	•		•
	<	-	>
	c	,	3
	_		Š
	=	7	ć
_			
-	į		
1	۲		
Z	_		
Z	_		
2	1	_	

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

	ai Hevenue	GO to WWW.iia.gov/	Form990 for instructions and				inspection
A F	or the 2	017 calendar year, or tax year beginning JU	L 1, 2017 and	ending J	UN 30, 2018		
B Ci	neck lí oplicable	C Name of organization			D Employer	identıficat	ion number
	Address change	PURDUE UNIVERSITY GLOBAL INC.					
	Name change	Doing business as	1	82-1319	401		
	Initiat return	Number and street (or P.O. box if mail is not deli	E Telephone	number			
	Final return/	9000 KEYSTONE CROSSING	•		3	317-208-	5311
	termin- ated	City or town, state or province, country, and 2	PIP or foreign postal code		G Gross receipts	s	138,780,572.
	Amended		or revergit pootal cool		H(a) Is this a		'n
х	return Applica- tion	F Name and address of principal officer BETTY	VANDENBOSCH		- 1 ' ' '	•	Yes X No
	Jtion pending	SAME AS C ABOVE	VANDBIIDOBEII	60	for subor		.00
				1) 6	H(b) Are ell subo		
				or C _527	⊣ '		(see instructions)
J M	ebsite:	► HTTPS://WWW.PURDUEGLOBAL.EDU/	L.		H(c) Group ex		
			sociation Other	L Year	of formation: 20	17 MS	tate of legal domicile IN
Pa	rt I	Summary	<u></u>	<u> </u>			
	1 B	nefly describe the organization's mission or most	significant activities OPFRAT	E CONTO	ET AND ADMI	NISTER	
Governance	A	DEGREE GRANTING AND CREDIT BEARING F	OSTSECONDARY INSTITUTION	ON.	バロングドア		
ü	2 C	heck this box if the organization discor	itinued its operations of dispos	sed of more	than 25% of its	net assets	\$
ē	3 N	umber of voting members of the governing body (Part VI, line 1a)	"" 7/2	3)6	0/3	6
မ	4 N	umber of independent voting members of the gov	eming body (Part VI line 1b)		را 19 <i>الانا</i> لا	6	6
	5 To	otal number of individuals employed in calendar v	ear 2017 (Part V. line 2	いいどこ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5/5	0
Activities &	6 T	the this box if the organization discorpanies of voting members of the governing body (sumber of independent voting members of the governal number of individuals employed in calendar yout all number of volunteers (estimate if necessary)	Sar 2017 (1 art 1; mio 2a)	JUEI		6	12
3	6 Te	etal mumber of volunteers (estimate if necessary)	···· (0) III 10			/ 0 7a	0.
Ac	, a	Adi di liciated basiliess revende from Fait vill, coi	Biriir (O), iirib 12				0.
-	bΝ	et unrelated business taxable income from Form 9	990-1, line 34	 -		7b	
				-	Prior Year	 -	Current Year
<u>0</u>	8 C	ontributions and grants (Part VIII, line 1h)		<u> </u>		0.	0.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		<u> </u>		0.	138,070,696.
ě	10 In	vestment income (Part VIII, column (A), lines 3, 4,			0.	276,122.	
α.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.	411,025.
	12 T	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)			0.	138,757,843.
	13 G	rants and similar amounts paid (Part IX, column (A	A), lines 1-3)			0.	22,408,450.
		enefits paid to or for members (Part IX, column (A				0.	0.
		alaries, other compensation, employee benefits (F		0.	60,193,992.		
ses		rofessional fundraising fees (Part IX, column (A), li				0.	0.
Expenses		otal fundraising expenses (Part IX, column (D), line		o. -			
Ä		• • • • • • • • • • • • • • • • • • • •				0.	75,553,250.
_		ther expenses (Part IX, column (A), lines 11a-11d,	•	-		0.	158,155,692.
		otal expenses Add lines 13-17 (must equal Part I)		<u> </u>		0.	
		evenue less expenses. Subtract line 18 from line	12				-19,397,849.
s or				<u> B</u>	eginning of Curre		End of Year
set	20 T	otal assets (Part X, line 16)				0.	106,914,338.
t Assurd Bal	21 T	otal liabilities (Part X, line 26)		_		0.	90,196,646.
25		et assets or fund balances. Subtract line 21 from	line 20		····	0.	16,717,692.
Pa	irt II	Signature Block					
Unde	er penalt	es of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the b	est of my kr	rowledge and belief, it is
true,	correct,	and complete Declaration of preparer (other than office	r) is based on all information of w	hich prepare	r has any knowled	ge	
Sign	.	Signature of officer			Date		
Her		CHRISTOPHER A. RUHL, CFO				5-15	-19
1161	۱	Type or print name and title			-		
			Duna		Date	Check	PTIN
		Print/Type preparer's name	Preparer's signature	ļ		II.	
Paid	<u></u>	ORI J. EGGETT		05/15/19	self employed	P00645252	
Prep	arer	Firm's name PLANTE & MORAN, PLLC			Firm's	EIN 🕨	38-1357951
Use	Only	Firm's address 8181 E TUFTS AVE, SUITE	600				
		DENVER, CO 80237	·		Phone	no 303-7	
May	the IR	discuss this return with the preparer shown abo	ve? (see instructions)				X Yes No
	01 11-28-			ons.			Form 990 (2017)

Form	990 (2017) PURDUE UNIVERSITY GLOBAL INC.	82-131940	1 Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	PURDUE UNIVERSITY GLOBAL WAS ORGANIZED TO OPERATE, CONDUCT, AND		
	ADMINISTER A DEGREE GRANTING AND CREDIT BEARING POSTSECONDARY	-	
	SEI-AFFILIATED EDUCATIONAL INSTITUTION. THE CORPORATION WILL OFFER		
	INSTRUCTIONAL OR EDUCATIONAL SERVICES AND PROGRAMS, INCLUDING DEGREE		····
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	Ļ	Yes X No
	If "Yes," describe these new services on Schedule O	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by exi	oenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
		the total expe	11505, 4110
	revenue, if any, for each program service reported (Code) (Expenses \$ 146,917,637. including grants of \$ 22,408,450.) (Revenue to the content of the cont		38 070 696 \
4a		·	30,070,050.
	PURDUE UNIVERSITY GLOBAL DELIVERS PERSONALIZED ON-SITE AND ONLINE		
	EDUCATION TAILORED TO THE UNIQUE NEEDS OF ADULTS WHO HAVE WORK OR LIFE		
	EXPERIENCE BEYOND THE CLASSROOM, ENABLING THEM TO DEVELOP ESSENTIAL		
	ACADEMIC AND PROFESSIONAL SKILLS WITH THE SUPPORT AND FLEXIBILITY THEY		
	NEED TO ACHIEVE THEIR CAREER GOALS.		
			
		·	
4b	(Code) (Expenses \$ including grants of \$) (Revenue :	š)

4c	(Code) (Expenses \$ including grants of \$) (Revenue :	.)
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		<u> </u>
4e	Total program service expenses ► 146,917,637.		
			Form 990 (2017)

Form 990 (2017) PURDUE UNIVERSITY GLOBAL INC.

Part IV	Checklist of Required Schedules
	•

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١.		,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ ا		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١,		х
_	Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable]		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			۱
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
	Schedule D, Parts XI and XII	12a	^	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	x	
12	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	12b 13	х	\vdash
13 140	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	000	X (2017)
		Form	33U	(2017)

Form 990 (2017)

Purdue UNIVERSITY GLOBAL IN Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	ļ	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26	<u> </u>	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			الــــــــــــــــــــــــــــــــــــ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30_	ļ	 ^- -
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		 ^-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	22		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	
33	, , , , , , , , , , , , , , , , , , , ,	33		x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	├~		
34		34	x	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	(2017)

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		1	(25, 7,7)		37.05
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			100		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportab	le gaming	(Tax	<u>. 78°</u>	<u> </u>	á
	(gambling) winnings to prize winners?			1c	Х		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			25. 2 % 25. 2 %			V. S. C. V.
	filed for the calendar year ending with or within the year covered by this return	2a		0			45725
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		L	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х	_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b			_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authon	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X	_
b	If "Yes," enter the name of the foreign country				1.00		Ä
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)		1.75	5-6	0
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		×	
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	e orga	nization solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or	gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).					LCO	2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		X	
b	If "'i'es," did the organization notify the donor of the value of the goods or services provided?			7Ն		ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ııred				
	to file Form 8282?		•	7c		X	_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		25.50	2.5.00	7.	4
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		х	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		х	_
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7 <u>g</u>			_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	19° /a. a.	. 15	3
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	1	252	1	
	sponsoring organization have excess business holdings at any time during the year?			8	Colyper To	20,624	_
9	Sponsoring organizations maintaining donor advised funds.			1637	200		0
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	10890	29 N 279	ž,
10	Section 501(c)(7) organizations. Enter	1	I				3
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				7. 13.2	2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			2 4 2 2		5
11	Section 501(c)(12) organizations. Enter	1	1	3 6	S. 7.		200
а	Gross income from members or shareholders	11a		1/3: [1, 1,502. 1,128.	2.5	*
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l		1.	4 4		3
	amounts due or received from them)	11b	<u> </u>	سُنيند	<u> </u>	4.4	ž
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ĺ	12a	4000 A	" tate	- *
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			100	\$ 1985, \$100	5.5. J. 3.	ž
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	25.56	945250	
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا مما	I	(A A A A A A A A A A A A A A A A A A A	1.3.4.1. 1.3.4.1.		N. S.
	organization is licensed to issue qualified health plans	13b					1
	Enter the amount of reserves on hand	_13c	L	140	12577.14	X	2
	Did the organization receive any payments for indoor tanning services during the tax year?	- 0		14a		 ^- -	-
D	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	e.u.		14b	990	/2017	_
				LOUI	, 555	(2017	,

PURDUE UNIVERSITY GLOBAL INC. Page 6 Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No x 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 13 14 X Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a x b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply

Another's website X Upon request Own website

9000 KEYSTONE CROSSING #800, INDIANAPOLIS, IN 46240

Own website	Another's website	X Upon request	Other (explain in Schedule O)	
Describe in Schedule O	whether (and if so, how) the	organization made its gov	verning documents, conflict of interest policy, and finance	al
statements available to	the public during the tax year	•		

State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTOPHER A. RUHL - 317-208-5311

Form	990	(2017)

19

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	on nor any related organization (B) (6)						(D)	(E)	(F)
Name and Title	Average	١	Position (do not check more to					Reportable	Reportable	Estimated
Hame and Title	hours per		not c , unle					compensation	compensation	amount of
	week	offi	cer ar	dad	recto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	ale				eq		organization	(W-2/1099-MISC)	from the
	related	ste c	lage		١	eusa		(W-2/1099-MISC)		organization
	organizations	at trus	ag		loyee	mos a				and related
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	트	E	ij	Ş.	光島	휸			
(1) MICHAEL R. BERGHOFF	1.00				l			_	_	
CHAIRMAN OF BOARD	5.00	X	L_			<u> </u>	<u> </u>	0.	0.	0.
(2) PAUL A. BOTT	1.00				l					
TRUSTEE	0.00	х	_				_	0.	0.	0.
(3) JOANN BROUILETTE	1,00		l			l				
TRUSTEE	3.00	х						0.	0.	0.
(4) MALCOM S. DEKRYGER	1.00				ŀ					
TRUSTEE	3.00	х						0.	0.	0.
(5) MICHAEL F. KLIPSCH	1.00									
TRUSTEE	3.00	х						0.	0.	0.
(6) DON THOMPSON	1.00							<u> </u>		
TRUSTEE	3.00	х			l	ŀ		0.	0.	0.
(7) BETTY VANDENBOSCH	5.00		Г							
CHANCELLOR	0.00	1		х				0.	0.	0.
(8) MITCHELL E. DANIELS JR.	1.00								-	
PRESIDENT	40.00	1		х	1		ŀ	0.	767,699.	119,209.
(9) WILLIAM E. SULLIVAN	1.00									
TREASURER	40.00	1	}	х				0.	342,046.	49,557.
(10) JAMES ALMOND	1.00									
ASSISTANT TREASURER	40,00	1		х	l			0.	323,737.	52,312.
(11) NANCY DECKER	1.00									
SECRETARY	40.00	1		х		1	1	0.	85,380.	26,112.
(12) AMANDA REDICK	1.00	\vdash				T				
ASSISTANT SECRETARY	40.00	1		x				0.	111,301.	30,797.
(13) CHRISTOPHER A. RUHL	1,00	<u> </u>	t^-			t			,	,
CHIEF FINANCIAL OFFICER	40.00	1		x	1			0.	102,539.	19,224.
THE PARTITION OF LOUIS	+ 30.00	\vdash	\vdash	۳	\vdash	\vdash	\vdash	 	102,000.	
	 	1			1					
	+	-	╁	\vdash	\vdash	\vdash	├	1	<u> </u>	
	 	1			1					
	+	├	╁	├		\vdash	\vdash	 		· · · · · · · · · · · · · · · · · · ·
	—	ł			1					
	 -	⊢	⊢	\vdash	\vdash	\vdash	\vdash	 		
		1		l	İ					

Form 990 (2017)

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

297,211.

297,211.

٥.

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		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			.
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

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

	(A) Name and business address	(B) Description of services	(C) Compensation
	ON CONSULTING		
550	W. VAN BUREN ST., CHICAGO, IL 60607	CONSULTING	516,169.
		1	
2	Total number of independent contractors (including but not limited to those liste	d above) who received more than	
	\$100,000 of compensation from the organization		

Form 990 (2017)

Form 990 (2017) PURDUE UNIVERSITY GLOBAL INC.

Part VIII: Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII									
				3 3 3		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	•	1 a	Federated campaigns	1a					7 K 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
E		b	Membership dues	1ь					
2,3		С	Fundraising events	1c					
a if		d	Related organizations	` 1d					
s, a		е	Government grants (contribution	ons) 1e				2	
Ëä		f	All other contributions, gifts, grant	s, and	,				
the sta			similar amounts not included above	re 1f		44.			
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1	a-1f \$		<u> </u>			
ပို့ရ		h	Total. Add lines 1a-1f	<u>.</u> .	<u> </u>	Jahre 10 core 1/2 Trodules November	**************************************		
					Business Code				
g	2	2 a,			616000	104,224,551.	104,224,551.		
Program Service Revenue		b	PELL GRANTS		616000	22,408,450.	22,408,450.		
n S		C	FEES		616000	11,437,695.	11,437,695.		
gra Be		ď	<u> </u>						-
Š		e					,		
-		f	All other program service rever	nue		139 070 606			A MANAGEMENT
	_		Total. Add lines 2a-2f			130,070,030,		Control of the second	3-49687 32-42-38A3-4
		3	Investment income (including of other similar amounts)	uividends, intere	st, and	267,713.	٠,	•	267,713.
	,	1	Income from investment of tax	-exempt bond o	roceeds				, -
		5	Royalties	exempt bond p	-				
	Ì		, ioyanioo	(i) Real	(ii) Personal	VONTES SE	202020		\$2.800.800 Sec. 1
	•	s a	Gross rents	181,929.	(.,,				
٠.			Less rental expenses	0.		Access of the second		Park Harvari	
,			Rental income or (loss)	181,929.					
			Net rental income or (loss)			181,929.			181,929.
- 1	7	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
ı		,	assets other than inventory		8,409.		100 market		
		b	Less cost or other basis	•	ř				
İ			and sales expenses		0.				
		С	Gain or (loss)	<u> </u>	8,409.	**************************************			
		d	Net gain or (loss)	,		8,409.	SOLUTION OF THE SECOND	292200 - 2832 K.Sn. G	8,409.
9	8	3 a	Gross income from fundraising						
evenue			including \$	of					
_ 			contributions reported on line	•					
Other Re			Part IV, line 18	a					
₹			Less direct expenses	b raising avanta		33 33 34 34 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
	,		Net income or (loss) from funda Gross income from gaming act					2.48.48.48.a	
	•	,	Part IV, line 19	a a					
,		h	Less direct expenses	· b					
			Net income or (loss) from gami		>	3.466.74.55.26.860.12.65.			
	10		Gross sales of inventory, less r	_				100	
			and allowances	а	45,205.				
		b	Less cost of goods sold	ь	22,729.				
			Net income or (loss) from sales	of inventory	>	22,476.	•		22,476.
			Miscellaneous Revenue	•	Business Code				
	11	Ιą	OTHER MISC REVENUE		900099	206,620.			206,620.
		b							
İ		С					•		
		d	All other revenue				H. CONTRACTOR OF LONGONIZATION	Dorral Sande Dellar Tr.	Attentionary according to the lower labour of the
· [е	Total. Add lines 11a-11d	,	>	206,620.			
	12	2	Total revenue. See instructions.	•	<u> </u>	138,757,843.	138,070,696.	0.	687,147.

Form 990 (2017) PURDUE UNIVERSITY G Part: X Statement of Functional Expenses

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	22,408,450.	22,408,450.		
3	Grants and other assistance to foreign			SECTION SERVICE	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			TANK TO THE TANK THE	25-425-538-548-5-548-5-5-5-5-5-5-5-5-5-5-5-5-5-5-
5	Compensation of current officers, directors,				
	trustees, and key employees	107,807.	107,807.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48,721,911.	48,364,910.	357,001.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2,071,442.	2,071,167.	275.	
9	Other employee benefits	5,566,266.	5,418,615.	147,651.	
10	Payroll taxes	3,726,566.	3,708,002.	18,564.	
11	Fees for services (non-employees)		·	,	
	Management	24,688.	24,688.		
ь	Legal	144,532.	······································	144,532.	
c	Accounting	105,422.		105,422.	
d	Lobbying			,	
	Professional fundraising services. See Part IV, line 17		STEEL AND AND ASSESSED.	STANDARD PROPERTY.	
f	investment management fees		2241 2 C C C C C C C C C C C C C C C C C C	1-10 miles	
	Other (If line 11g amount exceeds 10% of line 25,		······································		
9	column (A) amount, list line 11g expenses on Sch O.)	1,744,731.	55,936.	1,688,795.	
12	Advertising and promotion	32,427,461.	32,415,936.	11,525.	
13	Office expenses	415,061.	249,771.	165,290.	
14	Information technology	6,212,105.	5,224,643.	987,462.	
15	Royalties	.,,		, -	
16	Occupancy	4,928,848.		4,928,848.	
17	Travel	560,865.	32,816.	528,049.	
18	Payments of travel or entertainment expenses			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10	for any federal, state, or local public officials				
10		37,504.	36,851.	653.	
19 20	Conferences, conventions, and meetings Interest	,	20,001.		<u> </u>
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	1,305,838.	625,580.	680,258.	
23	Insurance	512,206.	454,113.	58,093.	•
23 24	Other expenses. Itemize expenses not covered			\$2.00 CAR \$2.00 CAR	
24	above (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
_	amount, list line 24e expenses on Schedule 0.) SUPPORT SERVICES FEE	13 174 036.	13,174,036.	0.	AND 10400 TREA 1/2007
a	BAD DEBT	6,400,816.	6,400,816.	0.	
b	CLASSROOM & STUDENT SUP	2,934,717.	2,934,176.	541.	
C	LOSS ON RECEIVABLE	2,500,000.	2,500,000.	0.	-
d		2,300,000.	709,324.	1,415,096.	
	All other expenses Add loss 1 through 24s	158,155,692.	146,917,637.	11,238,055.	0.
25	Total functional expenses. Add lines 1 through 24e	130,133,032.	140,311,037.	11,230,033.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (D) in it anote for a constant of				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			,	,

Form **990** (2017)

Form 990 (2017)
Part X Balance Sheet

Hai	ואַאַ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
		,			(A)		(B)
	Γ	·			Beginning of year		End of year
	1	Cash - non-interest-bearing			0.	1	66,409,356
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0.	4	8,872,213
	5	Loans and other receivables from current and for	rmer o	fficers, directors,			
		trustees, key employees, and highest compensa	ited en	ployees. Complete		12.15	
	ļ	Part II of Schedule L			Compared to the American Compared Compa	5	SELECTION OF THE COLUMN STATE OF THE SELECTION OF THE SEL
	6	Loans and other receivables from other disqualit	-	·			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect				200	
ţ		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	155 105
⋖	8	Inventories for sale or use			0.	8	155,195
	9	Prepaid expenses and deferred charges		•	0.	9 %″%;%	1,301,941
	10a	Land, buildings, and equipment cost or other		05 510 044		43	
		basis Complete Part VI of Schedule D	10a	25,519,244.		1.3% W	2 675 673
		Less accumulated depreciation	10b	22,843,611.	0.	10c	2,675,633
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1				12	
	13	investments - program-related See Part IV, line	11			13	
	14	Intangible assets			0.	14	27,500,000
	15	Other assets See Part IV, line 11	0.	1	106,914,338		
_	16	Total assets. Add lines 1 through 15 (must equa	ai line s	34)	0.	16 17	9,146,848
	17	Accounts payable and accrued expenses	•		ļ	18	3,140,040
	18	Grants payable Deferred revenue			0.	19	41,884,340
	19 20	Tax-exempt bond liabilities			<u> </u>	20	12,001,010
	21	Escrow or custodial account liability Complete I	Dart 11/	of Schadula D		21	
	22	Loans and other payables to current and former			AMERICAN CHARGE AND	300	CONTRACTOR AND AND AND AND AND AND AND AND AND AND
ties	22	key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L		22			
Ľ	23	Secured mortgages and notes payable to unrela	ted the	rd narties		23	
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D			0.	25	39,165,458
	26	Total liabilities. Add lines 17 through 25			0.	26	90,196,646
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🔲 and			
s		complete lines 27 through 29, and lines 33 an	d 34.		25		
JC.	27	Unrestricted net assets		•		27	
alaı	28	Temporarily restricted net assets				28	·
B B	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗓			
卢		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds			0.	30	0
SSE	31	Paid-in or capital surplus, or land, building, or ed	uipme	nt fund	0.	31	. 0
¥ A	32	Retained earnings, endowment, accumulated in	come,	or other funds	0.	32	16,717,692
ž	33	Total net assets or fund balances			0.	33	16,717,692
	34	Total liabilities and net assets/fund balances			0.	34	106,914,338

Form 990 (2017)

Form	1990 (2017) PURDUE UNIVERSITY GLOBAL INC.	82-1319	101	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	138	,757,	843.
2	Total expenses (must equal Part IX, column (A), line 25)	2	158	,155,	692.
3	Revenue less expenses Subtract line 2 from line 1	3	-19	,397,	849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36	,115,	541.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16	,717,	692.
Pa	rt 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 Cash X Accrual Other				1 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ()			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1 1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1
	consolidated basis, or both				1
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			لـــا
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

82-1319401 PURDUE UNIVERSITY GLOBAL INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 1 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 ____ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (v) Amount of monetary (II) EIN (iii) Type of organization (vi) Amount of other (i) Name of supported IN YOUR GOVE ning document (described on lines 1 10 support (see instructions) organization support (see instructions) Yes No above (see instructions)) Total

2017.05060 PURDUE UNIVERSITY GLOBAL 112670 1

	,	•					
	edule A (Form 990 or 990-EZ) 2017 Pt	URDUE UNIVERSI	TY GLOBAL INC			82-131940)1 Page 2
Pa	Support Schedule for						
•	(Complete only if you checke				n failed to qualify u	inder Part III If the o	rganization
	fails to qualify under the tests	s listed below, plea	se complete Part I	II)		•	
Se	ction A. Public Support		<u> </u>	,	1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1,	Gifts, grants, contributions, and					/	
	membership fees received (Do not					/	
	include any "unusual grants ")				<u> </u>	 / - 	
2	Tax revenues levied for the organ-				,		
	ization'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			<u> </u>	- /	' - 	
4	Total. Add lines 1 through 3		 780	AS AN AND SERVICE	200 M 25-11-55		
3	The portion of total contributions by each person (other than a				17.		
	governmental unit or publicly	4.0					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				2.44	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	column (f)						
6	Public support. Subtract line 5 from line 4		心思观的关键记录	TOWNS / TO	整体型光影准数	第7数。第7 数	
	ction B. Total Support	•		//			
Cale	endar 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,					ļ,	
	dividends, payments received on.			/			
	securities loans, rents, royalties,						
	and income from similar sources			/			
, 9	Net income from unrelated business	,	\ \				
	activities, whether or not the	1					
	business is regularly carried on		//				
10	Other income Do not include gain						
	or loss from the sale of capital	ļ.,					
	assets (Explain in Part VI) Total support. Add lines 7 through 10	7213345101,563167	7 7:55257456582.20	MANAGARAN CICINA		\$250 \\$66430\$4/A	
11 12				AMOUNESCEPTIONS TOPOGRA	- Carl Lord President State Con	12	
	First five years. If the Form 990 is for	•	. /	d. fourth, or fifth ta	ix vear as a section	· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stop		,g., 5000114, tilli	o, 1001a1, 01 mai to		, ,	ightharpoons
Se	ction C. Computation of Publi		centage				,
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2016	/	-	`,,		15	%
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies					,	ightharpoons
, k	33 1/3% support test - 2016. If the	organizati o n did no	t check a box on i	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10% or	more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organi	zation
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a j	oublicly supported	organization		
k	10% -facts-and-circumstances test	,					0% or
	more, and if the organization meets t	e "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	nization	▶∟_
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 PURDUE UNIVERSITY GLOBAL INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					,	Y
	membership fees received (Do not						•
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						`
	are not an unrelated trade or bus-					/	
	iness under section 513						
4	Tax revenues levied for the organ-				/		
	ızatıon's benefit and either paid to				/		
	or expended on its behalf				/		
5	The value of services or facilities				/		
	furnished by a governmental unit to				/		
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						1
	3 received from disqualified persons			-			
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	`					
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)	,		-			
	ction B. Total Support	<u>, · </u>	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		/				
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	rst, second, thire	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
	check this box and stop here		/				>
Sec	ction C. Computation of Publi	c Support Pér	centage			r	
15	Public support percentage for 2017 (li	ne 8, column/(f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20	,		e 13, column (f))		17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2017. If the	-					7 is not
	more than 33 1/3%, check this box/ar						▶∟
b	33 1/3% support tests - 2016. If the						nd
	line 18 is not more than 33 1/3%, che						▶∟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			<u>▶</u>
73202	23 10-06-17				Sch	edule A (Form 990	or 990-EZ) 2017

Page 4

Partily Supporting Organizations

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

Section A. All Supporting Organization	S
--	---

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- ${\bf c} \quad \hbox{\rm Did the organization support any foreign supported organization that does not have an IRS determination} \\$ under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, " answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
2000		

500	30000	
1 1		
		3000.34
100		
	2	
2	i	
	22. S. S.	
3a		
<u> 2025 - </u>	12222	132521
3b		
		1373
_	officializate.	المقتصدة
3c ∵″ <i>చశశిగచ</i>	دران و _{اس}	73880 T 4
	ŤŴ:	
4a		
at . for weat, or		i E
4b		
40	38 h.	100
	變	
3 38 N		
_	India Adda	***************************************
4c	1885.	503/25. A
	1 W K	7.00
	1000	
<u> جنگل</u>	475	7.2
5a		
	<i>53</i> 6	
5b	استحصيفيهم	***************************************
-		
50 ₹949%	metric territoria	7.69 505. doi:
	733	333
6		
	. 30.5	
THE STATE	经验	
1. 1100	** 16 C	
7		
· 1888		
	تمتند	المت الأكبال
8	4,479,520 7	200 C. S. C. S.
	242422	HARMAN TO
9a	2242 7-	1.37,632, AL
	980	
9b		
	(26%)	er er er
AME.	3.2	
9c		
:: <i>: : : : : : : : : : : : : : : : : :</i>	ن <i>نگل</i> ند	
10a	l	
	3000 X	110
	عثثثثث	- L. 150000
10b	L	<u> </u>

732024 10-06-17

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 PURDUE UNIVERSITY GLOBAL INC.		-	82-1319401 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
. 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			,
	collection of gross income or for management, conservation, or		ı	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	7.00		
a	Average monthly value of securities	1a	·	
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	V.		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	·	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	. 5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7_	<u> </u>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	外内,以及整理的,对对	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	第二个编码 的图象	
4	Enter greater of line 2 or line 3	4	见。你这样的意思的	
5	Income tax imposed in prior year	5	TILL AND THE	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

Breakdown of line 7

a Excess from 2013

b Excess from 2014c Excess from 2015

d Excess from 2016
e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 PURDUE UNIVERSITY GLOBAL INC.	82-1319401	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, In Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for an (See instructions)	B, lines 1 and 2, Part IV, Section e 1. Part V. Section B, line 1e, Par	C,
	· · · · · · · · · · · · · · · · · · ·		
		-	
			·
-			
		·	
	,		
			
	•		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

_	PURDUE UNIVERSITY GLOBAL IN		82-1319401
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the ord	
•	year ▶		,
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū		The following of the leaders, and officering contests.	and reasonable coming and year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
•	▶ \$		The state of the s
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		3
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	,	
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (AS		d halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed	·	
	relating to these items	substitution, or research in termination of public	service, provide the following amounts
	(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 treations	actives or other similar assets for financial as	
2			iii, provide
_	the following amounts required to be reported under SFAS 1	to (AGC 900) relating to these items	~ ¢
a	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X	- for Form 000	Sebadula D /Farm 000) 2017
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for norm 990.	Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 PURDUE UNIV	ERSITY GLOBAL	INC.					82-131	9401	Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing tha	t are a sig	ınıficant u	ise of its c	ollection if	tems
	(check all that apply)									
а	Public exhibition	c	ı 🔛 ı	Loan or exc	hange progra	ams				
b	Scholarly research	e	• 🗀 (Other	_					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizatio	on's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical treas	sures, or othe	er sımılar a	assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete ıf the	organizatio	n answered	"Yes" on	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par						<u> </u>			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contributions	s or other as	sets not ir	ncluded	_	_	
	on Form 990, Part X?								」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able						
							<u> </u>		Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L	7	
	Did the organization include an amount on Fe		-				ty?	l	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Inree	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses		<u> </u>							
d	Grants or scholarships	<u></u>		 						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses					 +				
g	End of year balance		L		L					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	i, column (a)) held as					
a	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse .	ssion of the organiza	ation that	are held an	id administer	red for the	e organiza	ation	<u></u>	, ,,
	Dy									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	1		. L . J I . DO					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment it	unas						
	Complete if the organization answere) Dart IV	line 11a S	ee Form 990	Part V I	ina 10			
		 							(d) Book	
	Description of property	(a) Cost or o		• •	or other (other)		cumulate reciation		(a) book	value
	Lond	Sasis (iiivesu	,	הפשט	(54101)	ССР	55.46011	-+-		
	Land									
	Buildings			1.8	,902,532.	-	17,157,	727	1 7	44,805.
	Leasehold improvements Equipment		———- 		,510,719.		4,652,			58,254.
	Other				105,993.		1,033,			72,574.
	. Add lines 1a through 1e (Column (d) must e	aual Form 000 Port	Y colum		·		,,		2 6	75,633.
	is in sugar to region in the must e	Guari Onn 330. Edit	7. WIUII		414.1					

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 PURDUE UNIVERSITY	GLOBAL INC.		82	2-1319401	Page 3
Part:VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b See Form 990,	Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	l-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests	-				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		经验的第二次	MARKS SALE	WAR SHARE	
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c See Form 990,	Part X, line 13		
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	l-of-year market	value
(1)					
(2)					· · · · · · · · · · · · · · · · · · ·
(3)	•				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col (b) must equal Form 990, Part X, col. (B) line 13.)			500年2月28日		1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d See Form 990,	Part X, line 15.		
(a)	Description			(b) Book	value
(1) PRIORITY PAYMENT RECEIVABLE				27,	500,000.
(2)	-			 	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				2.7	
Total. (Column (b) must equal Form 990. Part X. col. (B) line	: 15.)			27,	500,000.
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25		e de administrativo de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania de la compania del comp
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		20 004 140			
(2) OTHER CURRENT LIABILITIES		38,994,140.			
(3) DEFERRED RENT		48,624. 17,308.			
(4) DEFERRED COMP		105,386.			
(5) OTHER NON-CURRENT LIABILITIES		103,386.			
(6)					
(7)			4.4		The state
(8)	· · · · · · · · · · · · · · · · · · ·				
(9)		30 165 450	1		
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	39,165,458.		CHARLES STREET	TO SELECT OF THE

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

Schedule D (Form 990) 2017

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

Schedule D	(Form 990) 2017 PURDUE UNIVERSITY GLOBAL INC.		82-13194	01 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1 Total	revenue, gains, and other support per audited financial statements		1	117,441,172.
2 Amou	nts included on line 1 but not on Form 990, Part VIII, line 12			
a Net u	nrealized gains (losses) on investments	2a		
b Donat	red services and use of facilities	2b		
c Recov	venes of prior year grants	2c	<i>;</i>	
d Other	(Describe in Part XIII)	2d 1,367,900.		
e Add I	nes 2a through 2d		2e	1,367,900.
3 Subtr	act line 2e from line 1		3	116,073,272.
4 Amou	nts included on Form 990, Part VIII, line 12, but not on line 1			
a Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other	(Describe in Part XIII)	4b 22,684,572.		
c Add I	nes 4a and 4b		4c	22,684,572.
	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	138,757,844.
Part XII	Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1 Total	expenses and losses per audited financial statements		1	135,610,773.
2 Amou	nts included on line 1 but not on Form 990, Part IX, line 25			
a Donat	red services and use of facilities	2a		
b Prior	year adjustments	2b		
c Other	losses	2c		
d Other	(Describe in Part XIII.)	2d 1,367,900.		
e Add I	nes 2a through 2d		2e	1,367,900.
3 Subtr	act line 2e from line 1		3	134,242,873.
4 Amou	nts included on Form 990, Part IX, line 25, but not on line 1			_
a invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
	(Describe in Part XIII)	4b 23,912,820.		
	nes 4a and 4b		4c	23,912,820.
5 Total	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	158,155,693.
	Supplemental Information.			
Provide the	descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	/, lines 1b and 2b, Part V, line 4,	Part X, line	2, Part XI,
lines 2d and	4b, and Part XII, lines 2d and 4b Also complete this part to provide any additi	onal information		
PART XI,	LINE 2D - OTHER ADJUSTMENTS:			
EMPLOYEE	DI SCOTINTI 1	367,900.		
EMPHOTEE	DISCOURT	, 307, 300.		
		· · · · · · · · · · · · · · · · · · ·	-	
PART XI	LINE 4B - OTHER ADJUSTMENTS			
			 	
PELL GRAN	TS 22	408,450.		
		· · · · · · · · · · · · · · · · · · ·		
INVESTMEN	T INCOME	276,122.		
TOTAL TO	SCHEDULE D, PART XI, LINE 4B 22,	684,572.		
PART XII,	LINE 2D - OTHER ADJUSTMENTS:			
EMPLOYEE	DISCOUNT 1,	,367,900.		
732054 10-09-1	7		Schedule D	(Form 990) 2017

Schedule D (Form 990) 2017 PURDUE UNIVERSITY GLOB	BAL INC.	82-1319401	Page 5
Schedule D (Form 990) 2017 PURDUE UNIVERSITY GLOS Part XIII Supplemental Information (continued)			
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
PELL GRANTS	22,408,450.		
		, ,-	
INVESTMENT INCOME	276,122.		
TRANSFER FROM PURDUE UNIVERSITY	1,228,248.		-
TOTAL TO SCHEDULE D, PART XII, LINE 4B	23,912,820.		
20112 10 0012002 2, 1121 1121, 1112 10	,,	<u></u>	
		· · · · · · · · · · · · · · · · · · ·	
•			
	•		
		-	
•			

Schedule D (Form 990) 2017

SCHEDULE E

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection/

OMB No 1545-0047

Name of the organization

PURDUE UNIVERSITY GLOBAL INC.

Employer identification number 82-1319401

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			
	If you need more space, use Part II	3	X	
		F 4 2 1	7.4	-3707
•				
		1888		
	· · · · · · · · · · · · · · · · · · ·	7,350	3012	200
4	Does the organization maintain the following?	9	187	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b		4b	х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		х
	If you answered "No" to any of the above, please explain. If you need more space, use Part II	, " " 3, " 5, " 5, " 5, " 5, " 5, " 5, "	: 33	
	THE ORGANIZATION DID NOT SOLICIT CONTRIBUTIONS.		100	NO.
			S.	
		6		. X. X. X. X. X. X. X. X. X. X. X. X. X.
5	Does the organization discriminate by race in any way with respect to			
а		5a		X
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5с		х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		х
f	Use of facilities?	5f		х
g	Athletic programs?	5g		х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		1		
		1. M	139.00	
			57%	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	6ь		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of	الأثاث	ستقشين	
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	

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

Schedule E (Form 990 or 990-EZ) 2017

Schedule E	(Form 990 or 990-EZ) 2017 PURDUE UNIVERSITY GLOBAL INC.	82-1319401	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, a	s applicable	
	Also provide any other additional information		
INE 6 -	EXPLANATION OF GOVERNMENT FINANCIAL AID:		
HE ORGA	NIZATION RECEIVES FEDERAL PELL GRANT AWARDS.		
IL ORGA	WIDNION RECEIVES FEBRUAR FEBRUSKAN ANNAUS.		
•			
	······································		
		·	
		•	<u>-</u>
			

SCHEDULE I (Form 990)

orm 990)

Department of the Treasury Internal Revenue Service

....

Governments, and Individuals in the United States

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

■ Go to www.irs.gov/Form990 for the latest information.

7

2017 Open to Public Inspection

OMB No 1545-0047

<u>2</u> Employer identification number (h) Purpose of grant 82-1319401 or assistance X Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section (if applicable) PURDUE UNIVERSITY GLOBAL INC Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part II

732101 11-01-17

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 82-1319401 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 0 22,408,450. (c) Amount of cash grant 29 (b) Number of recipients 14140 PURDUE UNIVERSITY GLOBAL INC. (a) Type of grant or assistance Schedule I (Form 990) (2017) PELL GRANTS 732102 11-01-17 Part III

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 . 2017

Open to Public Inspection

Employer identification number

82-1319401

Name of the organization

PURDUE UNIVERSITY GLOBAL INC.

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III
If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2017

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

Regulations section 53 4958-6(c)?

not described on lines 5 and 6? If "Yes," describe in Part III

PURDUE UNIVERSITY GLOBAL INC.

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2017

82-1319401

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·()(B)	in column (B) reported as deferred on prior Form 990
(1) MITCHELL E. DANIELS JR.	Ξ	0	0.	0.	0	0	0	0.
PRESIDENT	<u> </u>	411,231.	349,500.	6,968.	27,000.	92,209.	886,908.	0
(2) WILLIAM E. SULLIVAN	Ξ	0.	0.	0.	0	0	0	0
TREASURER	: 3	291,378.	47,500.	3,168.	27,000.	22,557.	391,603.	0
(3) JAMES ALMOND	Ξ	0.	0	0	0	0	0	0
ASSISTANT TREASURER	Ξ	294,402.	18,000.	11,335.	30,250.	22,062.	376,049.	0
	Ξ							
	€							
	Ξ							
	Ξ							
	Θ							
-	3							
	Ξ							
	Ξ							
	Ξ							
1								
	Θ							
	Ξ							
	Ξ							
	Œ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
_	Œ							
/	(i)							
	Œ							
	Ξ							
	3							
	Ξ							
	(ii)							
							Sched	Schedule J (Form 990) 2017

732112 10-17-17

31

32

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization PURDUE UNIVERSITY GLOBAL INC.	Employer identification number 82-1319401
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION.	
PROGRAMS, THROUGH ONSITE, ONLINE, OR ANY COMBINATION OF THESE OR OTHER	
INSTRUCTIONAL MODALITIES.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE SOLE MEMBER OF PURDUE UNIVERSITY GLOBAL INC. IS THE TRUSTEES OF PURDUE	
UNIVERSITY, AN INDIANA BODY CORPORATE THAT MANAGES AND CONDUCTS PURDUE	
UNIVERSITY.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERS OF THE ORGANIZATION, THE TRUSTEES OF PURDUE UNIVERSITY, HAVE	
THE ABILITY TO ELECT OR APPOINT THE BOARD OF DIRECTORS.	
PORM 000 DARM VI CECTION D. LINE 11D.	
FORM 990, PART VI, SECTION B, LINE 11B:	
CHRISTOPHER A. RUHL, CFO WILL REVIEW, ALONG WITH STEVE SCHULTZ, CORPORATE	
ATTORNEY. A COMPLETE COPY OF THE RETURN IS PROVIDED TO THE BOARD PRIOR TO	
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS COMPLETE AN ANNUAL QUESTIONNAIRE, WHICH IS REVIEWED BY	
LEGAL AND ETHICS COMPLIANCE STAFF TO CONFIRM ADHERENCE TO THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A.	
COMPARABLE SALARIES ARE IDENTIFIED, WITH REVIEW AND APPROVAL BY THE	
INDEPENDENT BOARD.	

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

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

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization PURDUE UNIVERSITY GLOBAL INC.		Employer identification number 82-1319401
FORM 990, PART VI, SECTION C, LINE 19:		
DOCUMENTS AVAILABLE UPON REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
PURCHASE OF INSTITUTIONAL ASSETS AND OPERATIONS OF KAPLAN U	29,115,541.	
CAPITAL CONTRIBUTIONS BY PURDUE UNIVERSITY	7,000,000.	
TOTAL TO FORM 990, PART XI, LINE 9	36,115,541.	
	, , , , , , , , , , , , , , , , , , , ,	
`		1

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection Employer identification number

Direct controlling entity | Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt promotes during the tax way. 82-1319401 End-of-year assets <u>e</u> Total income Ē Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity PURDUE UNIVERSITY GLOBAL INC. Name, address, and EIN (if applicable) of disregarded entity Part I

organizations during the tax year							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?	b)(13)
: 3		16		501(c)(3))	•	Yes	2
PURDUE UNIVERSITY - 35-6002041							
403 WEST WOOD STREET	·						
WEST LAFAYETTE, IN 47907	EDUCATIONAL INSTITUTION	INDIANA	115(1)	LINE 2			×
		£:					
	Γ			-			
	1						
							I

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

LΗΑ 732161 09-11-17

Schedule R (Form 990) 2017

82-1319401

Schedule R (Form 990) 2017 PURDUE UNIVERSITY GLOBAL INC.

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

(e)	(q)	(c)	(p)	(a)	(J)	(6)	(H)	Θ	3	(K
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax index	Share of total income	Share of end-of-year	. Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		doodlo	Yes No	K-1 (Form 1065)	Yes No	
							_			
					•		_			
							-			
									-	
	T									
Identification of Belated Organizations Tayable as a Corpo	a eldeve Tavable a	or of	ration or Truct	ration or Trust. Complete if the organization answered "Ves" on Form 990. Bart IV. Inte 34. harance it had one or more related	seV" hereware ac	on Form 990 Ps	ort IV line 34	heraitee it had or	20.00	re related

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

(a)	(q)	(၁)	(p)	(e)	(£)	(6)	(y)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Oirect control entity	Type of entity (C corp, S corp	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	2 <u>6,3</u> 3°
		country)		or trusty				Yes No	٩
									1
	•								
									<u> </u>
	•								
732162 09-11-17		;				Sche	Schedule R (Form 990) 2017	990) 2	2017

Part V	Transactions With Related Organization	. Complete if	if the organization answered	"Yes" o	n Form 9	990, Part IV	/, line 34	, 35b, o	36	
			•							

				-	1-
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. During the tax year did the propertation engage in any of the following transactions with one or more related property in Date III/0	or over the poor	. Potal adolesticens betel		Yes	2
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity		ימינסט טופשוייבמיוטויט ווסופט		-	×
			1	£	×
c Gift, grant, or capital contribution from related organization(s)				2 2	×
			1	2 7	×
e Loans or loan guarantees by related organization(s)			1	4	×
			1		
f Dividends from related organization(s)					×
g Sale of assets to related organization(s)				100	×
h Purchase of assets from related organization(s)			l	ŧ	×
 Exchange of assets with related organization(s) 				 -	×
j Lease of facilities, equipment, or other assets to related organization(s)				i F	×
k Lease of facilities, equipment, or other assets from related organization(s)			1	 	×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×
o Sharing of paid employees with related organization(s)				10	×
					٦
 Reimbursement paid to related organization(s) for expenses 				4	×
q Reimbursement paid by related organization(s) for expenses				19	×
]:
r Utner transier of cash or property to related organization(s)				÷ ,	× ,
ام				1S	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered r	elationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ved	
(1)					
			TOTAL MARKET.	}	
(3)					
(4)					
(5)					
(A)					
732163 09-11-17			Schedule R (Form 990) 2017	(Form 990	2017

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

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

That was not a relation organization organization beganning exclusion to certain investment painters into	structions regarding exclus		Sumeric partitions in the		-		;	:	:	
(a)	(a)	(0)	(a)		_		Ē	3	3	₹
Name, address, and EIN	Primary activity	Legal domicile	Predominant income particularity	(O)	e of		Dispropor- tionate	Code V-UBI	General or	Percentage
of entity		(state or foreign country)	excluded from tax under	er ons ? total	al me	end-of-year assets	allocations?	allocations of Schedule K-1 partner? Ownership	partner?	ownership
		1	, , , , , , , , , , , , , , , , , , ,				S S	(200)	Tes NO	
							-			_
									$\frac{1}{1}$	
				_						
									_	
					-				<u> </u>	
							_			
				-						
•										
			_							
					ļ.				$\frac{1}{1}$	
							1		1	
							_		_	
]			

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 PURDUE UNIVERSITY GLOB	AL INC.	82-1319401	Page 5
Schedule R (Form 990) 2017 PURDUE UNIVERSITY GLOB Part VII Supplemental Information.			
Provide additional information for responses to questions	on Schedule B. See instructions		
Provide additional information for responses to questions	on schedule in See instructions		
•			
•			

	<u> </u>		