DLN: 93493039014069 **Return of Organization Exempt From Income Tax** Form 990

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

OMB No 1545-0047 2017

Int

		f the Treasury nue Service	 Do not enter social security numbers on this form as it may Information about Form 990 and its instructions is at www. 				(Open to Public Inspection
A F	or th	e 2017 c <u>a</u>	lendar year, or tax year beginning 07-01-2017 , and ending 06-30-	-2018				
B Che	ck ıf a dress me ch	pplicable change ange	C Name of organization ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA Doing business as			D Employer (25-166661		ication number
☐ Final return/terminated ☐ Amended return ☐ Application pending		d return	Number and street (or P O box if mail is not delivered to street address) Room/suite 101 NORTH FRONT STREET	9		E Telephone n		
— Ар	piicaci	on pending -	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 171011405			(717) 232		FC2 940
		<u> </u>	F Name and address of principal officer	U/a) :		G Gross receip	-	,363,640
			THOMAS P FOLEY	н(b) [/]	suborc Are all	a group retur linates? subordinates	n for	□Yes ☑No □Yes □No
I Ta	x-exer	npt status	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		nclude If "No	ed? " attach a list	(see	
J W	ebsit					exemption nu	•	•
K Forr	n of o	rganızatıon	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of	forma	tion 1991 M	State	of legal domicile PA
Pa	rt I	Sumn	nary					
vemance		AND UNIVE DISTINCTIN THE STREN FINANCIAL OF PENNSY PENNSYLVA DONATIONS	IE 1 AND PART III, LINE 1 - ORGANIZATIONAL MISSION THE PURPOSE OF RSITIES OF PENNSYLVANIA (AICUP) IS TO SERVE AND PROMOTE INDEPEN/E COMPONENTS OF THE HIGHER EDUCATION COMMUNITY IN PENNSYLVA GTHS AND DISTINCTIVE CHARACTERISTICS OF NON-PROFIT HIGHER EDUCHENS AVAILABLE TO THESE INSTITUTIONS, TO FURTHER THE AVAILABIL LVANIA AND OTHERS WHO SEEK EDUCATION OR TRAINING AT INDEPENDINIA, TO ENHANCE THE BUSINESS AND EDUCATIONAL PARTNERSHIP IN PASS IN ADVANCING HIGHER EDUCATION, TO ENCOURAGE AND SOLICIT COR	IDENT (NIA AN CATION LITY OF ENT CO A AND I	DOLLE D THE I INST EDUC LLEGE INCRE E, BUS	GES AND UNIT NATION, TO ITUTIONS AND CATION OPPORES SAND UNIVE ASE THE EFFE SINESS, AND (VERSI PRESI D TO I RTUNI RSITI CTIVE	TIES AS VITAL, ERVE AND PROMOTE INCREASE THE TY FOR RESIDENTS ES IN INESS OF RESIVEN THE
ဌိ	-							
Activities & Governance	3 4 5 6 7a	Number of Number of Total numl Total numl Total unre	box If the organization discontinued its operations or disposed of moveting members of the governing body (Part VI, line 1a)		of its net asse	3 4 5 6 7a	24 23 11 22 8,310	
	b	Net unrela	ted business taxable income from Form 990-T, line 34			1	7b	7,310
					Pric	r Year		Current Year
Ġ	l		ons and grants (Part VIII, line 1h)			498,351	-	497,950
Rəvenue	l	-	ervice revenue (Part VIII, line 2g)			1,276,652	+	1,447,840
ξ	l		t income (Part VIII, column (A), lines 3, 4, and 7d)			48,711	+	50,439
	l		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			467,879 2,291,593	-	483,383 2,479,612
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				_	
	l		aid to or for members (Part IX, column (A), line 4)			275,900	-	284,000
	l	•	ther compensation, employee benefits (Part IX, column (A), lines 5–10)			1,217,027	,	1,178,037
Expenses	l		al fundraising fees (Part IX, column (A), line 11e)			1,217,027		1,178,037
8	Ι.							
Ä	l		ısıng expenses (Part IX, column (D), lıne 25) ▶115,318 enses (Part IX, column (A), lınes 11a–11d, 11f–24e)			805,456	_	1,073,875
	l	•	nses Add lines 13–17 (must equal Part IX, column (A), line 25)			2,298,383	_	2,535,912
	l		ess expenses Subtract line 18 from line 12			-6,790	+	-56,300
<u>_ (r)</u>	19	Revenue is	ess expenses subtract line to nonline 12	Regi	anına d	of Current Year	-	End of Year
NC O				Begii	illing (or current real		Lilu of Teal
sse!	20	Total asset	ts (Part X, line 16)			3,978,899		4,153,928
Net Assets or Fund Balances	l		ities (Part X, line 26)			1,463,530		1,609,734
ξŠ	l		or fund balances Subtract line 21 from line 20			2,515,369	+	2,544,194
Pai		_	ture Block					
	edge	alties of per and belief,	rjury, I declare that I have examined this return, including accompanying s it is true, correct, and complete Declaration of preparer (other than office					
					2010	. 02 09		
c:		Signatur	e of officer		Date	9-02-08		
Sign Here		THOMAS	S P FOLEY CHAIR					
			print name and title					

Preparer Firm's address ► 400 WEST MAIN STREET Phone no (717) 766-4763 **Use Only** MECHANICSBURG, PA 17055 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Preparer's signature DEBORAH J KELLY

Print/Type preparer's name DEBORAH J KELLY

Firm's name FGREENAWALT & COMPANY PC

Paid

PTIN

P00013251

Check | If

self-employed Firm's EIN ► 23-2405297

Date

2019-02-08

Form	990 (2	017)					Page 2
Par	t III	Statement of	Program Serv	ice Accomplisi	hments		
		Check If Schedu	le O contains a res	ponse or note to a	any line in this Part I	II	
1	Briefly	describe the org	anızatıon's mıssıon		•		
UNIV COMI DIST THES EDUC PART CORF	ERSITII PONENT INCTIVI E INST CATION NERSH	ES OF PENNSYLVA IS OF THE HIGHEI E CHARACTERIST ITUTIONS, TO FU OR TRAINING AT IP IN PA AND INC	ANIA (AICUP) IS TO R EDUCATION COM ICS OF NON-PROFI RTHER THE AVAILA INDEPENDENT CO REASE THE EFFECT OTHER GIVING TO	D SERVE AND PRO IMUNITY IN PENN: IT HIGHER EDUCA ABILITY OF EDUCA LLEGES AND UNI ¹ IVENESS OF DON	MOTE INDEPENDEN SYLVANIA AND THE TION INSTITUTIONS TION OPPORTUNITY VERSITIES IN PENNS NATIONS IN ADVANC	THE ASSOCIATION OF INDEPE T COLLEGES AND UNIVERSITIES NATION, TO PRESERVE AND PR S AND TO INCREASE THE FINAN FOR RESIDENTS OF PENNSYLV SYLVANIA, TO ENHANCE THE BL LING HIGHER EDUCATION, TO E UNIVERSITIES OF PENNSYLVAN	S AS VITAL, DISTINCTIVE OMOTE THE STRENGTHS AND CIAL MEANS AVAILABLE TO ANIA AND OTHERS WHO SEEK JSINESS AND EDUCATIONAL CHOURAGE AND SOLICIT
2	the pr	or Form 990 or 9	90-EZ?		vices during the year	which were not listed on	. □Yes ☑No
_			new services on S				
3	servic	es ⁷	ase conducting, or changes on Sched		changes in how it cor	nducts, any program	. □Yes ☑No
4	Sectio	n 501(c)(3) and 5		ions are required	to report the amoun	ee largest program services, as t of grants and allocations to ot	
4a	(Code See Ad	ldıtıonal Data) (Expenses \$	284,000	including grants of \$	284,000) (Revenue \$)
4b	(Code See Ad	Iditional Data) (Expenses \$	626,536	including grants of \$) (Revenue \$)
4c	(Code See Ad	Iditional Data) (Expenses \$	555,345	including grants of \$) (Revenue \$	465,094)
	(Code	SSOCIATION CONDU) (Expenses \$	354,305 ARCH STUDIES WHIC	including grants of \$) (Revenue \$ OWING - FRESHMAN ADMISSION AI	982,746) ND FINANCIAL AID - STUDENT
	FINANO ASSOC INITIA	CIAL AID - FINANCIA CIATION HAS UNDER TIVES AND ASSIST I	AL ANALYSIS AND TRE TAKEN AN ECONOMIC INDIVIDUAL MEMBER	NDS - TUITION AND DEVELOPMENT PRO SCHOOLS OR CONSO	FEES, AND PATTERNS (JECT DESIGNED TO ALI	OF VOLUNTARY SUPPORT - BACCALA GN STATE, LOCAL AND AND COLLEG IH SPECIFIC PROJECTS THE ASSOCI	UREATE RESEARCH STUDY THE E ECONOMIC DEVELOPMENT
4d	Other	program services	(Describe in Sche	dule O)			
-		nses \$		cluding grants of	\$) (Revenue \$	982,746)
40	Total	nrogram servic	e evnences b	1 820 1	86		_

Form **990** (2017)

Checklist of Required Schedules

Page 3

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

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Nο

Nο

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Form **990** (2017)

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? 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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Yes

10

11e

17

18

19

Yes

Yes

Yes

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a 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 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c

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 11d

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year?

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

14b foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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

23

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36

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21	Yes	

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

22

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Form 990 (2017)

22 23 Yes

Yes

Page 4

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Nο

Nο

orm '	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V \dots			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 12 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b			
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	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?	6 a		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).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			NI -
e e	Did the everywhelm diving the year may promy me divertly as indivertly, an a new and hencell continue?	7e 7f		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	-		No
y	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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation foce and contributions undivided on Part VIII, line 13			
	Initiation fees and capital contributions included on Part VIII, line 12			
		-		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or snareholders			
D	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
c	Enter the amount of reserves on hand			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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Par		nance, Management, and DisclosureFor each "Yes" response to lines 2 thr or 10b below, describe the circumstances, processes, or changes in Scheduk			" respo	nse to li	nes
		If Schedule O contains a response or note to any line in this Part VI					✓
Se		verning Body and Management	•	<u> </u>			
		<u> </u>				Yes	No
1a	Enter the nur	nber of voting members of the governing body at the end of the tax year	1a	24			
	body, or if th	naterial differences in voting rights among members of the governing e governing body delegated broad authority to an executive committee or littee, explain in Schedule O					
b	Enter the nur	nber of voting members included in line 1a, above, who are independent	1b	23			
2		er, director, trustee, or key employee have a family relationship or a business or, trustee, or key employee?	relat	tionship with any other	2		No
3		ilzation delegate control over management duties customarily performed by c rectors or trustees, or key employees to a management company or other pe			3		No
4	Did the organ	nization make any significant changes to its governing documents since the pr	rıor F	orm 990 was filed?	4		No
5	Did the organ	nization become aware during the year of a significant diversion of the organiz	zatioi	n's assets? .	5		No
6	Did the organ	nization have members or stockholders?			6	Yes	
7a		nization have members, stockholders, or other persons who had the power to he governing body?	elect	or appoint one or more	7a	Yes	
b	Are any gove	rnance decisions of the organization reserved to (or subject to approval by) n	nemb	pers, stockholders, or	7 b	Yes	
8	·	nization contemporaneously document the meetings held or written actions ur	ndert	aken during the year by			
а	The governin	g body ⁷			8a	Yes	
ь	Each commit	ee with authority to act on behalf of the governing body?			8b	Yes	
9		officer, director, trustee, or key employee listed in Part VII, Section A, who ca s mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		be reached at the	9		No
Se	ction B. Po	icies (This Section B requests information about policies not require	ed b	y the Internal Revenue	e Code	e.)	
						Yes	No
L0a	Did the organ	nization have local chapters, branches, or affiliates?			10a		No
b		he organization have written policies and procedures governing the activities to ensure their operations are consistent with the organization's exempt pur			10b		
L1a	Has the organ	nization provided a complete copy of this Form 990 to all members of its gove	ernin	g body before filing the	11a	Yes	
b	Describe in S	chedule O the process, if any, used by the organization to review this Form 9	90				
L2a	Did the organ	nization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were officers conflicts?	, directors, or trustees, and key employees required to disclose annually inter	rests • •	that could give rise to	12b	Yes	
С		nzation regularly and consistently monitor and enforce compliance with the poow this was done	olicy?	If "Yes," describe in	12c	Yes	
L3	Did the organ	nization have a written whistleblower policy?			13	Yes	
L4	Did the organ	nization have a written document retention and destruction policy?			14	Yes	
L5		ss for determining compensation of the following persons include a review an parability data, and contemporaneous substantiation of the deliberation and c					
а	The organiza	cion's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers	or key employees of the organization			15b		No
	If "Yes" to lin	e 15a or 15b, describe the process in Schedule O (see instructions)					
L6a		nization invest in, contribute assets to, or participate in a joint venture or simi oduring the year?	ılar a •	rrangement with a	16a		No
b	ın joint ventu	he organization follow a written policy or procedure requiring the organization re arrangements under applicable federal tax law, and take steps to safeguar					
	status with re	espect to such arrangements?			16b		
	ction C. Dis						
L7		s with which a copy of this Form 990 is required to be filed					
L8		requires an organization to make its Form 1023 (or 1024 if applicable), 990, public inspection. Indicate how you made these available. Check all that apply		990-T (501(c)(3)s only)			
		osite $\ \square$ Another's website $\ ec{oldsymbol{arPsi}}$ Upon request $\ \square$ Other (explain in Scho		•			
L9	policy, and fi	chedule O whether (and if so, how) the organization made its governing docu nancial statements available to the public during the tax year		·			
20		ne, address, and telephone number of the person who possesses the organiza NDER 101 NORTH FRONT STREET HARRISBURG, PA 171011405 (717) 232-					

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2017)

Page 8

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

(B) (D) (F) (A) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee related organizations Institutional Trustee below dotted organizations employee line) See Additional Data Table \blacktriangleright c Total from continuation sheets to Part VII, Section A . ▶ 700,372 172,442 d Total (add lines 1b and 1c) . 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 > 4 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization?If "Yes," complete Schedule I for such person . . . 5 Nο Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (B) (C) (A) Description of services Name and business address Compensation

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 ▶

Form 990 (2017)

Part		II Statement of	Revenue								rage 3
				a respo	onse or note to any	line in t	hıs Part VII	ı			🗆
						(A) revenue	Rela ex fur	(B) ited or empt iction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				rev	renue		512-514
Contributions, Giffs, Grants and Other Similar Amounts		b Membership dues		1b							
ira nou		c Fundraising events		1c	<u> </u>						
S. (An		d Related organizatio		1d							
Giffa ∐ar		e Government grants (co		1e							
S.E		f All other contributions		l le	<u> </u>						
tior sr S		and similar amounts n above		1f	497,950						
jë 주	l,	g Noncash contribution	ons included								
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$									
<u>ة</u> ك	ئال	n Total.Add lines 1a-1	lf		<u> </u>		497,950				
H.					Business						
۲۶	_	MEMBERSHIP DUES				519100		142,490	1,142	-	
or E		MEETINGS AND WORKS	HOPS			519100 519100	4	40,222		5,128),222	
<u>ي</u>	٠	RESEARCH PROGRAMS				313100		40,222		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
₹	d										
Program Service Revenue	e f	All other program se									
Poğ		Total.Add lines 2a-2			1,4	447,840					
		Investment income (i			nterest, and other	1					
	9	similar amounts) .			•	•	35,50	4			35,504
		Income from investme		•	·	-	465,09	4			465,094
	5	Royalties	(ı) Rea		•	<u> </u>	403,09	+			403,094
	6a	Gross rents	(I) Rea		(II) Fersonal	\dashv					
	E	Less rental expenses									
	ď	Rental income or				1					
		(loss) Net rental income o	(loss)			4					
	•	• Net rental income o	(i) Securit	ties.	(II) Other						
	7a	Gross amount	(1) 200411		. ,	1					
		from sales of assets other than inventory		78,977							
		,				_					
	t	Less cost or other basis and		64,042							
		sales expenses Gain or (loss)		14,935		1					
		Net gain or (loss)			>	1	14,93	5			14,935
4.	8a	Gross income from f									
Other Revenue		(not including \$ contributions reporte		of							
₹ N		See Part IV, line 18			38,475	⊣					
æ		Less direct expense		b	20,186		10.20				40.200
hei		: Net income or (loss) I Gross income from g			ents •		18,28	9			18,289
ō	J a	See Part IV, line 19		163							
				а		_					
		Less direct expense Net income or (loss)		b	105						
		Gross sales of invent		activit	ies >	1					
		returns and allowand	ces								
		Less cost of goods s	- old	a b		-					
		Net income or (loss)				_					
		Miscellaneous			Business Code						
	11	aQUALIFIED PARKIN	G IRC512A7		51910	0	8,31	0		8,310	
	Ŀ	QUALIFIED PARKING	G IRC512A7				-8,31	0	-8,310		
	C										
		1.011									
		All other revenue . Total. Add lines 11a			▶						
	12	! Total revenue. See	instructions	• •	• • • •		2,479,61	2	1,439,530	8,310	
											Form 990 (2017)

For	m 990 (2017)				Page 10
	art IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	_	·	• ,	П
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses
•	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	284,000	expenses 284,000	general expenses	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	691,325	444,372	193,372	53,581
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	90,678	86,144	4,534	
7	Other salaries and wages	259,012	143,495	108,186	7,331
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,467	14,737	12,060	670
9	Other employee benefits	51,763	31,788	18,136	1,839
10	Payroll taxes	57,792	37,082	17,434	3,276
11	Fees for services (non-employees)				
	a Management				
	b Legal	10,860		10,860	
	c Accounting	14,821		14,821	
	d Lobbying	90,720	90,720	· · · · · · · · · · · · · · · · · · ·	
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	198,538	194,284	3,582	672
4.5	· · · · · · · · · · · · · · · · · · ·				
	Advertising and promotion	31,412	20,156	9,476	1,780
	Office expenses	31,412	20,130	3,470	1,780
	Information technology				
	Royalties	01.766	F2 462	24.667	4.636
	Occupancy	81,766	52,463	24,667	4,636
	Travel	38,942	24,536	13,219	1,187
	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	178,162	150,487	27,675	
	Interest	20,652	13,251	6,230	1,171
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,132	38,583	18,140	3,409
23	Insurance	542	348	163	31
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 INDIA INITIATIVE	115,649	115,649		
	b DUES AND SUBSCRIPTIONS	107,182	35,085	16,941	55,156
	c STAFF RECRUITMENT	95,517		95,517	
	d BOARD EFFECT PROGRAM	22,154	22,154		

20,852

1,820,186

6,826

2,535,912

5,395

600,408

-19,421

115,318

Form **990** (2017)

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

19

20

21

23

24

25

26

27

28

29

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31

32

33

34

Liabilities 22

Assets or Fund Balances

Net

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

End of year

Page **11**

588,562

688,265

1,609,734

1.729.544

11,500

803,150

2,544,194

4.153.928

Form **990** (2017)

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

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	1,004,418	2	1,060,112
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	21,612	4	28,016

Beginning of year

506,292

650,395

1,463,530

1.746.050

769.319

2,515,369

3.978.899

19

20

21

22 23

24

25

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33

34

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Assets Notes and loans receivable, net . Inventories for sale or use . 8 8.137 Prepaid expenses and deferred charges 9

16.436 10a Land, buildings, and equipment cost or other 2,215,277 10a basis Complete Part VI of Schedule D 1,373,718 **10c** 10b 804,517 1.410.760 Less accumulated depreciation

- 1	_			· ·			
	11	Investments—publicly traded securities .			1,567,458	11	1,638,604
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11			13	
	14	Intangible assets			3,556	14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equa	al line	34)	3,978,899	16	4,153,928
	17	Accounts payable and accrued expenses			306,843	17	332,907
	18	Grants payable				18	

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	2,544,194		
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				

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? 2a No

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3а

3b

Yes

Yes

No

Form 990 (2017)

separate basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Additional Data

Software ID: Software Version:

EIN: 25-1666617

Name: ASSOCIATION OF INDEPENDENT COLLEGES

Form 990 (2017)

EDUCATIONAL AND SCHOLARSHIP PROGRAMS

Form 990, Part III, Line 4a:

AND UNIVERSITIES OF PENNSYLVANIA

DISTRIBUTED VOLUNTARY CONTRIBUTIONS RECEIVED FROM THE GENERAL PUBLIC, FOUNDATIONS AND CORPORATIONS TO COLLEGES FOR THEIR UNDERGRADUATE

THE ASSOCIATION SERVED AS A UNIFIED VOICE FOR INDEPENDENT HIGHER EDUCATION IN PENNSYLVANIA BEFORE STATE AND FEDERAL ELECTED OFFICIALS AND GOVERNMENT AGENCIES ISSUES ADDRESSED BY THE ASSOCIATION INCLUDED INPUT INTO PUBLIC POLICIES WITH REGARD TO STUDENT FINANCIAL AID PROGRAMS, FUNDING FOR INSTITUTIONAL NEEDS. PRESERVATION OF STATE AND LOCAL TAX EXEMPTIONS FOR COLLEGES AND UNIVERSITIES AND SEVERAL OTHER ISSUES WHICH

Form 990, Part III, Line 4b:

IMPACT INDEPENDENT HIGHER EDUCATION

THE ASSOCIATION SERVES IT MEMBERS IN MANY WAYS IT DISSEMINATED INFORMATION AND PROVIDED VARIOUS SERVICES BOTH TO ITS MEMBERS AND TO THE PUBLIC THE ASSOCIATION ALSO SPONSORED VARIOUS PROGRAMS THROUGH ROYALTY AGREEMENTS WITH INDEPENDENT VENDORS TO HELP COLLEGES AND UNIVERSITIES REALIZE SAVINGS THROUGH ECONOMIES OF SCALE SUCH PROGRAMS INCLUDE A TELECOMMUNICATIONS PROGRAM. BOND FACILITIES PROGRAM.

EMPLOYMENT BENEFITS PROGRAM, ENERGY PROCUREMENT AND ENERGY MANAGEMENT PROGRAM, STUDENT LOAN PROGRAM, SOFTWARE PROCUREMENT PROGRAM, TUITION INSTALLMENT PROGRAM, PURCHASE CARD PROGRAM, ENVIRONMENTAL COMPLIANCE, STUDENT HEALTH INSURANCE AND IDENTITY THEFT PROTECTION

Form 990, Part III, Line 4c:

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

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

and Independent Contractors

RESEARCH COM

MARK VOLK

COLLAB COMM

JAMES A TROHA

GOVT RELATIO

BRIAN KEECH

RESEARCH UNI

NAICU LIAISO

DIRECTOR

LEWIS E THAYNE

KIMBERLY BENSTON

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	any hours	and	, a dır	ecto	r/tr/	rustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
THOMAS P FOLEY CHAIR	2 00			x				0	0	0
BARBARA K MISTICK VICE CHAIR	2 00			х				0	0	0
PATRICK LEAHY SEC/TREASURE	2 00			х				0	0	0
	2.00		-	 	\vdash	-	\vdash			-

VICE CHAIR		^			0	
PATRICK LEAHY	2 00	×	X		0	
SEC/TREASURE					Į .	
JANET MORGAN RIGGS PAST CHAIR	2 00	x	×		0	
DAVID CORROLA	2 00					

2 00

2 00

2 00

2 00

2 00

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PATRICK LEAHY			х				0	ام	l
SEC/TREASURE		_ ^	^					Ĭ	
JANET MORGAN RIGGS	2 00		х				0	0	Π
PAST CHAIR		_ ^	^				0		
DAVID COPPOLA	2 00								П
		Ιx			1		l o	ا ما	ı

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

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

	any hours								organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ALISON R BYERLY DIRECTOR	2 00	Х						0	0	0	
CECELIA FITZGIBBON DIRECTOR	2 00	х						0	0	0	
KEITH TAYLOR DIRECTOR	2 00	х						0	0	0	
THOMAS J BOTZMAN DIRECTOR	2 00	X						0	0	0	
DOUG LEE DIRECTOR	2 00	Х						0	0	0	

2 00

2 00

2 00

2 00

2 00

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DIRECTOR
DOUG LEE
DIRECTOR
SUZANNE K MELLON

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARY C FINGER

BRYON L GRIGSBY

KENT C TRACHTE

ROBERT G DUFFETT

......

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

272,981

162,790

122,750

141,851

Х

71,888

51,712

31,564

17,278

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

	for related organizations below dotted line)	옥팔	Institutional Trustee	Offic	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PAUL 3 MCNULTY DIRECTOR	2 00	×						0	0	0	
REV MALACHI VAN TASSELL COLLAB COMM	2 00	х						0	0	0	
CD MALIDEEN MCCARDITY	2 00										٠

REV MALACHI VAN TASSELL COLLAB COMM	2 00	x			0	
——————————————————————————————————————						
SR MAUREEN MCGARRITY	2 00	.,				
RESEARCH COM		×			U	

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50 00

50 00

50 00

................

and Independent Contractors

PRESIDENT

TIM ALEXANDER

VP FIN & ADM

RON URODA

VP - RESEARC

VP - GOVT RE

DR MARY YOUNG

COLLAB COMM	••••••	X			0	0	
SR MAUREEN MCGARRITY	2 00	×			n	0	
RESEARCH COM		^				0	
DR DON L EDANCIS	50 00						

REV MALACHI VAN TASSELL	2 00	l			0	0	
COLLAB COMM		_ ^				0	
SR MAUREEN MCGARRITY	2 00	l			0	0	
RESEARCH COM		^			Ĭ		

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	DLN: 93493039014069					
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017					
•		the Treasury	► Inf	ormation abou	ıt Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public Inspection					
Nam	e of th	ne Service ne organiza			<u>www.irs.g</u>	ov/form990.		Employer identific						
		N OF INDEPENI SITIES OF PEN		S				25-1666617						
	rt I				us (All organization			See instructions.						
	rganız		•		it is (For lines 1 thro	3 ,	,							
1		•		·	sociation of churches									
2					1)(A)(ii). (Attach Sch	•	• •							
3		·	•	•	vice organization desc			•						
4		name, city,	and state _		ed in conjunction with									
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) A federal, state, or local government or governmental unit described in section 170 (b)(1)(A)(v)												
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 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	\checkmark	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
11		An organiza	ition organiz	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).						
12		more public	ly supported	organizations of	l exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a						
a		Type I. A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organiz	zation(s), typically by						
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i									
С		Type III f	ınctionally		and C. supporting organizatio ons) You must com				ted with, its					
d		Type III n functionally	on-function	nally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	in connection wi requirement and	th its supported orgar						
e		Check this	oox if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally					
f	Enter			ion-functionally dorganizations	integrated supporting	organization								
g				_	ipported organization((s)								
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary support other support (see instructions) instructions								
						Yes	No							
_		· ·	·											
Tota		want Dade	tion A-t N-1	tice, see the I		Cat No 11285		 Schedule A (Form 9						

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
Gifts, grants, contributions, and											

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	c (see instruction	ns)			12	
13	First five years. If the Form 990 is for	=			=		
	check this box and $\boldsymbol{stop\ here}\ \ldots\ \ldots$						
S	ection C. Computation of Public						
14	Public support percentage for 2017 (line	6, column (f) dı	vided by line 11, c	olumn (f))		14	

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. 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 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 Schedule A (Form 990 or 990-EZ) 2017 Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	495,087	510,171	485,354	498,351	497,950	2,486,913
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	1,186,714	1,229,814	1,223,789	1,276,652	1,447,840	6,364,809
3	Gross receipts from activities that are not an unrelated trade or business under section 513	36,363	40,066	35,862	42,386	38,475	193,152
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	1,718,164	1,780,051	1,745,005	1,817,389	1,984,265	9,044,874
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified						

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

5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,718,164	1,780,051	1,745,005	1,817,389	1,984,265	9,044,874
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	180,052	181,619	183,977	195,505	206,078	947,231
С	Add lines 7a and 7b	180,052	181,619	183,977	195,505	206,078	947,231
8	Public support. (Subtract line 7c from line 6)						8,097,643
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,718,164	1,780,051	1,745,005	1,817,389	1,984,265	9,044,874
		1		ı	ı		

•	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	1,718,164	1,780,051	1,745,005	1,817,389	1,984,265	9,044,874
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	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	180,052	181,619	183,977	195,505	206,078	947,231
С	Add lines 7a and 7b	180,052	181,619	183,977	195,505	206,078	947,231
8	Public support. (Subtract line 7c from line 6)						8,097,643
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		(a) 2013 1,718,164	(b) 2014	(c) 2015 1,745,005	(d) 2016 1,817,389	(e) 2017 1,984,265	(f) Total 9,044,874
	(or fiscal year beginning in) ▶				` '		
9	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	1,718,164	1,780,051	1,745,005	1,817,389	1,984,265	9,044,874
9 10a	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	1,718,164	1,780,051	1,745,005	1,817,389	1,984,265	9,044,874
9 10a b	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,718,164 436,663	1,780,051 428,052	1,745,005 437,329	1,817,389 472,151	1,984,265 500,598	9,044,874 2,274,793

7a	3 received from disqualified persons							
ь	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of	180,052	181,619	183,977	195,505		206,078	947,231
	\$5,000 or 1% of the amount on line							
	13 for the year Add lines 7a and 7b	180,052	181,619	183,977	195,505		206,078	947,231
8	Public support. (Subtract line 7c		202,020	200,511	222,000			
	from line 6)							8,097,643
Se	ction B. Total Support						•	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	017	(f) Total
	(or fiscal year beginning in) ▶	` '		` '	, ,			
9	Amounts from line 6	1,718,164	1,780,051	1,745,005	1,817,389	1,	984,265	9,044,874
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	436,663	428,052	437,329	472,151		500,598	2,274,793
	and income from similar sources	100,000	.20,002	107,023	.,,,,,,,,		000,050	2,2,. 50
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	436,663	428,052	437,329	472,151		500,598	2,274,793
11	Net income from unrelated business	100,000	120,002	107,020	.,,,,,,,			
	activities not included in line 10b,						7,310	7,310
	whether or not the business is						7,310	7,310
	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,	2.454.027	2 200 402	2 402 224	2 200 540		402 472	11 226 077
	11, and 12)	2,154,827	2,208,103	2,182,334	2,289,540		492,173	11,326,977
14	First five years. If the Form 990 is for	or the organization	n's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3) org	anızatıon <u>,</u>
	check this box and stop here							▶□
Se	ection C. Computation of Public							
15	Public support percentage for 2017 (III	ne 8, column (f) d	ıvıded by lıne 13,	column (f))		15		71 490 %
16	Public support percentage from 2016	Schedule A, Part I	II, lıne 15			16		71 010 %
Se	ction D. Computation of Invest	ment Income	Percentage					
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) dıvıded by	lıne 13, column (f	·))	17		20 000 %
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18		19 000 %
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%,	and line	17 is not
	more than 33 1/3%, check this box and							▶ ☑
	33 1/3% support tests—2016. If th	•	- '				n 33 1/39	
	not more than 33 1/3%, check this bo	x and stop here.	The organization	gualifies as a publ	icly supported ora	anization		▶ □
20	Private foundation. If the organizati	•	-					` - □
	Filvate Ioundation. If the organizati	on all flot check a	a DOX OII IIIIE 14, I	isa, oi isu, check	uns box and see		15	<u> </u>

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	20 000 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	19 000 %
19 a	331/3% support tests—2017. 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	1	▶ ☑
Ŀ	, 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is m	ore tha	n 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	zation	ightharpoons
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructio	ns ▶ □
	Schedule A	(Forr	n 990 or 990-FZ) 2017

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·		
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
Checked 12a Or 12D III Part 1, arisw	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	4b		
С				
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

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	6	
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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)? 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)	1		
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
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> .	3a		
	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.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Qualified set-aside amounts (prior IRS approval require				
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				
Distributable amount for 2017 from Section C, line 6				
Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions	

details in Part VI) See instructions	Terr the organization is respons	sive (provide	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 25-1666617

Name: ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

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

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493039014069

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

f the	Section 527 organizations Complet organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that organization answered "Yes" or xy Tax) (see separate instructions	n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under 9 have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta s), then	990-EZ, Part VI, I Ir section 501(h)) Co nder section 501(h	e 47 (Lobbying Activitie mplete Part II-A Do not c)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
Nar ASS	Section 501(c)(4), (5), or (6) organize of the organization octation of independent colleges of pennsylvania	zations Complete Part III		1 -	ntification number
		nization is exempt under section	on 501(c) or is	25-1666617 a section 527 organ	ization
1		ization's direct and indirect political car			
•	"political campaign activities")	ization's unect and munect pointed car	mpaigir activities in	rait IV (see ilistractions	TO definition of
2	Political campaign activity expend	itures (see instructions)		•	\$
3	Volunteer hours for political camp	•			
		nization is exempt under section			
1	,	ix incurred by the organization under se		>	\$
2	•	ix incurred by organization managers u		•	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
		nization is exempt under section			
1		ed by the filing organization for section	•		\$
2	Enter the amount of the filing organization activities	anızatıon's funds contributed to other c	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2017

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

Lobbying Expenditures During 4-Year Averaging Period

258,206

131,162

64,552

(b) 2015

259,656

121,689

64,914

(c) 2016

264,919

126,504

66,230

(d) 2017

276,713

113,643

69,178

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

1,059,494

1,589,241

492,998

264,874

397,311

(a) 2014

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

SCHEDULE D Supplemental Fina

Supplemental Financial Statements

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

2017

DLN: 93493039014069

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Name of the organization **Employer identification number** ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA 25-1666617 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 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) 2017

Par	t III	Organizations Maintaining Co	ollections of Art, F	listor	ical T	reas	ures, oi	Other	Similar As	sets (c	continued)	
3	Using items	the organization's acquisition, accessi (check all that apply)	on, and other records,	check	any of	the fo	ollowing t	hat are a	significant u	ise of its	collection	
а		Public exhibition		d		Loar	n or excha	ange prog	rams			
b		Scholarly research		e		Othe	er					
c		Preservation for future generations										
4	Provide Part	de a description of the organization's c	ollections and explain	how the	ey furtl	her th	ne organiz	ation's ex	kempt purpo	se ın		
5		g the year, did the organization solicit s to be sold to raise funds rather than							ular	☐ Ye	s □ I	No
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		m 990), Part	: IV,	line 9, o	r reporte	ed an amou	int on F	orm 990	, Part
1a		e organization an agent, trustee, custoo ded on Form 990, Part X?	dian or other intermed	iary for	- contri	bution	ns or othe	er assets	not	☐ Ye	s 🗆 I	No
ь	If "Ye	es," explain the arrangement in Part XI	II and complete the fo	llowing	table				А	mount		_
c	Begin	ining balance						1c				
d	Addıt	ions during the year						1d				_
е	Dıstrı	butions during the year						1e				
f	Endın	g balance						1f				_
2 a	Did th	ne organization include an amount on f	Form 990, Part X, line	21, for	escrov	v or c	ustodial a	ccount lia	bility?	☐ Ye	s 🗆 I	No
b	If "Ye	s," explain the arrangement in Part XI	II Check here if the ex	xplanat	ion has	s beer	n provide	d in Part)	KIII		. \square	
Pa	rt V	Endowment Funds. Complete										
		·	(a)Current year		rıor yea			ears back	(d)Three yea		(e)Four yea	ars back
1a	Beginn	ing of year balance	1,381,167		1,29	3,691		1,279,369	1,	250,713	1	,087,003
b	Contrib	outions										
c	Net inv	estment earnings, gains, and losses	118,452		136	6,976		35,322		68,656		202,210
d	Grants	or scholarships	32,150		23	3,500		21,000		19,000		19,500
	and pro	expenditures for facilities ograms	28,245		20	6,000				21,000		19,000
f	Admını	strative expenses										
g	End of	year balance	1,439,224		1,38	1,167		1,293,691	1,	279,369	1	,250,713
2 a		de the estimated percentage of the cur designated or quasi-endowment >	rent year end balance 44 190 %	(line 1	g, colu	ımn (a	a)) held a	S				
b	Perm	anent endowment ► 55 810 %										
С	Temp	orarily restricted endowment 🕨										
	The p	ercentages on lines 2a, 2b, and 2c sho	ould equal 100%									
3а		nere endowment funds not in the posse lization by	ession of the organizat	on tha	t are h	ield ai	nd admını	stered fo	r the		Yes	No
	(i) ur	nrelated organizations									ı(i)	No
		elated organizations									(ii)	No
ь 4		is" on 3a(ii), are the related organizations Tabe in Part XIII the intended uses of the	'			•					3b	<u> </u>
	rt VI			WITTETIL	Turius							
Ρđ	LL VI	Land, Buildings, and Equipme Complete if the organization and		m 990). Part	: IV.	lıne 11a.	See For	m 990. Pa	rt X. lın	e 10.	
	Descri	ption of property (a) Cost or c	other basis (b) Cost		•				lepreciation		d) Book val	ue
	Land	+			1	15,000						115,000
		gs				69,902			694,125			1,275,777
		old improvements	 		-1	,			,			
		nent			1:	30,375	5		110,392			19,983
	Other		+			, , ,			,			,,,,,,
		lines 1a through 1e (Column (d) must	equal Form 990, Part .	X, colui	mn (B)), line	10(c))		-			1,410,760

	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of va or end-of-year	
	al derivatives					
2) Closely- 3)Other	held equity interests	_				
4)						
3)						
()						
))						
≣)						
·)						
G)						
٦)						
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. See Fo	rm 990, Part)	(, line 13.
	·		ook value	•	(c) Method of va or end-of-year	aluation
L)					or cha or year	TIATROC VAIAC
2)						
3)						
4)						
5)						
5)						
7)						
B)						
9)						
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes'	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	art X, line 15 (b) Book value
-)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1) 2) 3)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2)		on Form	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
3)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(a) Description		m 990, Pa			
1) 2) 3) 4) 5) 7) 33) 9)	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer					(b) Book value
1) 2) 3) 4) 5) 7) 3) otal. (Colu	(a) Description		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) otal. (Colu	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) Part X .	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 5) 6) 7) 8) Part X) Federal (2)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 7) 8) 7) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 7) 8) 7) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 6) 7) 6) 7) 8) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 8) 6) 8) 8) 8) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 6) 8) Part X 1) Federal (2) 3) 4) 5)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) otal. (Colu	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X 1) Federal 1 2) 3) 4) 5) 7)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value

Part XI

2

3

4

b

C 5

1

2

b

c

d

3

4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2017

Page 4

105,311

341,928

2,479,612

2,214,170

20,186

2,193,984

341,928

2.535.912

Schedule D (Form 990) 2017

2,137,684

а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a

2b 2c

4a

4b

2a 2b

2c

2d

4a 4b

Explanation

20.186

341.928

20,186

341.928

2e

3

4c

5

85.125

2e 3 4c

Page 5		Schedule D (Form 990) 2017	
	ormation <i>(continued)</i>	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 25-1666617

Name: ASSOCIATION OF INDEPENDENT COLLEGES

AND UNIVERSITIES OF PENNSYLVANIA

Supplemental Information

Return Reference

SCHEDULE D, PAGE 3, PART X

Explanation

ITS IN THE FINANCIAL STATEMENTS, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES PRESENT LY, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUS TAINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION, AND THEREFORE BELIEVES THAT THE ASSOCIATION HAS NO EXPOSURE TO THE INCOME TAXES FROM UNCERTAIN TAX POSITIONS

THE STANDARDS REQUIRE AN ASSESSMENT OF THE ASSOCIATION'S EXPOSURE TO INCOME TAXES AT THE E NTITY LEVEL AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT AND PREVIOUSLY FILED T AX RETURNS EXAMPLES OF TAX POSITIONS TAKEN AT THE ENTITY LEVEL INCLUDE THE CONTINUING VAL IDITY OF THE ASSOCIATION'S 501(C)(3) STATUS, POTENTIAL UNRELATED BUSINESS ACTIVITIES AND O THER TAX POSITIONS THAT COULD RESULT IN ADDITIONAL INCOME TAXES UPON EXAMINATIONS BY TAXIN G AUTHORITIES UNDER FINANCIAL STATEMENTS PRESENTED IN ACCORDANCE WITH GENERALLY ACCEPTED. ACCOUNTING PRINCIPLES, ANY TAX BENEFITS ASSOCIATED WITH UNCERTAIN TAX POSITIONS THAT ARE I N EXCESS OF A REALIZATION THRESHOLD ARE RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEF

upplemental Information					
Return Reference	Explanation				
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EXPENSES 20,186				

s

Supplemental Information	
Return Reference	Explanation
, , , , , , , , , , , , , , , , , , , ,	DONOR SPECIFIC CONTRIBUTIONS 234,500 ROYALTIES REPORTED AT GROSS FOR 0 FINANCIAL STATEMENT PURPOSES 107,428

_ _ _ _

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSES 20,186

s

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR SPECIFIC CONTRIBUTIONS 234,500 ROYALTIES REPORTED AT GROSS FOR 0 FINANCIAL STATEMENT PURPOSES 107,428

_ _ _ _

DLN: 93493039014069 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA 25-1666617 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

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. **(b)** Event #2 (a)Event #1 (c)Other events (d) Total events **GOLF OUTING** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 38,475 38,475 2 Less Contributions. 3 Gross income (line 1 minus 38,475 38,475 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment **9** Other direct expenses 20,186 20,186 10 Direct expense summary Add lines 4 through 9 in column (d) 20,186 11 Net income summary Subtract line 10 from line 3, column (d) 18,289 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 (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes____ 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3					
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No						
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity $^{\circ}$?	′	□Yes	□No						
13	Indicate the percentage of gaming acti	vity conducted in									
а	The organization's facility		13a			%					
b	An outside facility		13b			%					
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books a	nd records								
	Name ►										
	Address >										
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No						
b		evenue received by the organization > \$a the third party > \$	nd the								
c	If "Yes," enter name and address of the	e third party									
	Name •										
	Address ▶										
16	Gaming manager information										
	Name ▶										
	Gaming manager compensation ► \$										
	Description of services provided ►										
	☐ Director/officer	☐ Employee ☐ Independent contractor									
17	Mandatory distributions										
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to		□Yes	Пио						
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or sp ties during the tax year $ ightharpoonup$ \$	ent								
Pai	t IV Supplemental Information	n. Provide the explanations required by Part I, line 2b, colubrations, 16, and 17b, as applicable. Also provide any additional				 s).					
	Return Reference	Explanation									

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493039014069 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** ASSOCIATION OF INDEPENDENT COLLEGES 25-1666617 AND UNIVERSITIES OF PENNSYLVANIA Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . 15 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Page **2**

Schedule I (Form 990) 2017

(3) (4) (5)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2017

Part III

(2)

(6)

(7)

THE AWARDEES

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

Explanation Return Reference SCHEDULE I, PAGE 1, PART I, LINE THE SCHOLARSHIPS MUST BE APPLIED FOR THROUGH THE FINANCIAL AID OFFICES OF THE PARTICIPATING COLLEGES AND UNIVERSITIES. THE SCHOLARSHIP. AMOUNTS FOR THE FINAL AWARD WINNERS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTIONS, WHO THEN APPLY THE PAYMENTS TOWARD THE TUITION OF

Additional Data

400 SAINT BERNARDINE

READING, PA 196071799 DUQUESNE UNIVERSITY

600 FORBES AVENUE PITTSBURGH, PA 152820205

STREET

Software Version:

25-1035663

EIN: 25-1666617

Name: ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA

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

Software ID:

(a) Name and address of (b) CIN (c) IDC posture (d) Amount of each (d) Amount of man (f) Mathed of value has	 				
organization or government (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (1) Method of Valuation (book, FMV, appraisal, assistance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	cash	, , , , , ,

(h) Purpose of grant

ALVERNIA COLLEGE 23-1522643 5,250

(q) Description of non-cash assistance

or assistance

SCHOLARSHIPS

SCHOLARSHIPS

6,250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 25-0496976 7.250 SCHOLARSHIPS GANNON UNIVERSITY 109 UNIVERSITY SQUARE

5,250

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

GENEVA COLLEGE

3200 COLLEGE AVENUE BEAVER FALLS, PA 15010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-1352646 5.250 SCHOLARSHIPS HAVEREORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041

6,250

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

LA SALLE UNIVERSITY

1900 WEST OLNEY AVENUE PHILADELPHIA, PA 191411199

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LEBANON VALLEY COLLEGE 23-1352354 5.250 SCHOLARSHIPS 101 COLLEGE AVENUE ANNVILLE, PA 17003

5,250

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

MESSIAH COLLEGE

1 COLLEGE AVENUE MECHANICSBURG, PA 17055

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 24-0795406 5.250 MISERICORDIA UNIVERSITY ISCHOLARSHIPS 301 LAKE STREET DALLAS, PA 186121090 PA COLLEGE OF HEALTH 06-1645496 6.250 SCHOLARSHIPS

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

SCIENCES

850 GREENFIELD ROAD LANCASTER, PA 17601

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 25-1120678 5.250 SCHOLARSHIPS ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BLVD

5,250

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

MOON TWP, PA 15108
SUSOUEHANNA UNIVERSITY

514 UNIVERSITY AVENUE SELINSGROVE, PA 178701025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-1352688 9.750 SCHOLARSHIPS VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 190851699

8,750

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

WAYNESBURG UNIVERSITY

51 W COLLEGE STREET WAYNESBURG, PA 15370

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-1352692 ISCHOLARSHIPS

5.250 WILSON COLLEGE

1015 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349303901									
Sch	edule J	Compensation Information	OMB No	1545-0	0047				
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20		7				
		▶ Attach to Form 990.							
•	tment of the Treasury al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.	Open i	co Pui ectio					
Nar	ne of the organiza								
	UNIVERSITIES OF	PENDENT COLLEGES PENNSYLVANIA 25-1666617							
Pa	rt I Questi	ons Regarding Compensation							
				Yes	No				
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Form Section A, line 1a Complete Part III to provide any relevant information regarding these items							
		s or charter travel Housing allowance or residence for personal use							
	_	r companions \square Payments for business use of personal residence							
		nification and gross-up payments Health or social club dues or initiation fees							
	☐ Discretion	nary spending account							
b		ixes in line 1a are checked, did the organization follow a written policy regarding payment or reimburse all of the expenses described above? If "No," complete Part III to explain	ement 1b						
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2						
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a/							
3		If any, of the following the filing organization used to establish the compensation of the							
	_	CEO/Executive Director Check all that apply Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in Part III							
		eation committee							
		of other organizations Of other organizations Approval by the board or compensation committee							
4	During the year related organiza	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization ation	or a						
а	_	rance payment or change-of-control payment?	4a		No				
b		or receive payment from, a supplemental nonqualified retirement plan?	4b		No				
c	•	or receive payment from, an equity-based compensation arrangement?	4c		No				
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	- 1/ \/-								
5		B), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
5		contingent on the revenues of							
а	The organization	n?	5a		No				
b	Any related orga	anization?	5b		No				
	If "Yes," on line	e 5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of							
а	The organization	n ²	6 a		No				
b	Any related orga		6b		No				
	•	e 6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed lescribed in lines 5 and 67 If "Yes," describe in Part III	7		No				
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
9		8, did the organization also follow the rebuttable presumption procedure described in Regulations sect	s 8 9		No				
For D		uction Act Notice, see the Instructions for Form 990. Cat No. 50053T Scher		, 000)	2017				

, ,								
		ectors, Trustees, Key						
instructions, on row (ii)	Do no	npensation must be repor ot list any individuals that i)(i)-(iii) for each listed ind	t are not listed on Form 9	90, Part VII		-	·	it individual
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 DR DON L FRANCIS PRESIDENT	(i)	272,981			44,960	26,928	344,869	
	(ii)							
2 TIM ALEXANDER VP FIN & ADM	(i)	162,790			17,816	33,896	214,502	
	(ii)							
3 RON URODA VP - RESEARCH	(i)	122,750			15,494	16,070	154,314	
	(ii)							
4 DR MARY YOUNG VP - GOVT RELATIONS	(i)	141,851			9,175	8,103	159,129	
	(ii)							
			1					

Schedule J (Form 990) 2017 Page 3 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 1 (Form 990) 2017

efile GRAPHIC print - DO NO	T PROCESS As	Filed Data -									34930			
Schedule K (Form 990)	Su	pplemental	Information o	n Tax-E	xempt	Bonds	scrintions				No 1545 201		, — _	
	r complete ii tii	explanation	s, and any additional	information	in Part VI	·	scriptions,			_	1 U I	/		
Department of the Treasury Internal Revenue Service	▶Informatio	n about Schedule	► Attach to Form 99 K (Form 990) and its		is at www	v.irs.aov/for	m990.				en to Pu			
Name of the organization								Emplo	yer ıden		n number			
ASSOCIATION OF INDEPENDENT COL AND UNIVERSITIES OF PENNSYLVAN								25-16	66617					
Part I Bond Issues														
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(e) Issue p	rice	(f) Descripti	on of purpose	(g) De	feased	beha			Pool ncing		
								Yes	Yes No				Yes No	
A UPPER DAUPHIN INDUST DEV AUTHORIT	23-2276191		12-01-2015	87	5,000 BUI	BUILDING RENOVATIONS			Х		Х		Х	
Part II Proceeds					l									
				ı	١		3	C				D		
1 Amount of bonds retired														
2 Amount of bonds legally defeas														
3 Total proceeds of issue					92,218	В								
4 Gross proceeds in reserve fund														
5 Capitalized interest from proce														
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds														
8 Credit enhancement from proc														
9 Working capital expenditures f														
10 Capital expenditures from proc					55,06	5								
11 Other spent proceeds														
Other unspent proceeds														
13 Year of substantial completion			• •	20		<u> </u>		., 1						
	- F	3		Yes	No	Yes	No	Yes	No		Yes	+	<u>No</u>	
14 Were the bonds issued as part				X										
Were the bonds issued as part					Х									
16 Has the final allocation of proce					Х							1		
17 Does the organization maintain proceeds?	adequate books and	records to support t	the final allocation of	×										
Part IIII Private Business U														
						+	3					D		
Was the organization a partner financed by tax-exempt bonds				Yes	No X	Yes	No	Yes	No		Yes		No	
2 Are there any lease arrangement property?	ents that may result in	n private business us			Х									
For Panerwork Reduction Act Not	ice, see the Instruct	tions for Form 990)	Cat	No. 50193	3F			5	chedul	e K (Fori	m 990	1) 2017	

9

c

Part IV

Arbitrage

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government 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

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

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Page 2

No

		1	4	I	В		С	I	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?		×						

ь	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?				
С	Are there any research agreements that may result in private business use of bond-financed property?	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?				

Α

No

Χ

Χ

Х

Χ

Χ

Х

Yes

Χ

Х

Χ

No

Yes

C

No

Yes

Schedule K (Form 990) 2017

Yes

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		
Ь	Name of provider			
	Term of GIC			

Schedule K (Form 990) 2017

the GIC catisfied?

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Part IV

INFORMATION

	the Gre satisfied.		1	1					I .	
6	Were any gross proceeds invested beyond an available temporary period?	X								
7	Has the organization established written procedures to monitor the requirements of section 148?	X								
Pa	t V Procedures To Undertake Corrective Action									
				١		В	(С		D
		 	Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violat requirements are timely identified and corrected through the voluntary of	ram		Х						

Page 3

No

No

Yes

REFUND A PRIOR BOND ISSUE, PAY FOR BOND CLOSING COSTS AND FINANCE BUILDING RENOVATIONS AS OF

6/30/18, 67,948 IS AVAILABLE TO BE DRAWN FROM THE BOND FOR FUTURE BUILDING RENOVATION COSTS

efile GRAPHIC print - DO NOT PROCESS		DLN: 93493039014069			
SCHEDULE O (Form 990 or 990- EZ)	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 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		Open to Public		
Image: Exemple Screen S		fication number			
Return Reference			Explanation		
FORM 990 - ORGANIZATION'S MISSION	PART 1, LINE 1 AND PART III, LINE 1 - ORGANIZATIONAL MISSION THE PURPOSE OF THE ASSOCIATI ON OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA (AICUP) IS TO SERVE AND PROMOT E INDEPENDENT COLLEGES AND UNIVERSITIES AS VITAL, DISTINCTIVE COMPONENTS OF THE HIGHER EDU CATION COMMUNITY IN PENNSYLVANIA AND THE NATION, TO PRESERVE AND PROMOTE THE STRENGTHS AND DISTINCTIVE CHARACTERISTICS OF NON-PROFIT HIGHER EDUCATION INSTITUTIONS AND TO INCREASE T HE FINANCIAL MEANS AVAILABLE TO THESE INSTITUTIONS, TO FURTHER THE AVAILABILITY OF EDUCATI ON OPPORTUNITY FOR RESIDENTS OF PENNSYLVANIA AND OTHERS WHO SEEK EDUCATION OR TRAINING AT INDEPENDENT COLLEGES AND UNIVERSITIES IN PENNSYLVANIA, TO ENHANCE THE BUSINESS AND EDUCATI ONAL PARTNERSHIP IN PA AND INCREASE THE EFFECTIVENESS OF DONATIONS IN ADVANCING HIGHER EDU CATION, TO ENCOURAGE AND SOLICIT CORPORATE, BUSINESS, AND OTHER GIVING TO THE INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA, TO FURTHER BY STUDY, RESEARCH, PUBLICATION, AND TEACHING AN UNDERSTANDING OF THE ROLE AND NEEDS OF HIGHER EDUCATION, TO ENCOURAGE AND PRO MOTE RESEARCH WHICH WILL FOSTER AND PROMOTE PUBLIC KNOWLEDGE OF HIGHER EDUCATION, AND EVOK E ATTENTION TO PROBLEMS IN HIGHER EDUCATION FOR THE IMPROVEMENT OF ALL CONDITIONS RELATING TO HIGHER EDUCATION, TO GATHER, ANALYZE AND INTERPRET ACCURATE AND RELIABLE INFORMATION A ND DATES PERTINENT TO INDEPENDENT COLLEGES AND UNIVERSITIES IN PA, AND TO PROVIDE OTHER CI VIC, EDUCATIONAL AND PUBLIC FEATURES AS WILL FOSTER, STIMULATE, AND ENCOURAGE PUBLIC UNDER STANDING OF HIGHER EDUCATION, TO ORGANIZE CONFERENCES, SEMINARS, STUDY GROUPS, AND PUBLICA TIONS IN ORDER TO EXPAND PUBLIC INFORMATION AND EDUCATIONAL INITIATIVES BY INDEPENDENT COL LEGES AND UNIVERSITIES IN PENNSYLVANIA		E AND PROMOT E HIGHER EDU E STRENGTHS AND D INCREASE T OF EDUCATI I OR TRAINING AT SS AND EDUCATI INDEPENDENT ELICATION, AND DURAGE AND PRO JUCATION, AND EVOK TIONS RELATING NFORMATION A //IDE OTHER CI PUBLIC UNDER PS, AND PUBLICA		

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990 THE ASSOCIATION

Return Explanation
Reference

FORM 990,	THE ASSOCIATION HAS SEVERAL COMMITTEES COMPRISED OF VOLUNTEERS FROM MEMBER INSTITUTIONS WH
PAGE 1,	O PROVIDE GUIDANCE AND OPINIONS ON VARIOUS ISSUES CONFRONTING THE ORGANIZATION THESE COMM
PART I, LINE	ITTEES INCLUDE THE ECONOMIC DEVELOPMENT COMMITTEE, THE MEMBER SERVICES/COLLABORATION COMMI
6	TTEE, AND THE RESEARCH, ASSESSMENT & ACCOUNTABILITY COMMITTEE IN ADDITION, THE REGULAR BO
	ARD MEMBERS ARE ALSO VOLUNTEERS WHO SERVE WITHOUT FINANCIAL COMPENSATION

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	THE ASSOCIATION CONDUCTED VARIOUS RESEARCH STUDIES WHICH INCLUDED THE FOLLOWING - FRESHMA N ADMISSION AND FINANCIAL AID - STUDENT FINANCIAL AID - FINANCIAL ANALYSIS AND TRENDS - TU ITION AND FEES, AND PATTERNS OF VOLUNTARY SUPPORT - BACCALAUREATE RESEARCH STUDY THE ASSOC IATION HAS UNDERTAKEN AN ECONOMIC DEVELOPMENT PROJECT DESIGNED TO ALIGN STATE, LOCAL AND A ND COLLEGE ECONOMIC DEVELOPMENT INITIATIVES AND ASSIST INDIVIDUAL MEMBER SCHOOLS OR CONSOR TIA OF SCHOOLS WITH SPECIFIC PROJECTS THE ASSOCIATION WILL DEVELOP AN OVERALL ECONOMIC DE VELOPMENT STATEGY FOR PA'S INDEPENDENT HIGHER EDUCATION SECTOR

Return Explanation

FORM 990, AICUP IS A MEMBERSHIP ORGANIZATION THE POPULATION OF QUALIFIED MEMBERS CONSISTS OF ALL IN PAGE 6, DEPENDENT NONPROFIT COLLEGES AND UNIVERSITIES WITHIN THE COMMONWEALTH OF PENNSYLVANIA LINE 6

Return Explanation

FORM 990, PAGE 6, THE BOARD OF DIRECTORS IS ELECTED ANNUALLY POTENTIAL BOARD MEMBERS CONSIST OF THE PRESIDENTS OF PART VI, LINE 7A

Return Explanation
Reference

FORM 990,	MAJOR DECISIONS ARE SUBJECT TO THE APPROVAL OF THE MEMBERSHIP OTHER ACTIONS ARE SUBJECT T
PAGE 6,	O THE APPROVAL OF THE BOARD WHICH CONSIST OF REPRESENTATIVES OF THE MEMBER COLLEGES AND UN
PART VI,	IVERSITIES
LINE 7B	

Return Explanation
Reference

FORM 990,	FORM 990 IS REVIEWED BY THE MANAGEMENT OF AICUP FOR ACCURACY BEFORE SUBMITTAL TO THE IRS
PAGE 6,	THE 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW ON A SECURE PORTAL FOR A 30
PART VI,	DAY COMMENT PERIOD
LINE 11B	

Return Explanation
Reference

FORM 990, THE PRESIDENT REVIEWS ALL IDENTIFIED CONFLICT OF INTERESTS OF STAFF OR THE CHAIR REVIEWS F
PAGE 6, OR OFFICERS AND BOARD MEMBERS RESOLUTION OF CONFLICTS ARE MADE BY THE BOARD OF DIRECTORS
PART VI,
LINE 12C

Return Explanation

Reference

FORM 990,	THE PRESIDENT'S COMPENSATION PACKAGE WAS COMPARED TO A SURVEY OF SIMILIAR STATEWIDE ORGANI
PAGE 6,	ZATIONS FROM ACROSS THE COUNTRY A SUBCOMMITTEE OF THE BOARD OF DIRECTORS MADE RECOMMENDAT
PART VI,	IONS TO THE FULL BOARD BASED ON THIS REVIEW THE FULL BOARD ADOPTED A COMPENSATION PACKAGE

LINE 15A FOR THE PRESIDENT IN EXECUTIVE SESSION

Return Explanation
Reference

FORM 990, ALL DOCUMENTS THAT MUST BE MADE AVAILABLE TO THE GENERAL PUBLIC ARE MADE AVAILABLE UPON WR
PAGE 6, ITTEN REQUEST OTHER GOVERNING DOCUMENTS ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC
PART VI.

990 Schedule O, Supplemental Information

LINE 19

Return Explanation
Reference

FORM 990,	FUNDRAISING EXPENSES 20,186 DONOR SPECIFIC CONTRIBUTIONS -234,500 ROYALTIES REPORTED AT GR
PART XI,	OSS FOR 0 FINANCIAL STATEMENT PURPOSES -107,428 FUNDRAISING EXPENSES -20,186 DONOR SPECIFI
LINE 9	C CONTRIBUTIONS 234,500 ROYALTIES REPORTED AT GROSS FOR 0 FINANCIAL STATEMENT PURPOSES 107
	1.428