERS AND DOCTORAL DEGREE-GRANTING INSTITUTION FOR A TEN-YEAR TERM THE PROGRAM IN NUTRITION AND DIETETICS HAS DEVELOPMENT ACCREDITATION FROM THE ACCREDITATION COUNCIL FOR EDUCATION IN NUTRITION AND DIETETICS (ACEND) THE UNIVERSITY IS APPROVED BY THE ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, AND THE STATE APPROVING AGENCY FOR VETERANS AFFAIRS THE ENROLLMENT FOR THE FALL OF 2017 WAS 3,127, OF WHICH 75% WERE FULL-TIME AND 25% PART-TIME THIS POPULATION IS SPLIT WITH 2,171 UNDERGRADUATE STUDENTS AND 956 GRADUATE STUDENTS THE FACULTY CONSISTS OF 158 INSTRUCTIONAL (FULL-TIME) AND 260 PART-TIME FACULTY, WITH AN OVERALL STUDENT TO FACULTY RATIO OF 11 TO 1 87% OF THE FULL-TIME FACULTY HAS A DOCTORATE OR TERMINAL DEGREE IN THEIR FIELD, AND ALL FACULTY MEMBERS ARE EXPECTED TO ACTIVELY ENGAGE IN RESEARCH AND PUBLICATION UNDERGRADUATE TUITION FOR 2017-18 SCHOOL YEAR IS \$32,160 FOR FULL-TIME AND \$500 TO \$980 PER CREDIT HOUR FOR GRADUATE, DEPENDING ON THE PROGRAM ROOM AND BOARD RANGES FROM \$9,942 TO \$11,952 (DOUBLE AND MEAL PLAN WITH FLEX DOLLARS)

Form 990, Part III, Line 4b:

ACADEMIC SUPPORT - ACADEMIC SUPPORT IS PROVIDED UNDER THE LEADERSHIP OF THE PROVOST AND ASSOCIATE PROVOST FACULTY ARE SUPPORTED BY THE CENTER FOR TEACHING AND LEARNING EXCELLENCE, WHOSE MISSION IS TO SUPPORT ALL DOMINICAN FACULTY (BOTH FULL-TIME AND PART-TIME), AT ALL STAGES OF THEIR CAREERS, IN THEIR ROLES AS TEACHERS, SCHOLARS, AND CITIZENS OF THE UNIVERSITY AND WIDER COMMUNITIES STUDENT SUPPORT, INCLUDING UNDERGRADUATE AND GRADUATE TUTORING PROGRAMS, IS PROVIDED BY THE ACADEMIC LEARNING RESOURCES DEPARTMENT AND THE ACADEMIC ENRICHMENT CENTER BEGINNING THE FIRST YEAR AND EXTENDING BEYOND GRADUATION, CAREER DEVELOPMENT, PART OF THE ACADEMIC ENRICHMENT CENTER, ACTIVELY ASSISTS STUDENTS OF ALL MAJORS WITH CAREER-RELATED ISSUES, EDUCATING THEM ABOUT THE CAREER PLANNING PROCESS, INTERNSHIPS, JOB SEARCH STRATEGIES AND THE GRADUATE/PROFESSIONAL SCHOOL APPLICATION PROCESS AS THEY TRANSITION FROM COLLEGE TO CAREER THE REBECCA CROWN LIBRARY PROVIDES LIBRARY SERVICES TO SUPPORT THE ACADEMIC AND INSTRUCTIONAL NEEDS OF THE STUDENTS, FACULTY, AND STAFF OF DOMINICAN UNIVERSITY AS A MEMBER OF LIBRAS, CARLI (I-SHARE), AND RAILS THE LIBRARY IS ABLE TO PROVIDE ACCESS TO MATERIALS FROM ACROSS THE STATE OF ILLINOIS IN ADDITION, THE LIBRARY HOUSES APPROXIMATELY 250,000 VOLUMES, SUBSCRIBES TO OVER 100 DATABASE PROVIDING ACCESS TO OVER 30,000 FULL TEXT JOURNALS THE LIBRARY IS A PARTIAL DEPOSITORY FOR U S GOVERNMENT PUBLICATIONS AND MAINTAINS SPECIAL COLLECTIONS AND ARCHIVAL MATERIALS THE LIBRARY CURRENTLY HOUSES 34% OF ALL PUBLICATIONS PRINTED BY THE GOVERNMENT PRINTING OFFICE, THE FEDERAL AGENCY RESPONSIBLE FOR PUBLISHING INFORMATION PRODUCED BY THE FEDERAL GOVERNMENT THE COLLECTION OFFERS A WIDE ARRAY OF PUBLICATIONS FROM ALL BRANCHES OF THE U S GOVERNMENT COLLECTED FORMATS INCLUDE PRINT, MICROFICHE, AND CD THE COLLECTIONS STRENGTHS INCLUDE CENSUS MATERIALS, THE CONGRESSIONAL RECORD AND ITS PREDECESSOR, THE CONGRESSIONAL GLOBE, DATING TO 1834, AND A PARTIAL COLLECTION OF THE U S SERIALS SET INFORMATION TECHNOLOGY IS RESPONSIBLE FOR CREATING AND MAINTAINING A TECHNOLOGY ENVIRONMENT THAT SUPPORTS THE UNIVERSITYS STRATEGIC DIRECTION BY PROVIDING A HIGH-QUALITY INFRASTRUCTURE ALONG WITH SUPERIOR SUPPORT SERVICES TO ENABLE THE USER COMMUNITY TO UTILIZE TECHNOLOGIES FOR ENHANCED TEACHING, LEARNING, AND ADMINISTRATION

Form 990, Part III, Line 4c:

STUDENT SERVICES AND ATHLETICS - UNDERGRADUATE ADMISSIONS AND THE FINANCIAL AID OFFICE ARE LED BY THE VICE PRESIDENT FOR ENROLLMENT MANAGEMENT. A FRESHMAN CLASS OF 441 FULL-TIME STUDENTS WAS ENROLLED IN FALL OF 2017. THE VICE PRESIDENT COORDINATES GRADUATE RECRUITMENT WITH THE INDIVIDUAL COLLEGES. FINANCIAL AID FOR ALL STUDENTS, INCLUDING PARTICIPATION IN THE U.S. DEPARTMENT OF EDUCATION'S STUDENT FINANCIAL ASSISTANCE PROGRAMS, IS MANAGED BY THE FINANCIAL AID OFFICE. THE OFFICE IS AUDITED EACH YEAR UNDER THE COMPLIANCE REQUIREMENTS OF UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS COMMONLY CALLED UNIFORM GUIDANCE. 100% OF ALL INCOMING FRESHMEN RECEIVED SOME FORM OF FINANCIAL AID WITH AN AVERAGE NEED-BASED SCHOLARSHIP/GRANT AWARD OF \$24,129. THE AVERAGE TOTAL AWARD, INCLUDING INSTITUTIONAL SCHOLARSHIP/GRANTS, FEDERAL GRANTS, STATE GRANTS, WORK-STUDY AND STUDENT LOANS FOR FRESHMEN WAS \$31,648 IN FISCAL 2017. STUDENT SERVICES INCLUDE THE DEAN OF STUDENTS OFFICE, PROVIDING LEADERSHIP AND SUPERVISION TO STUDENT AFFAIRS WHILE SERVING AS A LIAISON BETWEEN ADMINISTRATION AND STUDENTS AND WORKING WITH THE COMMUNITY TO DEVELOP POLICY REGARDING STUDENT LIFE, THE CAMPUS WELLNESS CENTER, OFFERING A FULL ARRAY OF HEALTH CARE, COUNSELING, AND WELLNESS SERVICES AND PROGRAMS, THE STUDENT INVOLVEMENT OFFICE, WHICH SUPPORTS STUDENT CLUBS AND ORGANIZATIONS AND OFFERS LEADERSHIP TRAINING, INTRAMURAL ACTIVITIES, AND OTHER CAMPUS ACTIVITIES, AND ATHLETICS. THE DEPARTMENT OF ATHLETICS PROVIDES INTERCOLLEGIATE COMPETITION OPPORTUNITIES FOR THE STUDENT-ATHLETES OF DOMINICAN UNIVERSITY WHO HAVE THE EXPERIENCE AND TALENT TO COMPETE AT THE INTERCOLLEGIATE LEVEL REGARDLESS OF RACE, GENDER, ETHNICITY, OR ORIENTATION. THE OVERALL MISSION OF THE DEPARTMENT IS TO PROVIDE AN EXPERIENCE THAT WILL ENHANCE THE PARTICIPANTS LEVEL OF SELF-ESTEEM, SELF-MOTIVATION AND SELF-ACTUALIZATION THROUGH MENTAL AND PHYSICAL TRAINING, TEAM DYNAMICS AND COMPETITIVE PARTICIPATION. IT IS INTENDED THAT THE BENEFITS DERIVED FROM THE SPORT EXPERIENCE WILL POSITIVELY IMPACT MANY ASPECTS OF THE STUDENT-ATHLETES LIFE AND WILL SERVE AS A COMPLEMENT TO THE RIGOROUS ACADEMIC ENVIRONMENT OF DOMINICAN UNIVERSITY.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MANUEL FLORES TRUSTEE	3 0 0 0	X						0	0	0
VIVIANA GARCIA STUDENT TRUSTEE	1 0 0 0	X						5,515	0	0
MARY JO HERSETH TRUSTEE	3 0 0 0	X						0	0	0
JUDY JEWISON OP TRUSTEE	3 0 0 0	X						0	0	0
BERNADINE KARGE OP TRUSTEE	3 0 0 0	X						0	0	0
DOUGLAS KEBERLEIN GUTIERREZ FACULTY TRUSTEE	1 0 0 0	X						67,214	0	28,082
ANNE M KOHLER TRUSTEE	3 0 0 0	X						0	0	0
KEVIN MCCOYD MD TRUSTEE	3 0 0 0	X						0	0	0
JOSEPH MOSKAL TRUSTEE	3 0 0 0	X						0	0	0
PATRICIA A MULCAHEY OP TRUSTEE	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN J NOLL TRUSTEE	3 0 0 0	X						0	0	0
ANTONIO ORTIZ TRUSTEE	3 0 0 0	X						0	0	0
RAYMOND PARMER TRUSTEE	3 0 0 0	X						0	0	0
J DAVID PEPPER TRUSTEE	3 0 0 0	X						0	0	0
MARY JO SCHULER TRUSTEE	3 0 0 0	X						0	0	0
STEVE THOMMA TRUSTEE	3 0 0 0	X						0	0	0
HUGH TONER TRUSTEE	3 0 0 0	X						0	0	0
CINDY BRENNAN WALLS TRUSTEE	3 0 0 0	X						0	0	0
JAMES WINIKATES TRUSTEE	3 0 0 0	X						0	0	0
DONNA M CARROLL PRESIDENT	65 0 0 0	X		X				382,944	0	68,018

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
AMY MCCORMACK ir - VP - Finance & Admin		50 0 0 0			X				219,347	0	5,778	
JEFFREY BREESE ROVOST&VP - academic affairs		50 0 0 0			X				199,192	0	19,769	
GRACE CICHOMSKA P for University Advancement		50 0 0 0			X				204,099	0	10,606	
JILL ALBIN-HILL P for IT & CIO		50 0 0 0			X				137,867	0	29,231	
JIM WINTERS P-Marketing & Communications		50 0 0 0			X				121,245	0	21,457	
CLAIRE NOONAN P FOR MISSION AND Ministry		50 0 0 0			X				98,742	0	29,815	
CHERYL JOHNSON-ODIM ROVOST&VP - academic affairs		50 0 0 0			X				150,435	0	19,491	
ROBERTO CURCI EAN OF BRENNAN SCHOOL OF ECON		45 0 0 0			X				211,826	0	46,874	
JEFFREY CARLSON EAN OF ROSARY COLLEGE OF ARTS		45 0 0 0				X			158,443	0	24,654	
CYRUS GRANT ROFESSOR OF COMPUTER SCIENCE		45 0 0 0				X			148,832	0	33,576	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL CONDON PROFESSOR OF ECONOMICS	45 0 0 0					X		136,377	0	31,229
KHALID RAZAKI PROFESSOR OF ACCOUNTANCY	45 0 0 0					X		156,806	0	10,699
DEBRA GURNEY DIRECTOR OF NURSING	45 0 0 0					X		144,106	0	17,281
RICHARD SALCIDO Exec Director-Physicians Asst	45 0 0 0					X		146,240	0	7,809

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization Dominican University	Employer identification number 36-2167855

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☐ An 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 _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 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						

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) ►	(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 grant ")	8,426,543	15,774,069	12,850,252	13,484,918	11,033,979	61,569,761
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	8,426,543	15,774,069	12,850,252	13,484,918	11,033,979	61,569,761
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,675,698
6	Public support. Subtract line 5 from line 4						58,894,063

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	8,426,543	15,774,069	12,850,252	13,484,918	11,033,979	61,569,761
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,314,250	1,361,824	1,323,356	1,517,073	1,557,334	7,073,837
9	Net income from unrelated business activities, whether or not the business is regularly carried on	151,579	94,465	176,057	110,228	126,634	658,963
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						69,302,561
12	Gross receipts from related activities, etc. (see instructions)					12	417,002,325
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	84 981 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	84 900 %
16a	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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
17a	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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 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 ☐

b 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e 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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493094007178	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Dominican University				Employer identification number 36-2167855	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" 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
1a Beginning of year balance	30,280,238	31,317,870	30,044,320	24,589,468	21,825,919
b Contributions	302,904	1,392,373	2,627,462	2,588,349	1,400,249
c Net investment earnings, gains, and losses	3,445,329	-1,430,005	-503,912	3,606,503	2,078,300
d Grants or scholarships	1,000,000	1,000,000	850,000	740,000	715,000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	33,028,471	30,280,238	31,317,870	30,044,320	24,589,468

2

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

a

Board designated or quasi-endowment

22 020 %

b

Permanent endowment

57 510 %

c

Temporarily restricted endowment

20 470 %

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

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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
1a Land		3,070,652		3,070,652
b Buildings		104,211,653	40,275,214	63,936,439
c Leasehold improvements		6,377,645	4,998,272	1,379,373
d Equipment		11,616,039	7,279,200	4,336,839
e Other		3,029,079		3,029,079
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				75,752,382

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
Financial Instruments	6,942,900	
Deferred Compensation	1,363,488	
Lease Obligation	319,699	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	8,626,087	

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	75,419,746
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	5,392,898
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	296,677
e	Add lines 2a through 2d	2e	5,689,575
3	Subtract line 2e from line 1	3	69,730,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	34,088,414
c	Add lines 4a and 4b	4c	34,088,414
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	103,818,585

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

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

1	Total expenses and losses per audited financial statements	1	67,308,559
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	296,677
e	Add lines 2a through 2d	2e	296,677
3	Subtract line 2e from line 1	3	67,011,882
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	34,088,414
c	Add lines 4a and 4b	4c	34,088,414
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	101,100,296

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2167855

Name: Dominican University

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE UNIVERSITY HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE, STATING THAT THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS, AND DOES NOT EXPECT THAT TO CHANGE IN THE NEXT 12 MONTHS THE UNIVERSITY HAS PROPERLY NOT ACCRUED ANY PROVISION FOR INCOME TAXES FOR THE UNIVERSITY THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES OR STATEMENTS OF FINANCIAL POSITION

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	<p>The Universitys endowment consists of approximately 180 individual funds established for a variety of purposes. Its endowment includes donor-restricted endowment funds, endowment p ledges receivable and funds designated by the board of trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the board of tr ustees to function as endowments, are classified and reported based on the existence or ab sence of donor-imposed restrictions. University management, subject to Board ratification, has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as req uiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the University classifies as permanently restricted net ass ets (a) the original value of gifts donated to the permanent endowment, (b) the original v alue of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument a t the time the accumulation is added to the fund. The remaining portion of the donor-restr icted endowment fund that is not classified in permanently restricted net assets is classi fied as temporarily restricted net assets until those amounts are appropriated for expendi ture by the University in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the University will consider the following factors in m aking a determination to appropriate or accumulate donor-restricted endowment funds: (1) T he duration and preservation of the fund; (2) The purposes of the organization and the don or-restricted endowment fund; (3) General economic conditions; (4) The possible effect of inflation and deflation; (5) The expected total return from income and the appreciation of investments; (6) Other resources of the organization; (7) The investment policies of the organization. From time to time, the fair value of assets associated with individual donor -restricted endowment funds may fall below the level that the donor or UPMIFA requires the University to retain as a fund of perpetual duration. There were no deficiencies of this nature as of June 30, 2017 and 2016.</p>

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	EXPENSES DIRECTLY RELATED TO RENTAL INCOME 118,301 EXPENSES DIRECTLY RELATED TO FUNDRAISING 178,376 TOTAL 296,677

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	DISCOUNTS ON TUITION AND FEES 34,088,414

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	EXPENSES DIRECTLY RELATED TO RENTAL INCOME 118,301 EXPENSES DIRECTLY RELATED TO FUNDRAISING 178,376 TOTAL 296,677

Supplemental Information	
Return Reference	Explanation
SCHEDULE D PART XII, LINE 4B	DISCOUNTS ON TUITION AND FEES 34,088,414

SCHEDULE E (Form 990 or 990-EZ)	<h1>Schools</h1> <p>►Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</p> <p>► Attach to Form 990 or Form 990-EZ.</p> <p>► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</p>	OMB No 1545-0047
		2016
	Department of the Treasury Name of the organization Dominican University	Employer identification number 36-2167855

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

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

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Dominican University

Statement of Activities Outside the United States

► 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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

36-2167855

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	1	15			2,821,137
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	15			2,821,137

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

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

2

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

▶

3

Enter total number of other organizations or entities

▶

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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

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).

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

Additional Data

Software ID:
Software Version:
EIN: 36-2167855
Name: Dominican University

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	1	Program Services	STUDY ABROAD PROGRAM	139,845
Middle East and North Africa		6	Grantmaking		15,260
Central America and the Caribbean		1	Grantmaking		100

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific		3	Grantmaking		27,780
Europe (Including Iceland and Greenland)		2	Grantmaking		10,750
North America		1	Grantmaking		1,800

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America		1	Grantmaking		5,050
Central America and the Caribbean			Investments		2,620,552

Supplemental Information Regarding Fundraising or Gaming Activities

2016

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.

36-2167855

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

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		BENEFIT CONCERT (event type)	(event type)	0 (total number)	
1	Gross receipts	504,020			504,020
2	Less Contributions	199,010			199,010
3	Gross income (line 1 minus line 2)	305,010			305,010
Direct Expenses	4 Cash prizes	5,500			5,500
	5 Noncash prizes	424			424
	6 Rent/facility costs				
	7 Food and beverages	83,106			83,106
	8 Entertainment	30,000			30,000
	9 Other direct expenses	59,346			59,346
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				178,376
11 Net income summary Subtract line 10 from line 3, column (d) ▶				126,634	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Dominican University

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
36-2167855

Part I

General Information on Grants and Assistance

- 1 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?

☒ Yes ☐ No
- 2 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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 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) UNDERGRADUATE SCHOLARSHIPS & GRANTS	2016	27,153,642			
(2) GRADUATE SCHOLARSHIPS & GRANTS	314	1,621,615			
(3) FEDERAL PELL GRANTS	1157	4,992,969			
(4) FEDERAL SEOG GRANTS	135	292,498			
(4)					
(5)					
(6)					
(7)					

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Dominican University

Employer identification number
36-2167855

Part I

Questions Regarding Compensation

	Yes	No
<div>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>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.</div>	Yes	
<div>2 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?</div>	Yes	
<div>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4 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:</div> <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		No
<div>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		No
<div>7 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.</div>		No
<div>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		No
<div>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE. ANNUALLY, THE UNIVERSITY PAYS \$15,000 TO THE PRESIDENT FOR THE USE OF HER HOME FOR UNIVERSITY FUNCTIONS. THIS ARRANGEMENT IS PART OF THE PRESIDENT'S EMPLOYMENT CONTRACT AND THE PAYMENT WAS INCLUDED IN HER 1099 AND WAS INCLUDED AS ADDITIONAL REPORTABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4C	THE UNIVERSITY HAS A NON-QUALIFIED PLAN AND A QUALIFIED 457(F) PLAN FOR THE UNIVERSITY'S PRESIDENT, DONNA CARROLL.

Additional Data

Software ID:

Software Version:

EIN: 36-2167855

Name: Dominican University

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DONNA M CARROLL PRESIDENT	(i)	382,944			54,406	13,612	450,962	
	(ii)	-----	-----	-----	-----	-	-	-----
1AMY MCCORMACK Sr VP - Finance & Admin	(i)	219,347			4,782	996	225,125	
	(ii)	-----	-----	-----	-----	-	-	-----
2JEFFREY BREESE PROVOST&VP - academic affairs	(i)	199,192			9,671	10,098	218,961	
	(ii)	-----	-----	-----	-----	-	-	-----
3GRACE CICHOMSKA VP for University Advancement	(i)	204,099			9,412	1,194	214,705	
	(ii)	-----	-----	-----	-----	-	-	-----
4JILL ALBIN-HILL VP for IT & CIO	(i)	137,867			6,923	22,308	167,098	
	(ii)	-----	-----	-----	-----	-	-	-----
5CHERYL JOHNSON-ODIM PROVOST&VP - academic affairs	(i)	150,435			6,847	12,644	169,926	
	(ii)	-----	-----	-----	-----	-	-	-----
6ROBERTO CURCI DEAN OF BRENNAN SCHOOL OF ECON	(i)	211,826			10,638	36,236	258,700	
	(ii)	-----	-----	-----	-----	-	-	-----
7JEFFREY CARLSON DEAN OF ROSARY COLLEGE OF ARTS	(i)	158,443			7,717	16,937	183,097	
	(ii)	-----	-----	-----	-----	-	-	-----
8CYRUS GRANT PROFESSOR OF COMPUTER SCIENCE	(i)	148,832			7,652	25,924	182,408	
	(ii)	-----	-----	-----	-----	-	-	-----
9DANIEL CONDON PROFESSOR OF ECONOMICS	(i)	136,377				31,229	167,606	
	(ii)	-----	-----	-----	-----	-	-	-----
10KHALID RAZAKI PROFESSOR OF ACCOUNTANCY	(i)	156,806			7,383	3,316	167,505	
	(ii)	-----	-----	-----	-----	-	-	-----
11DEBRA GURNEY DIRECTOR OF NURSING	(i)	144,106			4,276	13,005	161,387	
	(ii)	-----	-----	-----	-----	-	-	-----
12RICHARD SALCIDO Exec Director-Physicians Asst	(i)	146,240			7,020	789	154,049	
	(ii)	-----	-----	-----	-----	-	-	-----

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Dominican University

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

36-2167855

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	450,469		1,465,166		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	3,074,527		10,000,000		19,800,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		0			
11	Other spent proceeds	3,074,527		10,000,000		19,800,000			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c Are there any research agreements that may result in private business use of bond-financed property?				X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		5 000 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5			5 000 %					
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?				X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		X		X		

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART 1	2006 DEMAND REVENUE BONDS PAYABLE IN MARCH 2006, THE UNIVERSITY ISSUED \$30,000,000 OF 30-YEAR ADJUSTABLE-RATE DEMAND REVENUE BONDS THROUGH THE ILLINOIS FINANCE AUTHORITY THE PROCEEDS WERE USED TO ACQUIRE, CONSTRUCT AND EQUIP CERTAIN OF THE UNIVERSITY'S FACILITIES IN AUGUST 2014, THE UNIVERSITY REFINANCED THE OUTSTANDING BALANCE OF THE ABOVEMENTIONED BOND FUNDING WAS PROVIDED THROUGH A \$19,800,000 ILLINOIS FINANCE AUTHORITY REVENUE REFUNDING BOND, SERIES 2014 THE REFUNDING BOND WAS PURCHASED BY MB FINANCIAL BANK ON AUGUST 5, 2014, AND HAS A 10-YEAR MATURITY DATE OF 2024 2009 INDUSTRIAL PROJECT REVENUE BONDS PAYABLE DURING 2009, THE VILLAGE OF RIVER FOREST ISSUED \$16,200,000 OF 20-YEAR ADJUSTABLE RATE INDUSTRIAL PROJECT REVENUE BONDS PURSUANT TO A LOAN AGREEMENT DATED DECEMBER 1, 2009, THE VILLAGE OF RIVER FOREST LOANED PROCEEDS OF THE BOND ISSUE TO THE UNIVERSITY THE PROCEEDS WERE USED TO REFUND THE BALANCE OF A 2000 DEMAND REVENUE BOND AND A 2006 INDUSTRIAL REVENUE BOND IN OCTOBER 2014, THE UNIVERSITY REFINANCED THE OUTSTANDING BALANCE OF THE ABOVEMENTIONED BOND FUNDING WAS PROVIDED THROUGH A \$13,074,527 VILLAGE OF RIVER FOREST, COOK COUNTY, ILLINOIS INDUSTRIAL PROJECT REVENUE BOND SERIES 2014A AND SERIES 2014B, BOTH SET TO MATURE ON AUGUST 5, 2024 THE SERIES 2014A BOND HAD A NOMINAL VALUE OF \$10,000,000 AND THE SERIES 2014B BOND HAD A NOMINAL VALUE OF \$3,074,527

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3B, COLUMN A	BOND COUNSEL WAS ENGAGED TO REVIEW MANAGEMENT AND SERVICE CONTRACTS RELATED TO FINANCED PROPERTY AT THE INITIAL BOND OFFERING THERE HAVE BEEN NO CHANGES IN MANAGEMENT AND SERVICE CONTRACTS SINCE THE INITIAL BOND OFFERING AND NO ADDITIONAL BOND COUNSEL REVIEW HAS BEEN PERFORMED

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN B	REBATE COMPUTATION WAS PERFORMED SEPTEMBER 15, 2007

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Dominican University

Employer identification number
36-2167855

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	142,672	COMPARABLE SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Sporting Event Concert</u>)	X	9	17,809	COMPARABLE SALE
26 Other ► (<u>Catered Dinners</u>)	X	1	6,000	COMPARABLE SALE
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that
it must hold for at least three years from the date of the initial contribution, and which is not required to be used
for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

33

Yes

No

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Dominican University

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

36-2167855

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	CREATION OF A MORE JUST AND HUMANE WORLD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, SECTION A, Line 6	<p>The members will consist of three (3) to nine (9) persons. Each Member shall serve a term of that number of years determined by the Members as the length of term for Members. Each Member shall be entitled to one vote on each matter submitted to a vote of the Members. MEMBERS SHALL BE THE prioress, general councilors or delegates as determined by the members, and the general finance officer of the Sinsinawa Dominican Congregation.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>THE MEMBERS MAY APPOINT, IN THEIR SOLE DISCRETION, DIFFERENT MEMBERS (A) WHEN THE MEMBERS , IN THEIR SOLE DISCRETION, DECIDE TO INCREASE THE NUMBERS OF MEMBERS (WITHIN LIMITATIONS SET FORTH IN ARTICLE II, SECTION 1) (B) WHEN VACANCIES OCCUR BY REASON OF DEATH, RESIGNATION, FAILURE OF QUALIFICATION, OR OTHERWISE AT ALL TIMES THE MEMBERS SHALL BE COMPOSED OF A MAJORITY OF PERSONS WHO ARE ELECTED OFFICIALS OF THE SINSINAWA DOMINICAN CONGREGATION At all times up to three Trustees may be elected by the Members of the Corporation and such Trustees shall be Members of the Corporation or a Sinsinawa Dominican or other individual recommended by the Members for such terms as may be designated by the Members of the Corporation (the Member Designated Trustees)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>The responsibilities of the Members include the following (a) To approve the mission of the University, and to assure continuing harmony between the mission of the Sinsinawa Dominican Congregation and the mission of the University (b) To amend, restate, or modify the Articles of Incorporation and the Bylaws of the University (c) To approve the acquisition, purchase, sale, mortgage, lease, transfer, or encumbrance of the real property owned by the Corporation (d) To ratify the appointment, removal, or replacement of any one or more of the Trustees (e) To approve any plan for dissolution, merger, consolidation, or liquidation of the Corporation Each Member shall be entitled to one vote on each matter submitted to a vote of the Members</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TAX RETURNS HAVE BEEN REVIEWED BY THE BKD TAX SERVICES TEAM AND THE RETURNS WERE PROVIDED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE AT THE MEETING, BKD ALONG WITH STAFF DISCUSSED ANY SIGNIFICANT CHANGES THE TAX RETURN WAS REVIEWED AND ACCEPTED BY THE AUDIT AND RISK MANAGEMENT MEETING WITH THE UNDERSTANDING THAT THE VICE PRESIDENT FOR FINANCE REVIEWED AND FINALIZED ANY FOLLOW-UP THAT WAS REQUESTED AT THE MEETING ANY FOLLOW-UP TO THE ITEMS PRESENTED AT THE MEETING WAS COMPLETED BY THE STAFF AND REVIEWED BY BKD TAX SERVICE TEAM AND FINAL APPROVAL BY THE VICE PRESIDENT FOR FINANCE AUDIT & RISK MANAGEMENT COMMITTEES REVIEW AND ACCEPTANCE WAS NOTED IN THE MINUTES A COPY OF THE RETURN WILL BE MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE BOARD PRIOR TO BEING FILED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY IS DETERMINED BY THE BOARD OF TRUSTEES. ANNUALLY, THEY DETERMINE THE BASE COMPENSATION BASED ON THE COMPARABILITY DATA PROVIDED BY THE DIRECTOR OF HUMAN RESOURCES. ANY BONUSES AND OTHER INDIRECT COMPENSATION IS BASED ON MEETING STATED GOALS, WHICH ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AND INCLUDED AS PART OF THE PRESIDENT'S CONTRACT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	FOR ALL OTHER TOP MANAGEMENT POSITIONS SUCH AS OFFICERS, KEY EMPLOYEES, AND ACADEMIC DEANS , THE PRESIDENT DETERMINES THE INITIAL COMPENSATION BASED ON THE DATA THAT THE DIRECTOR OF HUMAN RESOURCES GATHERED IN RELATION TO MARKET DATA FOR SIMILAR POSITIONS ANNUALLY THE D IRECTOR OF HUMAN RESOURCES REVIEWS ALL COMPENSATION INCLUDING THE SENIOR OR TOP MANAGEMENT FOR EQUITY ANY COMPENSATION RECOMMENDATION IS APPROVED BY THE PRESIDENT AND THE SENIOR V ICE PRESIDENT OF ADMINISTRATION THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT, OFFICE RS, AND KEY EMPLOYEES IS COMPLETED ON A PERIODIC BASIS THE LAST REVIEW WAS DONE IN 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOMINICAN UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	AUXILIARY SERVICES - AUXILIARY SERVICES INCLUDES STUDENT HOUSING AND CAMPUS DINING THE UNIVERSITY OFFERS FOUR CAMPUS RESIDENCE HALL OPTIONS, AS WELL AS NEARBY OFF-SITE HOUSING (IF NEEDED) HOUSING INCLUDES A VARIETY OF OPTIONS RANGING FROM SUITES TO SINGLE ROOMS THE STUDENT MEAL PLAN CAN BE TAILORED FOR A NUMBER OF FLEX MEAL ARRANGEMENTS AND CAN BE USED AT SEVERAL CAMPUS DINING FACILITIES AUXILIARY SERVICES ALSO INCLUDES THE ACTIVITY OF THE PERFORMING ARTS CENTER, WHICH OFFERS A VARIETY OF MUSICAL AND THEATER ACTS TO THE UNIVERSITY AND NEARBY COMMUNITIES THEATER PRODUCTIONS ARE INTEGRATED WITH THE UNDERGRADUATE THEATER PROGRAM AND UTILIZE MANY STUDENTS AS PART OF THE PRODUCTIONS THEATER STUDENTS ALSO LEARN AND ASSIST WITH BOX OFFICE, STAGE CREW, AND AUDIENCE/GUEST ARTIST, AND SUPPORT ALL MUSICAL EVENTS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Dominican University

Employer identification number
36-2167855

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SINSINAWA DOMINICAN CONGREGATION 585 COUNTRY ROAD SINSINAWA, WI 53824 39-0816854	PREACHING	WI	501(c)(3)	line 1	na		No

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

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

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

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

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

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

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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