# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For tl	he 201	4 calendar year, or tax year beginning 07/01, 2014,	and ending		06/30,	<b>20</b> 15	
_			C Name of organization		D Employer ide	ntification nu	ımber	
В	Check if a	spplicable:	BARBIERI CENTER		51-0180	)636		
	Addr		Doing business as					
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nui	mber		
	Initia	l return	300 SUMMIT STREET		(860) 29	7-4210		
F		return/	City or town, state or province, country, and ZIP or foreign postal code		1,000,000			
-	Amei		HARTFORD, CT 06106-3100		G Gross receipt	is \$	2,369	260
-	retur Appli	n ication	F Name and address of principal officer: LIVIO PISTELLI		H(a) Is this a grou		Yes	X No
L	pend	ling			subordinates*	? }-		<b></b>
	····		VIA RAIMONDO DA CAPUA 20 00153 ROME IT	· · · · · · · · · · · · · · · · · · ·	H(b) Are all subord	L-	Yes	No
<u> </u>		kempt st		527		h a list. (see ins		
<u>J</u>		ite: 🕨	***	1	H(c) Group exemp			
			nization: X Corporation Trust Association Other	L Year of form	nation: 1975 <b>M</b>	State of legal	domicile:	CT
Ľ	art I		ımmary			******		
	1		y describe the organization's mission or most significant activities: EDUCATI	ION AT THE	COLLEGIAT	Z_LEVEL	IN	
çe		ROM	E, ITALY					
nar			~					
Governance	2		k this box 🕨 if the organization discontinued its operations or disposed			<b>.</b> .		
ő	3	Numb	per of voting members of the governing body (Part VI, line 1a)		<u> </u>	3		29.
රේ ග	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		28.
Activities &	5	Total i	number of individuals employed in calendar year 2014 (Part V, line 2a)			5		0
ţį			number of volunteers (estimate if necessary)			6		0
Ā	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		0
			nrelated business taxable income from Form 990-T, line 34			7b		0
					Prior Year		urrent Yo	ear
	8	Contri	ibutions and grants (Part VIII, line 1h)			0		0
ηne	9		am service revenue (Part VIII, line 2g)		3,051,63		2,369,	
Revenue	10	Invoct	ment income (Part VIII, column (A), lines 3, 4, and 7d).	• • • • •	3,001,03	0	2,000,	200.
å	11					0		0
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,051,63	0	2 360	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,031,63		2,369,	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0		0
	14		its paid to or for members (Part IX, column (A), line 4)		F 0 0 4 2			- 0
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		590,43		509,	,318.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0		0
χp	b		fundraising expenses (Part IX, column (D), line 25) ▶0		**			
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,911,56		1,475,	
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,502,00		1,984,	738.
	19	Reven	nue less expenses. Subtract line 18 from line 12		549,62	5.	384,	,522.
ets or				Beg	inning of Current Y		nd of Yea	
set	20	Total a	assets (Part X, line 16)		492,94	1.	437,	,532.
Net Ass Fund Bal	21	Total I	liabilities (Part X, line 26)		491,94	1.	436,	,532.
함	22	Net as	ssets or fund balances. Subtract line 21 from line 20	<u> </u>	1,00	0.	1,	,000.
Pa	rt II	Sig	gnature Block				-	
Un	der per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedule	s and statements,	and to the best of	my knowled	ge and be	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.			
Sig			Signature of officer		Date	***************************************	tak takan	
He	re		GUY DRAPEAU					
			Type or print name and title					
		Print/	Type preparer's name Preparer's signature	Date	Check	if PTIN		
Paid	i		Erin Couture Control	05/13/2016	self-employe		.39059	2
	parer	Eiron!-	- PDT COLLA TED HOLICE COOPED C. T. T.		Firm's EIN ▶ 1			-
Use	Only		address ▶101 SEAPORT BLVD BOSTON, MA 02210			17-530-		
Mar	the II	·	cuss this return with the preparer shown above? (see instructions)		Phone no. 6			Т
				<del></del>			Yes	No
ror	raper	work I	Reduction Act Notice, see the separate instructions.			F	orm 990	7 (2014)

BARBIERI CENTER 51-0180636

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	NO
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
_	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'		_		37
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
0				3.7
9	complete Schedule D, Part III	8		X
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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	130000000	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.		2.00	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			.,
h	complete Schedule D, Part VI	11a		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	l	Х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
~	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			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445	İ	v
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	11f		X
	complete Schedule D, Parts XI and XII.	42-	1	v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		_X_
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?		X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b	-	
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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25 a	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		X
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," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? 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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	20		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		
J 1	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
· ·	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-00		
•	or IV, and Part V, line 1	34	Х	
35 a	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		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		Х
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	Х	
		/	200 /	

	_
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Pa	rt 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			<u>-L</u>
			Yes	No
	The time training of the time to the time			
	Enter the number of Forms W 20 metaded if the Ta. Enter -0- if not applicable,	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 . 1		
2-	reportable gaming (gambling) winnings to prize winners?	1c		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a			
h	Statements, filed for the calendar year ending with or within the year covered by this return . 2a   (a   )   (b   )   (b   )   (b   )   (c   )   (c   )   (c   )   (d   )   (	2b		
U	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	100000000000000000000000000000000000000	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	l
b	If "Yes," enter the name of the foreign country: ▶ <a href="ITALY">ITALY</a>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		Χ
h	and services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	04290-0110-1100	0.0000000000
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		.	
''				
h	Gross income from members or shareholders			
~	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	nangara nahidi 1900	-0000000000000000000000000000000000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		220000000000000000000000000000000000000
	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 organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u> JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
40 1.0		Form	990 (	2014)

Form	990 (2014) BARBIERI CENTER 51-01	30636	)	Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Communications.	w, and	for a	a "No"
	Check if Schedule O contains a response or note to any line in this Part VI			
500	tion A. Governing Body and Management	• • • •	• • •	Х
<u> </u>	tion A. Governing Body and ividinagement		Τ.,	Т
	The second of th	. d	Yes	No
1a	Enter the hamber of voting members of the governing body at the end of the tax year	29		1
	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	The transfer of tearing members included in into fa, above, who are independent	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6	X	ļ
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>-</b>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Cod</u>	· · · · · · · · · · · · · · · · · · ·	
		_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	ļ	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	ļ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	ļ	
13	Did the organization have a written whistleblower policy?	13	Ļ	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			F-12.50
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			44.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1 2 2 2 1		10.7%
	with a taxable entity during the year?	16a		X
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)	`	,, ,	,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
20	financial statements available to the public during the tax year.	-l •		
20	State the name, address, and telephone number of the person who possesses the organization's books and recor- GUY DRAPEAU ACCT. SERVICES TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 860-297-4210	ıs:►		

#### Form 990 (2014) 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.

			(C)							
(A)	(B)				, sition			(D)	(E)	(F)
Name and Title	Average	(do i	not c	heck	more	e than o	one	Reportable	Reportable	Estimated
	hours per	į.	unle	ss pe	erson	is both	an	compensation	compensation from	amount of
	week (list any		er an		lirect	or/trust	<del></del>	from	related	other compensation.
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the from the organization and related organizations
(1)PHILIP S. KHOURY	1.00									
TRUSTEE	1.00	Х						0	0	0
(2)SOPHIE BELL AYRES	1.00									
TRUSTEE	1.00	Х						0	0	C
(3)PATRICE BALL-REED	1.00									
TRUSTEE	1.00	Χ						0	0	C
(4)THOMAS R. DIBENEDETTO	1.00									
TRUSTEE	1.00	X						0	0	0
(5)NINA MCNEELY DIEFENBACH	1.00									
TRUSTEE	1.00	Χ						0	0	0
_(6)CHRISTINE E. ELIA	1.00									
TRUSTEE	1.00	Χ						0	0	0
(7)LUIS J. FERNANDEZ	1.00									
TRUSTEE	1.00	Χ						0	0	0
(8) JOHN S. GATES, JR.	1.00									
TRUSTEE	1.00	Χ						0	0	0
(9)H. SUSANNAH HESCHEL	1.00									
TRUSTEE	1.00	Χ						0	0	0
(10) JEFFREY E. KELTER	1.00									
TRUSTEE	1.00	Χ						0	0	0
(11)MICHAEL J. KLUGER	1.00									
TRUSTEE	1.00	Χ						0	0	0
(12) KEVIN J. MALONEY	1.00		I							
TRUSTEE	1.00	Х						0	0	0
(13)BILL MARIMOW	1.00		I	T	T					777
TRUSTEE	1.00	Х						0	0	0
(14)THOMAS R. SAVAGE	1.00		1	T	1					
TRUSTEE	1.00	Х						0	0	0

	(A)  Name and title	(B) Average hours per week (list any hours for	(do i box, office	not c unle er an	Pos heck ss pe	C) sition mor erson direc	e than o is both tor/trus	one an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
(	15) LUTHER L. TERRY, JR. TRUSTEE	1.00	37									
(	16) CORNELIA PARSONS THORNBURGH	1.00	Х					-	C		0	0
` ;	CHAIR - BOARD OF TRUSTEES	1.00	Х						) c		0	О
(	17) TIMOTHY J. WALSH	1.00										
	TRUSTEE	1.00	X		ļ				0		0	0
( :	18) RONALD V. WATERS, III	1.00										
, :	TRUSTEE 19) SHAWN T. WOODEN	1.00	X	ļ	-			ļ	0		- 0	0
٠ :	TRUSTEE	1.00	X						0		0	0
( 2	20) JOSHUA C. GRUSS	1.00	<u> </u>									
	TRUSTEE	1.00	Х						0		0	0
( 2	21) L. PETER LAWRENCE	1.00										
. :	TRUSTEE	1.00	X	ļ					0		0	0
( 2	22) KAREN K. THOMAS	1.00	37								0	0
, ;	TRUSTEE 23) RHEA PINCUS TURTELTAUB	1.00	Х						0			0
\ -	TRUSTEE	1.00	Х						0		0	0
( 2	24) JEAN M. WALSHE	1.00										0
	TRUSTEE	1.00	Х						0		0	0
( 2	25) ALEXANDER P. LYNCH	1.00										
	TRUSTEE	1.00	Х						0		0	0
	1b Sub-total							<b>&gt;</b>	123,393.	2,331,	187	214,045.
	d Total (add lines 1b and 1c)							•	123,393.	2,331,		214,045.
•	2 Total number of individuals (including but not l											
	reportable compensation from the organization	n <b>&gt;</b>	1									
	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										ated	Yes No
	4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	If	"Yes	;" (	complete Schedui	e J for s	such	4 X
_	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
-	Section B. Independent Contractors											
_	<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											
_	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) compensation
-								_				
-			~-					-				
-								-				
-								+				
-	2 Total number of independent contractors (in	cluding bu	t not	lim	nited	l to	thos	e li	sted above) who	received		
_	more than \$100,000 in compensation from the						0		,			
	SA E1055 1.000											Form <b>990</b> (2014)
	4832IL 7377											

		1	1						hest Compensat		03 (00)	
	(A) Name and title	(B) Average hours per				ition more	e than o		(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	1				both side Highest compensated is or employee		from the organization (W-2/1099-MISC)	related organization (W-2/1099-M	1	other compensation from the organization and related organizations
	WILLIAM E. CUNNINGHAM, JR. TRUSTEE AS OF 7/1/14	1.00	Х						0		o	, ,
	ERIC R. FOSSUM TRUSTEE AS OF 7/1/14	$\frac{1.00}{1.00}$	Х						0			
28)	KATHRYN GEORGE TYREE	1.00							0	***************************************	7	
	TRUSTEE AS OF 7/1/14  JOANNE BERGER-SWEENEY	1.00	Х						0		0	
	PRESIDENT AS OF 7/1/14 LIVIO PISTELLI	40.00 45.00	Х		Х				0	210,7	06.	51,10
	DIRECTOR OF THE ROME CAMPUS PAUL MUTONE	0			Х				123,393.		0	47,27
	VP FINANCE & OPERATIONS, TREAS	40.00			Х				0	491,9	20.	57,73
	JAMES F. JONES, JR. PRESIDENT (UNTIL 6/30/14)	40.00						Х	0	1,628,5	61.	57 <b>,</b> 93
									n - ara - man summana			
c T d T 2 T	Sub-total  Total from continuation sheets to Part VII, Second I (add lines 1b and 1c)  Total number of individuals (including but not leportable compensation from the organization	ection A  imited to the						red	ceived more than S	\$100,000 of		
re		<b>&gt;</b>	1									Tv I .
3 D	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo lle J for suc	h indi	vidu	ıal .							
3 D e 4 F	Did the organization list any former office	er, directo le J for suc um of rep eater than	<i>h indi</i> ortab \$15	<i>vidu</i> le c 0,00	<i>ial</i> . omp 00?	ens	 satior "Yes,	an	d other compens	ation from th	· ie	
3 D e 4 F o ir 5 D	Did the organization list any former office employee on line 1a? If "Yes," complete Schedustor any individual listed on line 1a, is the surganization and related organizations great individual	er, directoule J for such that the J for such	ch indi ortab \$15	vidu le c 0,00	omp 00?  on fr	ensons	satior "Yes, 	an " c	d other compens complete Schedul elated organizatio	ation from the J for suc	e ch	3 X
3 D e 4 F o ir 5 D fo	Did the organization list any former office employee on line 1a? If "Yes," complete Schedus for any individual listed on line 1a, is the surganization and related organizations green dividual	er, directo ule J for suc um of rep ater than accrue cor s," complet	ortab \$15 npens e Sch	vidu le c 0,00 satic edui	omp 00?  on fr	oens If om	satior "Yes,  any such j	an " c  unr	d other compens complete Schedul elated organizatio	ation from the J for suc	eh	
3 De e 4 F o ir 5 D fc Secti	Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and individual listed on line 1a, is the surganization and related organizations green dividual	er, directo alle J for suc aum of rep ater than accrue cor s," complet	ortab \$15  mpens e Sch	vidu le c 0,00 satio edui	omp 00?  on fr le J	oens If fom for onti	satior "Yes, any such j	an " o unr	d other compens	ation from the J for succession or individu	eh	3 X 4 X 5
3 De e 4 F o ir 5 D fc Secti 1 C cc	Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler or any individual listed on line 1a, is the string anization and related organizations green dividual	er, directo alle J for such acter than accrue corus, "complet compensated in the compensation of the compe	ortab \$15  mpens e Sch	vidu le c 0,00 satio edui	omp 00?  on fr le J	oens If fom for onti	satior "Yes, any such j	an " o unr	d other compens	ation from the J for suc	ene chinal china	3 X 4 X 5
3 De e 4 F o ir 5 D fc Secti 1 C cc	Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler or any individual listed on line 1a, is the seganization and related organizations green dividual	er, directo alle J for such acter than accrue corus, "complet compensated in the compensation of the compe	ortab \$15  mpens e Sch	vidu le c 0,00 satio edui	omp 00?  on fr le J	oens If fom for onti	satior "Yes, any such j	an " o unr	d other compens complete Schedul	ation from the J for suc	ene chinal china	3 X 4 X 5
3 De e 4 F o ir 5 D fc Secti 1 C cc	Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler or any individual listed on line 1a, is the seganization and related organizations green dividual	er, directo alle J for such acter than accrue corus, "complet compensated in the compensation of the compe	ortab \$15  mpens e Sch	vidu le c 0,00 satio edui	omp 00?  on fr le J	oens If fom for onti	satior "Yes, any such j	an " o unr	d other compens complete Schedul	ation from the J for suc	ene chinal china	3 X 4 X 5
3 De e 4 F o ir	Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler or any individual listed on line 1a, is the seganization and related organizations green dividual	er, directo ale J for suc um of rep eater than accrue cor s," complet compensated ir compensation	sh indi	le constant of the constant of	ompoor	opens If rom for:	"Yes, "Yes, any such j	unropers	d other compens complete Schedul schedul schedul schedul school s	ation from the J for succes	ene chinal china	3 X 4 X 5 tax

Pa	rt VII							
		Check if Schedule O co	ontains a respo	nse or note to a	ny line in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tar under sections 512-514
Grants	1a b	Federated campaigns Membership dues	1					
ons, Gifts, Grants Similar Amounts	c d e		1d					
Contributions, and Other Sim	f	All other contributions, gifts, and similar amounts not included	grants, dabove . 1f					
	g h	Total. Add lines 1a-1f			C			
Service Revenue	2a b	TUITION AND FEES		Business Code	2,369,260.	2,369,260.		
am Servic	c d e						, , , , , , , , , , , , , , , , , , ,	
Program	f g	All other program service rev Total. Add lines 2a-2f			2,369,260.			
	3 4 5	Investment income (income do other similar amounts).  Income from investment of Royalties	tax-exempt bond	proceeds .	0 0			
	6a b c	Gross rents						
	d 7a	Net rental income or (loss Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0			
	b c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			0			
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on I See Part IV, line 18	ising line 1c).					
the	b c	Less: direct expenses Net income or (loss) from fur						
0	9a	Gross income from gaming See Part IV, line 19	activities.		Ü			
	b c	Less: direct expenses Net income or (loss) from ga	aming activities.		0			
	10a b	Gross sales of inventor returns and allowances Less: cost of goods sold	a					
		Net income or (loss) from sale Miscellaneous Revent	ue	Business Code	0			
	11a b c							
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instruction			2,369,260.			

## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.		(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								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members	C	)	The second second					
	Compensation of current officers, directors,								
•	trustees, and key employees	170,668.	143,361.	27,307.					
6	Compensation not included above, to disqualified								
Ů	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	255,026.	142,379.	112,647.					
		255,020.	142,373.	112,047.					
8	Pension plan accruals and contributions (include	0							
	section 401(k) and 403(b) employer contributions)	82,761.	20 412	42 240					
9		863.	39,412.	43,349.					
10	Payroll taxes	003.	863.						
	Fees for services (non-employees):								
	Management	10 510	41 600	7 000					
	Legal	49,548.	41,620.	7,928.					
	Accounting	59,459.	49,946.	9,513.					
d	Lobbying	0							
	Professional fundraising services. See Part IV, line 17.	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	105,939.	88,989.	16,950.					
12	Advertising and promotion	0		***					
13	Office expenses	61,296.	51,489.	9,807.					
14	Information technology	13,096.	11,001.	2,095.					
15	Royalties	0			··········				
16	Occupancy	0	***************************************						
17	Travel	59,309.	49,820.	9,489.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	486.	408.	78.					
	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0							
23	Insurance	30,959.	26,006.	4,953.					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	ROOM AND BOARD	603,575.	603,575.						
b	UTILITIES	4,198.	3,526.	672.					
С	TAXES - OTHER	294,337.	294,337.						
	MEALS	81,004.	81,004.						
е	All other expenses	112,214.	94,260.	17,954.					
	Total functional expenses. Add lines 1 through 24e	1,984,738.	1,721,996.	262,742.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			,					
	following SOP 98-2 (ASC 958-720)	0							

**Balance Sheet** 

Part X

#### Check if Schedule O contains a response or note to any line in this Part X . . . . . . . X End of year Beginning of year Cash - non-interest-bearing 222,618. 116,937. 1 2 2 0 0 3 0 3 268,521 316,903. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 5 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0 Notes and loans receivable, net \_\_\_\_\_\_\_ 0 7 0 0 8 1,802. 9 3,692. 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 010c 0 0 11 11 12 12 0 13 d 13 0 q 0 14 14 Intangible assets 15 0 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 492,941. 16 16 437,532. 17 491,941. 436,532. 17 18 0 18 0 Deferred revenue ....... 19 19 0 Tax-exempt bond liabilities ..... 20 d 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D d 21 0 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 d 22 Secured mortgages and notes payable to unrelated third parties . . . . . . 0 23 23 0 Unsecured notes and loans payable to unrelated third parties . . . . . . . . 24 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25.......... 491,941. 26 26 436,532. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances 27 1,000. 27 28 d 28 0 Fund 29 d 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ö Capital stock or trust principal, or current funds 30 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 33 1,000. 33 1,000. Total liabilities and net assets/fund balances... 492,941. 34 437,532.

Form **990** (2014)

	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			10
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  X Consolidated basis  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 audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2014)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

2014

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

BA	RBIERI CENTER					51	-0180636
Pa	art I Reason for Public Cha	arity Status (All	organizations must	comple	te this p	art.) See instructions	3.
The	e <u>org</u> anization is not a private fou	undation because i	t is: (For lines 1 throu	ıgh 11, c	heck only	one box.)	
1	A church, convention of ch	urches, or associa	ition of churches desc	ribed in	section '	170(b)(1)(A)(i).	
2	X A school described in sect						
3	A hospital or a cooperative	e hospital service o	organization described	in section	on 170(b	)(1)(A)(iii).	
4	A medical research organi	zation operated in	conjunction with a ho	spital de	escribed	in section 170(b)(1)(A	)(iii). Enter the
	hospital's name, city, and s	tate:					
5	An organization operated section 170(b)(1)(A)(iv).		a college or universi	ity owne	d or op	erated by a governme	ental unit described in
6	A federal, state, or local go		rnmental unit describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(v).	
7	An organization that norm described in section 170(b	ally receives a su	bstantial part of its su				om the general public
8	A community trust describe			o Port II '	`		
9	An organization that norm					contributions momb	orchin food, and arose
J	receipts from activities rel						
	support from gross inves						
	acquired by the organization						tax) itotti busillesses
10	An organization organized						
11	An organization organized						rry out the nurnoese of
• •	one or more publicly suppo						
	the box in lines 11a throug						
а							-
u	the supported organization						
	organization. You must c			elect a fi	iajunity C	of the directors of trus	tees or the supporting
b	i i			nnoction	a with ite	s cupported organizati	on(a) by boying
~	control or management of						
	organization(s). You must			the san	ie persoi	ns that control of mai	lage the supported
С				ated in c	onnectio	on with and functions	lly intograted with
Ŭ	its supported organization						ny integrateu with,
d							tod organization(a)
_	that is not functionally into						
	requirement (see instruct						an allentiveness
е	1 1						I Type III
_	functionally integrated, or						i, type iii
f					organiza	uori.	
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in yo	organization our governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
/ A \							
(A)							
(B)							
(C)							
(D)	1						
(E)							
. ,			The control of the control of the				
Tot	al .						

_	
Pana	

Pa	rt II Support Schedule for Org (Complete only if you checked Part III. If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if the	he organizatio	n failed to qua	(vi) lify under
Sec	ction A. Public Support			· ·			
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	T	T	· · · · · · · · · · · · · · · · · · ·		·	
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				4.1	And the speeding for	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup	***************************************					
14	Public support percentage for 2014 (li					14	<u>%</u>
15	Public support percentage from 2013						<u>%</u>
16a	331/3% support test - 2014. If the o						
ı.	this box and stop here. The organization						
Ŋ	331/3% support test - 2013. If the ocheck this box and stop here. The organization	nyanization did anization qualifi	not check a bo	ox on line 13 of	i iba, and line	15 IS 331/3% (	or more,
17a	10%-facts-and-circumstances test - 2	2014 If the ora	anization did no	supported organ	nzauon on line 13 16a	or 16b and li	• L
	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2013. If the org	anization did n	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line
	Explain in Part VI how the organization						
	supported organization						

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

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

(Complete only if you checked the box on line 9 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.)

Sec							
	ction A. Public Support	1 (10040		T		1	т
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	•					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			*******			
D	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support	Y			patte and		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10 a	Amounts from line 6						
		i				1 1	
h	Unrelated husiness taxable income (less				***************************************		
b	Unrelated business taxable income (less						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
c 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		* * * * * * * * *				
c 111 12 13 14 Sect	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta	ge				· · · · <b>&gt;</b> [
c 111 12 13 14 Sect	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percenta , column (f) divide	age ed by line 13, colum	nn (f))			···· <b>\</b>
c 11 12 13 14 Sect	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2014 (line 8 Public support percentage from 2013 Sche	pport Percenta , column (f) divide edule A, Part III, lir	age ed by line 13, colum	nn (f))		15	···· • [
c 111 12 13 14 Sect 16 Sect	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2014 (line 8 Public support percentage from 2013 Schettion D. Computation of Investment	pport Percenta , column (f) divide edule A, Part III, lir nt Income Per	age ed by line 13, colum e 15 centage	nn (f))		15 16	<u> </u>
c 111 12 13 14 Sect 15 16 Sect	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2014 (line 8 Public support percentage from 2013 Schettion D. Computation of Investment Investment income percentage for 2014 (linestiment in	pport Percenta , column (f) divide edule A, Part III, lir nt Income Per ne 10c, column (	age ed by line 13, colum he 15 centage f) divided by line 1	nn (f))		15 16	▶[
c 111 12 13 14 15 16 Sect 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here.  tion C. Computation of Public Sup Public support percentage for 2014 (line Public support percentage from 2013 Schettion D. Computation of Investment Investment income percentage from 2013	pport Percenta , column (f) divide edule A, Part III, lir nt Income Per ne 10c, column ( Schedule A, Part	age ed by line 13, colum ne 15 centage f) divided by line 1	nn (f))		15 16 17 18	▶[
c 111 12 13 14 15 16 Sect 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Suppublic support percentage for 2014 (line 8 Public support percentage from 2013 Schettion D. Computation of Investment Investment income percentage from 2013: 331/3% support tests - 2014. If the organization of the support tests - 2014.	pport Percenta, column (f) divide edule A, Part III, lirnt Income Per ne 10c, column (Schedule A, Part ganization did no	age ed by line 13, columne 15 centage f) divided by line 1. III, line 17 ot check the box	on (f))	line 15 is more	15 16 17 18 e than 331/3%, a	and line
c 111 12 13 14 Sect 15 16 Sect 17 18 19 a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup  Public support percentage from 2014 (line 8  Public support percentage from 2013 Schettion D. Computation of Investment Investment income percentage from 2013: 331/3% support tests - 2014. If the organical investment income percentage from 2013. If the organical investment income percentage from 2014.	pport Percenta, column (f) divide edule A, Part III, lirnt Income Per ne 10c, column (Schedule A, Part ganization did no is box and stop	age ed by line 13, columne 15 centage f) divided by line 1. III, line 17 ot check the box o here. The orga	on (f))	line 15 is more as a publicly s	15   16   17   18   e than 331/3%, a supported organization of the supported organization of the support of the support organization or	and line zation ▶
c 111 12 13 14 Sect 15 16 Sect 17 18 19 a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage from 2013 Scheetion D. Computation of Investment Investment income percentage from 2013 331/3% support tests - 2014. If the organization is not more than 331/3%, check this 331/3% support tests - 2013. If the organization income percentage from 2013.	pport Percenta, column (f) divide edule A, Part III, lire to Income Per ne 10c, column (Schedule A, Part ganization did not income because the properties of	age ad by line 13, columne 15 centage f) divided by line 1. III, line 17 ot check the box o here. The orga	on (f))	line 15 is more as a publicly sa, and line 16 is	15 16 17 18 e than 331/3%, a supported organiz more than 331/3	and line zation ► [
c 111 12 13 14 Sect 15 16 Sect 17 18 19 a b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup  Public support percentage from 2014 (line 8  Public support percentage from 2013 Schettion D. Computation of Investment Investment income percentage from 2013: 331/3% support tests - 2014. If the organical investment income percentage from 2013. If the organical investment income percentage from 2014.	pport Percenta , column (f) divide adule A, Part III, lin nt Income Per ne 10c, column ( Schedule A, Part ganization did no is box and stop inization did not this box and stop	age ad by line 13, columne 15 centage f) divided by line 1 III, line 17 ot check the box or here. The orgation check a box on littop here. The orgation of the present the organization of the present the pr	an (f))	l line 15 is more as a publicly sa, and line 16 is	15 16 17 18 e than 331/3 %, a supported organiz more than 331/3 supported organizsupported organiz	and line zation ► [  '%, and zation ► [

Yes No

#### Part IV **Supporting Organizations**

Section A. All Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

1	Are all of the	organization's	supported	organizations	listed	by	name	in	the	organization's	governing

- documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the suppor 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," ansi (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b 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 fore supported organization? If "Yes," describe in Part VI how the organization had such control and discret despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinat under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and I numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such acti (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the act 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 alrea designated in the organization's organizing document?
- 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) anyone other than (a) its supported organizations; (b) individuals that are part of the charitable cla benefited by one or more of its supported organizations; or (c) other supporting organizations that a support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substant contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-perce controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal bene 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 IRC 4943 because of IRC 4943 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporti organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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and <i>the</i>	-		
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Form	990 or	990-EZ	) 2014

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, , , , , , , , , , , , , , , , , , ,			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1100	- 4	8.1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,		111	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	10.15 0.15		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Γ	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed		1	1.5%
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
Occii	on b. All Type in Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		7.75	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1,11	
	significant voice in the organization's investment policies and in directing the use of the organization's		113	12.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		ŕ	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- 1 A A		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		······
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			tructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		******
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	y-integ	rated Type III supporting o	rganization (see

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Soct	ion D - Distributions	Supporting Organiza	tions (continuea)	0
1				Current Year
2	Amounts paid to supported organizations to accomplish a			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppor	tea	
3	Administrative expenses paid to accomplish exempt purp	accor of cupported argan	Tations	
4	Amounts paid to acquire exempt-use assets	oses of supported organ	zations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
<del></del>	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	a the ergonization is reco	ongivo	
0	(provide details in <b>Part VI</b> ). See instructions.	i the organization is resp	onsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	MACA		
	Enter a amount arrange by Enter a amount		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			in the interest in
a				
b			entermina especial for the first	
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		***************************************	
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
С	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see			
	•			
7	instructions).  Excess distributions carryover to 2015. Add lines 3j			North Control of the Art Control
1	and 4c.			
8	Breakdown of line 7:			
	DICANDOWN OF THE 7.			
a b				
C				
d	Excess from 2013			
e	Excess from 2014			
C	LAUGUS HVIII ZUIT		TOTAL NOT A CONTROL OF THE PARTY.	

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### SCHEDULE E (Form 990 or 990-EZ)

#### **Schools**

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

► Attach to Form 990 or Form 990-EZ.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization BARBIERI CENTER

Employer identification number 51–0180636

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, Χ 1 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, Χ 2 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 3 Χ SEE SUPPLEMENTAL PAGE Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?..... Χ 4a Records documenting that scholarships and other financial assistance are awarded on a racially Х 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Χ 4c d Copies of all material used by the organization or on its behalf to solicit contributions?...... 4d Χ If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Χ 5a Χ 5b Employment of faculty or administrative staff?..... Χ 5c 5d Χ Χ 5e Use of facilities?... Χ Χ 5g h Other extracurricular activities?..... Χ 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . . . 6a Χ Χ 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Page 2

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

PART I LINE 3

THE CENTER HAS PUBLISHED ITS RACIALLY NONDISCRIMINATORY POLICY AND MAKES

IT AN INTEGRAL PART OF ALL ITS LITERATURE, DISTRIBUTED BY THE CENTER TO

THE PUBLIC, INCLUDING FACULTY, STAFF AND STUDENTS.

#### **SCHEDULE F** (Form 990)

### Statement of Activities Outside the United States

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

51-0180636

BAR	BIERI CENTER				51-018063	6
Part	General Information Form 990, Part IV, line 1	<b>on Activities</b> 4b.	Outside the I	United States. Complete	if the organization answ	ered "Yes" on
	For grantmakers. Does the organs assistance, the grantees' eligibiling grants or assistance?	ity for the grant	ts or assistanc	e, and the selection criter	ia used to award the	Yes No
	For grantmakers. Describe in assistance outside the United St Activities per Region. (The follow	ates.			_	and other
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
_(1)	EUROPE	1.	21.	PROGRAM SERVICES	STUDY ABROAD	1,984,738.
(2)						
(3)						
_(4)						
(5)						
(6)						
_(7)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_(8)			****			
(9)	,					
<u>(10)</u>						
<u>(11)</u>						
(12)						
(13)						
(14)						
(15)						
<u>(16)</u>						
(17)						
3a b	Sub-total continuation sheets to Part I	1.	21.			1,984,738.
С	Totals (add lines 3a and 3b)	1.	21.			1,984,738.

Schedule F (Form 990) 2014

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)		3-1							
(4)									
(5)									
(6)									
(7)									
(8)									
(9)			· · · · · · · · · · · · · · · · · · ·						
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

Schedule F (Form 990) 2014

BARBIERI CENTER

51-0180636

Part III

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					· · · · · · · · · · · · · · · · · · ·		
(2)							
(3)							
(4)							
(5)			***************************************		***************************************		
(6)							
(7)							***************************************
(8)							
(9)					2.000,000,000,000,000		
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2014

JSA 4E1276 1.000

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

#### Part V **Supplemental Information**

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

SCHEDULE F, PART I, COLUMN F

THE TRUSTEES OF TRINITY COLLEGE TRACK THE BARBIERI CENTER'S EXPENDITURES

USING A UNIQUE DEPARTMENT NUMBER IN THE COLLEGE'S GENERAL LEDGER SYSTEM.

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Name of the organization

BARBIERI CENTER

### Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

51-0180636 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 in line 2 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 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment?.... 4a Χ b Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... Χ 4b c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4c Χ 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Х Χ 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a Χ Χ 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Χ Were any amounts reported in 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 8 Χ

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits (Bχi)-(D) compensation			in column (B) reported as deferred in prior Form 990
LIVIO PISTELLI	(i)	123,393.	(	0	46,535.	740.	170,668.	0
1 DIRECTOR OF THE ROME CAMPUS	(ii)	0	(	0	d	0	(	0
JAMES F. JONES, JR.	(i)	0	(	0	Q	0	(	0
2 PRESIDENT (UNTIL 6/30/14)	(ii)	452,606.	(	1,175,955.	24,700.	33,233.	1,686,494.	175,000.
PAUL MUTONE	(i)	0	(	0	Q	0	(	0
3 VP FINANCE & OPERATIONS, TREAS	(ii)	333,722.	(	158,198.	24,700.	33,036.	549,656.	0
JOANNE BERGER-SWEENEY	(i)	Q	(	0	q	0	(	0
4 PRESIDENT AS OF 7/1/14	(ii)	207,911.	(	2,795.	20,187.	30,914.	261,807.	0
	(i)							
5	(ii)							
	(i)							
_6	(ii)							
	(i)							
	(ii)		1.44					
	(i)							
8	(ii)							
	(i)		······					
9	(ii)							
	(i)							
10	(ii)				P0000000000000000000000000000000000000			
	(i)							
11	(ii)							
	(i)							
12	(ii)		Attitus					
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
							CaL.	edule 1/Form 990\ 2014

Schedule J (Form 990) 2014

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Schedule J (Form 990) 2014

#### Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A:

EFFECTIVE UPON HIS SEPERATION ON JUNE 30, 2014, TRINITY COLLEGE AND FORMER PRESIDENT JONES AGREED HE WOULD RECEIVE CERTAIN PAYMENTS UNDER A SEPARATION AGREEMENT. IN 2014, HE RECEIVED TOTAL PAYMENTS OF \$652,750 ASSOCIATED WITH THIS AGREEMENT. THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B) (III).

SCHEDULE J, PART I, LINE 4B:

PURSUANT TO A DEFERRED COMPENSATION AGREEMENT WITH TRINITY COLLEGE FOR FORMER PRESIDENT JONES, EXECUTED IN 2011, CONTRIBUTIONS OF \$175,000 WERE MADE YEARLY ON HIS BEHALF. PURSUANT TO THE TERMS OF HIS SEPARATION AGREEEMENT, AMOUNTS PAID OF \$405,819 ASSOCIATED WITH THE PLAN ARE INCLUDED IN (B) (III).

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN WITH TRINITY COLLEGE, THE CURRENT PRESIDENT IS ENTITLED TO CERTIAN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. THERE WERE NO CREDITS UNDER THE PLAN IN CALENDAR YEAR

Schedule J (Form 990) 2014

JSA

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BARBIERI CENTER

51-0180636

Part III Supplemental Information

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

2014.

Schedule J (Form 990) 2014

#### SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
BARBIERI CENTER

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.

Employer identification number 51-0180636

PART I, LINE 19

THE BARBIERI CENTER IS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE,
HARTFORD, CT, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE. TRINITY COLLEGE IS THE SOLE MEMBER OF THE BARBIERI
CENTER. WHILE THE ORGANIZATION IS OPERATED AS A SEPARATE AND INDEPENDENT
ENTITY, ANY OPERATING EXCESSES OR DEFICITS ARE ABSORBED BY TRINITY
COLLEGE. FOR THE PERIOD JULY 1, 2014 - JUNE 30, 2015, THE SURPLUS OF
\$384,522 WAS ABSORBED BY TRINITY COLLEGE.

PART III, ITEM 1 AND 4A

THE BARBIERI CENTER PROVIDES EDUCATIONAL OPPORTUNITIES IN ITALY TO
STUDENTS AT THE COLLEGE LEVEL. A VARIETY OF ART, HISTORY, LITERATURE,
ARCHITECTURAL, POLITICAL, SCIENCE, STUDIO ARTS AND LANGUAGE COURSES IN A
SEMESTER LONG PROGRAM OF STUDY ARE OFFERED TO STUDENTS FROM ACCREDITED
COLLEGES AND UNIVERSITIES. STUDENTS STAY IN DORMITORY STYLE FACILITIES
RENTED BY THE BARBIERI CENTER, INC FOR A FOUR MONTH PERIOD IN EITHER FALL
OR SPRING SEMESTERS OR FOR A SIX WEEK PERIOD DURING THE SUMMER. CLASSES
MEET ON THE PREMISES OR AT OTHER SITES THROUGHOUT THE CITY.

DURING THEIR STAY, STUDENTS PARTICIPATE IN SPECIAL EVENTS AND EXCURSIONS IN ITALY. SUCH ACTIVITIES ARE RELATED TO, OR SPONSORED BY, THEIR COURSES. STUDENTS ALSO HAVE OPPORTUNITIES TO USE WEEKEND AND NON-CLASS TIME FOR INDIVIDUAL TRAVEL. MOST DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAM ARE MADE DIRECTLY FOR SALARY AND SIMILAR EXPENSES INCURRED

Employer identification number

51-0180636

DIRECTLY IN THE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION FOR WHICH THE INSTITUTION IS ORGANIZED AND OPERATED. OTHERWISE, DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAM ARE MADE IN ACCORDANCE WITH THE PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD DESIGNED TO ENSURE THAT INDIVIDUALS AND ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PROGRAM ARE ADEQUATELY INVESTIGATED TO DETERMINE THAT THEY ARE QUALIFYING RECIPIENTS.

DURING THE 2014-2015 FISCAL YEAR, 78 STUDENTS SELECTED CLASSES FROM 49 COURSES OF INSTRUCTION OFFERED IN THE FALL AND SPRING SEMESTERS AND WERE TAUGHT BY QUALIFIED RESIDENTS OF ITALY OR BY FACULTY FROM THE CENTER'S PARENT ORGANIZATION, TRINITY COLLEGE, LOCATED IN HARTFORD, CT, WHO WERE ON LOAN. EIGHT COURSES WERE OFFERED DURING SUMMER SESSION AND 41 STUDENTS WERE ENROLLED. COMPREHENSIVE FEES PAID BY STUDENTS WERE USED FOR PAYMENTS TO TEACHING AND ADMINISTRATIVE STAFF AS WELL AS ROOM, BOARD, EXCURSIONS, INSTRUCTIONAL MATERIALS AND INSURANCE. SOME BOOKS WERE SOLD SEPARATELY, PERSONAL EXPENSES ARE THE RESPONSIBILITY OF THE STUDENTS.

PART VI, SECTION A, LINE 6 TRINITY COLLEGE IS THE SOLE MEMBER OF THE ORGANIZATION.

THE BARBIERI CENTER PREPARES THE RETURN FOR REVIEW BY AN OUTSIDE PAID PREPARER AND SENIOR MANAGEMENT OF TRINITY COLLEGE. THE RETURN IS SIGNED BY THE TRINITY COLLEGE COMPTROLLER AND THE PAID PREPARER.

PART VI, SECTION B, ITEM 11A

PART VI, SECTION B, ITEMS 12-14

WITH THE EXCEPTION OF THE PROGRAM DIRECTOR, OFFICERS AND TRUSTEES OF THE BARBIERI CENTER ARE ALSO OFFICERS AND TRUSTEES OF TRINITY COLLEGE. THESE INDIVIDUALS ARE SUBJECT TO THE CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION AND DESTRUCTION POLICIES ADOPTED BY TRINITY COLLEGE.

PART VI, SECTION B, ITEM 15A

THE BARBIERI CENTER IS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE IN HARTFORD, CT, DESCRIBED WITHIN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE PRESIDENT AND VP FOR FINANCE ARE COMPENSATED BY TRINITY COLLEGE. THEIR COMPENSATION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF TRINITY COLLEGE.

PART VI, SECTION B, ITEM 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE COLLEGE'S ACCOUNTING SERVICES WEBSITE.

PART XI, LINE 9

THE BARBIERI CENTER IS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE, HARTFORD, CT, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TRINITY COLLEGE IS THE SOLE MEMBER OF THE BARBIERI CENTER. TRINITY COLLEGE TRANSFERRED \$8,851 TO BARBIERI CENTER FOR STUDENT EDUCATIONAL PROGRAMS. WHILE THE ORGANIZATION IS OPERATED AS A SEPARATE AND INDEPENDENT ENTITY, ANY OPERATING EXCESS OR DEFICITS ARE ABSORBED BY TRINITY COLLEGE. FOR THE PERIOD JULY 1, 2014 - JUNE 30, 2015, THE SURPLUS OF \$384,522 WAS ABSORBED BY TRINITY COLLEGE.

BARBIERI CENTER

(a)
Name, address, and EIN (if applicable) of disregarded entity

51-0180636

(c) Legal domicile (state or foreign country)

(d) Total income

SCHEDULE R (Form 990)

(1)

### Related Organizations and Unrelated Partnerships

(b) Primary activity

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

51-0180636

(e) End-of-year assets

OMB No. 1545-0047

(f) Direct controlling entity

Department of the Treasury Internal Revenue Service Name of the organization

BARBIERI CENTER

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

(2)								
(3)								
(4)								
(5)						***************************************		
(6)								
Part II Identification of Relatione or more related to	ted Tax-Exempt Organizations ax-exempt organizations during t	Complete if the o	rganization answe	red "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
	nd EIN of related organization  Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Public charity status  (if section 501(c)(3))  entity  Yes	Yes	No					
(1) TRUSTEES OF TRINITY COLLEGE 300 SUMMIT STREET		EDUCATION	CT	501 (C) (3)	2	N/A		Х
(2)								
(3)								
(4)		<u> </u>						
(5)		1	1	1	I	1	1	4

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

Schedule R (Form 990) 2014

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(6) (7)

Page 2

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. Part III (d)
Direct controlling entity (a) Name, address, and EIN of related organization (c) Legal domicile (state or foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 5 12-514) (f) Share of total income (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (b) Primary activity (k) Percentage ownership (g) Share of end-of-year assets (h) (j) General or managing partner? Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr	tion >)(13 olled ity?
								Yes	
(1) POOLED INCOME FUND (1)									
	SUPPORT	CT	N/A	TRUST					х
(2) CHARITABLE REMAINDER ANNUITY TRUST (1)									
	SUPPORT	CT	N/A	TRUST				1 1	х
(3) CHARITABLE REMAINDER UNITRUSTS (29)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	SUPPORT	CT	N/A	TRUST					х
(4)								П	
(5)								$\Box$	
							-		
(6)									
**************************************									
(7)									_

JSA 4E1308 1.000 Schedule R (Form 990) 2014

Par	Transactions With Related Organizations Complete if the organization answered "Yes	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	а	Х
b	Gift, grant, or capital contribution to related organization(s)			1		+
c	Gift, grant, or capital contribution from related organization(s)			1		4
d	Loans or loan guarantees to or for related organization(s)			1		X
	Loans or loan guarantees by related organization(s)			1		X
٠	Loans of loan guarantees by related organization(s)					1
f	Dividends from related examination(s)				z	X
	Dividends from related organization(s).		• • • • • • • • • • • • • • • • • • • •	1		
g		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1		X
n	Purchase of assets from related organization(s)			11		X
i	Exchange of assets with related organization(s)			1		X
j	Lease of facilities, equipment, or other assets to related organization(s)			1	j	X
				180		
k	Lease of facilities, equipment, or other assets from related organization(s)			11	k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)			1	ı	Х
m	Performance of services or membership or fundraising solicitations by related organization(s)			11	n	Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			11	_	X
0	Sharing of paid employees with related organization(s)			10		<del></del>
Ŭ	Change of para amployees that related algumentally					183808
р	Reimbursement paid to related organization(s) for expenses			55%	000 00000	X
						-
q	Reimbursement paid by related organization(s) for expenses			10	1	X
				184		2833
r	Other transfer of cash or property to related organization(s)			<u>  1</u>		X
S	Other transfer of cash or property from related organization(s)	<u></u>	· · · · · · · · · · · · · · · · · · ·	1:		<u></u>
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and transa	action thresho	lds.	
	(a) Name of related organization	(b)	(c) Amount involved	(d)		
	Name of related organization	Transaction type (a-s)	Method of d		ng	
		ηρο (α ο)		Lineon ii	1101104	
(1)						
(2)						
7=1						
(2)						
(3)		<u> </u>				
(4)						
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Part VI 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
Mark Mark Andrews Control of the Con			sections 512-514)	Yes	No			Yes	No	(101111003)	Yes	No		
(1)														
(2)														
(3)											<b></b>			
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART IV, LINE 3, COLUMN (C)

THE TRUSTS ARE DOMICILED IN CT AND THE FOLLOWING STATES - VA, NY, MD, AND FL.