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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the	2008 ca	elendar yea	r, or tax year beginning 06-	01-2008 and ending 05-31-20	009	D Fundamental	
		pplicable	Please	C Name of organization LA SALLE UNIVERSITY			D Employer ide	entification number
_	tress ch		use IRS label or	Doing Business As			23-135265 E Telephone nu	
	me cha	_	print or type. See				·	
Init	al retu	rn	Specific Instruc-		x if mail is not delivered to street add	Iress) Room/su	(215) 951-1	ts \$ 192,366,193
Ter	mınatıc	n	tions.	1900 WEST OLNEY AVENUE			C 0.000 (000)	φ 192,300,133
┌ Am	ended	return		City or town, state or country, PHILADELPHIA, PA 19141	and ZIP + 4	<u> </u>		
☐ App	olication	pending		FILLADELFILIA, FA 19141				
				ne and address of Principal	O fficer	H(a) Is	this a group return	for
				EL J MCGINNIS FSC PHD VEST OLNEY AVE		aff	iliates?	ΓYes Γ Nο
			PHILAI	DELPHIA,PA 19141		H(b) Are	e all affiliates include	ed?
I Та	x-exem	npt status	▽ 501(c)) (3) ◀ (insert no)	a)(1) or 527	(If	"No," attach a list	See instructions)
J W	eb sit	e: 🟲 WW	/W LASALL	E EDU		H(c) G	roup Exemption Nu	mber ►
K Typ	e of org	janization	Corporat	ion trust association oth	ner ▶	L Year of	Formation 1863 M	State of legal domicile PA
Pa	rt I	Sum	mary					
	1	Briefly	describe th	e organization's mission or	most significant activities			
3				•	ic University committed to pro	viding a liber	al education of bot	h general and
Œ		special	ızed studies	S				
E E	2	Check	this box	ıf the organization discontii	nued its operations or disposed	l of more thai	n 25% of its assets	5
Governance	3		,		ody (Part VI, line 1a)			36
	4	Number	r of ındepen	ident voting members of the	governing body (Part VI, line	1b)	4 _	34
Activities &	5	Total n	umber of en	nployees (Part V , line 2a)			5 _	3,081
₹	6	Total n	umber of vo	lunteers (estimate if neces	sary)		6 _	36
ĕ		_			Part VIII, line 12, column (C)		7a _	187,453
	Ь	Net unr	elated busi	ness taxable income from F	orm 990-T, line 34		7b	-8,206
						F	Prior Year	Current Year
<u>an</u>	8			d grants (Part VIII, line 1h)		•	15,347,550	10,578,347
Ravenue	9			revenue (Part VIII, line 2g	•	138,102,580	146,769,309	
歪	10 11			, , , , , , , , , , , , , , , , , , , ,	ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)	•	6,458,690 2,981,755	2,550,410
	12				: equal Part VIII, column (A), I	ıne	2,301,733	3,330,340
		12)					162,890,575	163,257,006
	13			ar amounts paid (Part IX, co	, ,,		41,520,294	43,944,495
	14			r for members (Part IX, col		_		0
\$	15	5alari 10)	es, other co	ompensation, employee ben	efits (Part IX, column (A), lines	5 5 -	74,496,824	75,875,109
813	16a	Profes	sional fund	raising fees (Part IX, colum	nn (A), line 11e)		0	0
Expenses	ь	(Total f	undraising exp	penses, Part IX, column (D), line	25 3,209,893			
ш	17	Other	expenses ((Part IX, column (A), lines 1	.1a-11d, 11f-24f)		50,862,869	43,584,059
	18	Total	expenses—	add lines 13–17 (must equ	al Part IX, line 25, column (A))	166,879,987	163,403,663
	19	Reven	ue less exp	enses Subtract line 18 fro	m line 12		-3,989,412	-146,657
Net Assets or Fund Balances						Begi	nning of Year	End of Year
tege Tege	20	Total	assets (Par	t X, line 16)			258,670,912	233,615,473
A B	21	Totall	liabilities (F	Part X, line 26)			175,102,231	169,249,723
	22			d balances Subtract line 2	1 from line 20		83,568,681	64,365,750
Pai	rt II		ature Blo					
					ined this return, including accompanyi n of preparer (other than officer) is ba			
Plea	se	l k				1	010-04-13	
Sign		Sign	ature of office	er			ate	
Here	2			nness VP for Finance and Adminis	tration			
		Туре	e or print nam	e and title				
		Preparer			Date	Check if self-	Preparer's PTIN (See Gen Inst)
Paid	_	signature	* *			empolyed 🕨	<u> </u>	
•	arer's		ame (or yours	KPMG LLP	<u> </u>		EIN Þ	
Use (Jnly		and ZIP + 4	1660 International Drive			_	
				McLean, VA 221024848			Phone no 🕨 (7	03) 286-8000
May	the IR	S discus	s this retu	rn with the preparer shown	above? (See instructions)			┌ Yes ┌ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission
See A	dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
_	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 43,944,495 including grants of \$ 43,944,495) (Revenue \$) STUDENT FINANCIAL ASSISTANCE THE UNIVERSITY PROVIDED AWARDS TO FULL-TIME AND QUALIFYING PART-TIME STUDENTS
4Ь	(Code) (Expenses \$ 43,577,228 including grants of \$) (Revenue \$ 125,271,835) INSTRUCTION THE UNIVERSITY PROVIDED EDUCATION TO 3,048 AND 2,902 FULL-TIME DAY STUDENTS IN THE FALL 2008 AND SPRING 2009 SEMESTERS SUMMER, PART-TIME, GRADUATE, EVENING AND DOCTORATE PROGRAMS PROVIDE 51,681 CREDIT HOURS
4c	(Code) (Expenses \$ 22,439,082 including grants of \$) (Revenue \$ 22,627,667) AUXILIARY ENTERPRISES THE UNIVERSITY PROVIDED BOOKSTORE, HOUSING AND DINING SERVICES AT ANNUAL COSTS OF ROOM - \$5,520 AND BOARD - \$4,490 THE UNIVERSITY PROVIDED ROOMS TO 2,104 AND 1,847 STUDENTS AND MEALS TO 2,075 AND 1,832 STUDENTS DURING THE FALL 2008 AND SPRING 2009 SEMESTERS
4d	Other program services (Describe in Schedule O) (Expenses \$ 34,203,653 including grants of \$) (Revenue \$ 2,228,747)
4e	Total program service expenses \$ 144.164.458 Must equal Part IX Tine 25 column (R)

Part IV	Chec	klist of	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	20-	W = =	
	· · · · · · · · · · · · · · · · · · ·	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI 😘			

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	307			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this	2a	3,081			
h	return		,			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited		·	5b		No
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>			36		
	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal prope					
	file Form 8282?		-	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, prem	niums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	7h		
8	required?	· ·	ction 500(a)(3)	711		
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
_	year?				<u>. </u>	L
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter	l	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year		l .		I	I

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section A</u>	. Governing	Body	and	Management	

				_		Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	desc	ribe the circums	tances,				
1a	Enter the number of voting members of the governing body	1a		36				
Ь	Enter the number of voting members that are independent	1b		34				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		Νo	
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? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the orga		5		Νo			
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						Νο	
Ь	Are any decisions of the governing body subject to approval by members, stockholde	rs, o	r other persons?	•	7b		Νo	
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	ndertaken during) the				
а	the governing body?				8a	Yes		
ь	each committee with authority to act on behalf of the governing body?				8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo	
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the organization.		•		9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it w must describe in Schedule O the process, if any, the organization uses to review the		•		10		Νο	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sch				11		Νο	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - ┌ own website ┌ another's website ┌ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

REBECCA HORVATH AVP FINANCE 1900 WEST OLNEY AVE

PHILADELPHIA, PA 19141 (215) 951-1858

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

	(B) Average hours per week		(tion that a			all			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			<u> </u>							
				-			1			
							\vdash			
			-							
1b Total			-			<u> </u>	-	1,934,383	3	258,278

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►79

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
P Agnes Inc 2101 Penrose Avenue PHILADELPHIA, PA 19145	Construction	26,293,183
Montgomery McCracken Walker Rhoad	Legal	1,274,856
INTECH Construction Inc 3001 Market Street PHILADELPHIA, PA 19104	Construction	1,258,727
Seravalli Contractors Inc 10059 Sandmeyer Lane PHILADELPHIA, PA 19116	Construction	1,067,911
UJMN Architects 718 Arch Street Suite 5N PHILADELPHIA, PA 19106	Architecture	604,825
2 Total number of independent contractors (including those in 1) who rec	• • • • • • • • • • • • • • • • • • • •	22

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a					
## ##	ь	Membership d	ues					
亞吉		•	1b					
o.ĕ	С	Fundraising ev	vents 1c	300,314				
推	d	Related organ	ızatıons1d					
Contributions, gifts, grants and other similar amounts	e	Government grar	nts (contributions) 1e	4,713,963				
ેં જેં	f	All other contribu	tions, gifts, grants, and	5,564,070		i		
훈	-	sımılar amounts ı	not included above					
걸로	g	Noncash cont	ributions included in					
Ϋ́Е		lines 1a-1f \$	298,453					
.	h	Total (Add lin	es 1a-1f)		10,578,347			
				Business Code				
ΞE	2a	TUITION & FEES		900,099	123,109,225	123,109,225		
Yer	ь	RESIDENCE HALL	 S	900,099	11,284,480			11,284,480
Program Serwce Revenue	c	DINING SERVICE	 S	900,099	9,885,694			9,885,694
45.P	d	ACADEMIC RELAT		900,099	2,162,610	2,162,610		3,003,031
38	e	CAMPUS STORE	TED REVENUES	,				
Ξ		-		900,099	327,300	327,300		
_ En	f	All other prog	ram service revenue					
<u>&</u>	g	Total. Add line ▶ \$ 146,769,3	es 2a-2f					
	3	Investment in	come (including divi	dends, interest				
		other similar a	amounts)		2,218,422	Ţ	-4,958	2,223,380
	4	Income from inve	estment of tax-exempt be	ond proceeds	0			
	l_			▶	0			
	5	Royalties .	()		o o			
	6a	Gross Rents	(ı) Real 2,464,917	(II) Personal				
	b	Less rental	1,334,724					
	"	expenses						
	С	Rental income or (loss)	1,130,193					
	d	Net rental inc	ome or (loss)	<u> </u>	1,130,193	1,065,481	64,712	
	7a	Gross amount	(ı) Securities 28,024,755	(II) O ther				
	/a	from sales of	20,021,733					
		assets other than inventory						
	b	Less cost or other basis and	27,692,767					
		sales expenses						
	С	Gain or (loss)	331,988					
	d	Net gain or (lo	oss)	. ▶	331,988			331,988
	8a	Gross income events (not in	from fundraising					
Other Revenue		Ψ	ns reported on line					
₹ >		Attach Schedul	le G ıf total exceeds					
Ř		\$15,000	а	300,314				
<u>.</u>	b		xpensesb	,				
둦	С	Net income or	(loss) from fundrais	ing events ►	0			
-	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total					
			а					
	b c		xpenses b (loss) from gaming a		0			
	10a	Gross sales o	fınventory, less lowances					
			а					
	b	Less cost of	goods sold b					
	С	Net income or	(loss) from sales of		0			
		Miscellaneou	ıs Revenue	Business Code				
	11a	ADMIN AND	OTHER REVENUES	541,800	2,228,747	2,101,048	127,699	
	_							
	Ь							
	С							
	d	All other reve	nue					
	e		es 11a-11d					
	<u> </u>			\$ 2,228,747	163,257,006	128,765,664	107 453	22 725 542
	12	8c,	e. Add lines 1h, 2g, 3		103,237,006	120,703,004	187,453	23,725,542
]	9c, 10c, and 1	11e	. ▶				E 600 (0.5.5.5.5
								Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	43,944,495	43,944,495		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,200,235		997,037	203,198
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	60,345,117	52,096,599		1,851,170
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,748,697	1,482,545	218,620	47,532
9	Other employee benefits	8,017,741	6,797,441	1,002,360	217,940
10	Payroll taxes	4,563,319	3,868,782	570,500	124,037
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,147,903		1,147,903	
c	Accounting	182,600		182,600	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	3,501,720	2,523,078	956,754	21,888
12	Advertising and promotion	4,739,881	2,711,586	1,820,626	207,669
13	Office expenses	5,098,222	4,494,470	205,704	398,048
14	Information technology	892,128	874,466	636	17,026
15	Royalties	0			
16	Occupancy	574,397	565,223	9,174	
17	Travel	1,819,591	1,588,402	144,882	86,307
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	233,801	196,139	23,105	14,557
20	Interest	5,647,128	5,055,890	591,238	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,210,166	5,882,818	327,348	
23 24	Insurance	1,377,686	1,376,657		1,029
а	FOOD-CAFETERIA	3,378,189	3,378,189		
		2,325,142	1,944,662	362,753	17,727
c	UTILITIES	4,996,320	4,696,540	299,780	·
d	STUDY ABROAD	411,214	411,214	·	
e	BAD DEBT EXPENSE	365,147	-	365,147	
f	All other expenses	682,824	275,262	405,797	1,765
25	Total functional expenses. Add lines 1 through 24f	163,403,663	144,164,458	16,029,312	3,209,893
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. ,		rm 990 (2008)

Part X	Balance	Shoot

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				27,702	1	32,875
	2	Savings and temporary cash investments		18,983	2	4,939,813		
	3	Pledges and grants receivable, net				4,452,190	3	3,587,046
	4	Accounts receivable, net				2,887,551	4	3,686,879
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			es or	595,000	5	595,000
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net				7,686,082	7	7,645,543
	8	Inventories for sale or use				127,157	8	114,218
\$	9	Prepaid expenses and deferred charges				696,658	9	391,434
Assets	10a	Land, buildings, and equipment cost basis	10a	2	26,558,759			
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b		88,198,543	113,088,691	10c	138,360,216
	11	Investments—publicly traded securities				79,067,209	11	55,224,020
	12	Investments—other securities See Part IV, line 11 <i>Complete F Schedule D</i>	Part VI.	I of		42,488,941	12	11,632,048
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		7,534,748	15	7,406,381		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				258,670,912	16	233,615,473
	17	Accounts payable and accrued expenses .	11,134,012	17	11,732,694			
	18	Grants payable					18	
	19	Deferred revenue				4,197,299	19	4,699,149
	20	Tax-exempt bond liabilities				137,605,000	20	135,275,000
<u>, a</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			ì			
		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		5,000,000	23	0		
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D				17,165,920	25	17,542,880
	26	Total liabilities. Add lines 17 through 25				175,102,231	26	169,249,723
seo		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e I	lines 27				
Balance	27	Unrestricted net assets				48,906,880	27	35,527,451
- B	28	Temporarily restricted net assets		17,643,951	28	11,355,422		
돧	29	Permanently restricted net assets		17,017,850	29	17,482,877		
or Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		83,568,681	33	64,365,750		
_	34	Total liabilities and net assets/fund balances				258,670,912	34	233,615,473
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

OMB No 1545-0047

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

		e organizat i	on					Em	ployer ide	nt if icat io	n numbe	r
LA SAI	TE ONIA	/ERSITY						22	-1352654	1		
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	by all or	ganizatio					
				ation because it is (Please					111001 400	101107		
1	Γ			nurches, or association of ch					(A)(i).			
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical	research organi	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publi	с
		described i	n Sect ion 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gr	oss
		receipts fro	m activities re	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses	3
		·	-	on after June 30, 1975 See					•			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	e instruc	tions)	
11	Г	-	-	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza		٠,	` '	•	, , ,	Section 5	U9(a)(3)	. Cneck
		_	ype I b				nally Integ		'' d	Гтуре	III - O	ther
e	Γ	By checkin	g this box, I ce	rtıfy that the organızatıon ıs	not contro	olled direc	tly or ındı	rectly by	one or mor	e dısqualı	fied pers	ons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons	described	ın sectior	1509(a)	(1) or
f		section 50		d a written determination fro	m the IDS	S that it is	a Type I	Type II o	r Type III	supportu	a orazni	zation
•		check this		d a written determination no	in the 11th	, that it is	атурет,	Type II o	i Type III	Supportin	ig organi	
g		Since Augu	ıst 17, 2006, h	as the organization accepte	d any gift	or contrib	utıon from	any of the	<u></u>			·
		following pe							٠ ١			т
			·-	r indirectly controls, either a		_	tn persons	describe	a in (ii)	11	Yes	_
			· -	ng body of the the supported erson described in (i) above	_	LIOTI				11g(11g(No No
			•	ty of a person described in (hovo2				11g(_	No
h				nation about the organizatio			sunnorts			119(,	1 110
		1 TOVIGE CHE	. Tollowing Illion	nation about the organization	ins the org	gamzation	заррогіз					
	(i) Na	ime of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A	mount of
		orted	, ,	(described on lines 1-9		ation in		nızatıon		atıon ın		port?
	0 rgan	ızatıon		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))	, ,	verning ment?	supp	ort?	in the	US?		
					Yes	No	Yes	No	Yes	No	1	
							1.03					

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

DLN: 93493104005140

0000

2008

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	me of the organization SALLE UNIVERSITY	Employer identification number			
LA S	PALLE OMIVERSII I		23-1352654		
Pa	organizations Maintaining Donor organization answered "Yes" to Form 9			Complete If the	
		(a) Donor advised funds	(b) Funds and oth	ner accounts	
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adfunds are the organization's property, subject to the		or advised	┌ Yes ┌ No	
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the bi impermissible private benefit?			┌ Yes	
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" to	o Form 990, Part IV,	lıne 7.	
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quantitation of the last day of the transpace.	ation or pleasure) Preservation of an Preservation of ce	rtified historic structure		
	on the last day of the tax year		Held at t	ne End of the Year	
а	Total number of conservation easements		2a	ie Liid Of the Tear	
ь		mb a	2b		
	Total acreage restricted by conservation easeme				
C	Number of conservation easements on a certified	2c			
d	Number of conservation easements included in (c		2d		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terminate	d by the organization di	ırıng	
	the taxable year 🕨				
4	Number of states where property subject to conse	rvation easement is located ►			
5	Does the organization have a written policy regard enforcement of the conservation easements it hold	- · · · · · · · · · · · · · · · · · · ·	ations, and	┌ Yes ┌ No	
6	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during the	year 🟲		
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e 2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No	
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial			
ar	Complete if the organization answered		or Other Similar A	ssets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or researc	ch in furtherance of publ		
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	or public exhibition, education, or research i			
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	182,806	
	(ii) Assets included in Form 990, Part X		▶ \$	3,752,726	
2	If the organization received or held works of art, his following amounts required to be reported under SF		- 1	the	
а	Revenues included in Form 990, Part VIII, line 1		► \$		
b	Assets included in Form 990, Part X		▶ \$		

<u>'ar</u>	Organizations Maintaining Co	llections of Art,	Hist	toric	<u>cal Treas</u>	ures, or Othe	<u>r Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	e foll	owing that a	re a sıgnıfıcant ι	ise of its collection	n	
а	Public exhibition		d	Γ	Loan or exc	change programs	:		
b	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explain	how	they	further the	organization's ex	xempt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes	√ No
Pai	t IV Trust, Escrow and Custodial A					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an am		•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete i							-) Faur V	ears Back
la	Beginning of year balance	(a)Current Year 74,671,248	(D)) Prior	rear (c)	wo fears back (a)	Tillee rears back (e)rour re	ears back
ь	Contributions	1,344,902							
c	Investment earnings or losses	-16,161,026							
d	Grants or scholarships	1,276,056							
e	Other expenditures for facilities	3,385,097							
	and programs								
f	Administrative expenses								
g	End of year balance	55,193,971							
2	Provide the estimated percentage of the year	r end balance held as							
а	Board designated or quasi-endowment 🕨	55 %							
b	Permanent endowment ► 45 %								
С	Term endowment ▶								
За	Are there endowment funds not in the posses	sion of the organizat	ıon t	hat a	re held and	admınıstered for	the		
	organization by (i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations						3a(ii	+	No
ь	If "Yes" to 3a(II), are the related organization						3b		
ı	Describe in Part XIV the intended uses of the	e organization's endo	wme	nt fu	nds			_	
Pai	t VI Investments—Land, Buildings	, and Equipmen	t. S	ee F	orm 990, F	Part X, line 10.			
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
la	Land					17,505,255	'	1	7,505,25!
ь	Buildings					153,798,013	70,820,882	8	2,977,13
c	Leasehold improvements		.						
d	Equipment		.			9,549,973	6,242,629		3,307,344
e	Other					45,705,518	11,135,032	3	4,570,486

138,360,216

uncertain tax positions under FIN 48

(a) Description of security or cateory	See Form 990, Part X, line 12.	
(including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of cha of year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) >	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Part IX Other Assets. See Form 990, Part X	7, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des		(b) Book value
Part IX Other Assets. See Form 990, Part X (a) Des	7, line 15.	3,752,726
(a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS	7, line 15.	3,752,726 2,937,940
Part IX Other Assets. See Form 990, Part X (a) Des	7, line 15.	3,752,726
COLLECTIONS DEFERRED BOND ISSUANCE COSTS	7, line 15.	3,752,726 2,937,940
COLLECTIONS DEFERRED BOND ISSUANCE COSTS	7, line 15.	3,752,726 2,937,940
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COLLECTIONS DEFERRED BOND ISSUANCE COSTS	7, line 15.	3,752,726 2,937,940
COLLECTIONS DEFERRED BOND ISSUANCE COSTS	7, line 15.	3,752,726 2,937,940
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS	S, line 15.	3,752,726 2,937,940
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS	(, line 15.	3,752,726 2,937,940 715,715
COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In	(, line 15.	3,752,726 2,937,940 715,715
COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability	ine 15.)	3,752,726 2,937,940 715,715
COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part X, col.(B) In Column (a) Description of Liability Federal Income Taxes	ine 15.)	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Design Collections DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY	ine 15.) Int X, line 25. (b) A mount	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY ADV FEDERAL GOVT STUDENT LOANS	(, line 15. scription scri	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY ADV FEDERAL GOVT STUDENT LOANS ASSET RETIREMENT OBLIGATION	(a) Inne 15. Scription Sine 15.) Sint X, line 25. (b) A mount 9,854,286 5,910,607	3,752,726 2,937,940 715,715
COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part X	(, line 15. scription scri	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY ADV FEDERAL GOVT STUDENT LOANS ASSET RETIREMENT OBLIGATION	(, line 15. scription scri	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY ADV FEDERAL GOVT STUDENT LOANS ASSET RETIREMENT OBLIGATION	(, line 15. scription scri	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY ADV FEDERAL GOVT STUDENT LOANS ASSET RETIREMENT OBLIGATION	(, line 15. scription scri	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY ADV FEDERAL GOVT STUDENT LOANS ASSET RETIREMENT OBLIGATION	(, line 15. scription scri	3,752,726 2,937,940 715,715
Part IX Other Assets. See Form 990, Part X (a) Des COLLECTIONS DEFERRED BOND ISSUANCE COSTS FUNDS HELD IN TRUST BY OTHERS Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability Federal Income Taxes POST RETIREMENT BENEFIT LIABILITY ADV FEDERAL GOVT STUDENT LOANS ASSET RETIREMENT OBLIGATION	(a, line 15.) Int X, line 25. (b) A mount 9,854,286 5,910,607 633,093 1,144,894	3,752,726 2,937,940 715,715

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	163,257,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	163,403,66
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-146,657
4	Net unrealized gains (losses) on investments	4	-19,056,27
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-19,056,27!
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-19,202,932
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial		101,590,960
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	1	
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)]	
e	Add lines 2a through 2d	2e	-63,000,770
3	Subtract line 2e from line 1	3	164,591,730
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a -1,334,724	1	
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	-1,334,724
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	163,257,000
Par	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	120,793,892
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
Ь	Prior year adjustments	4	
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	-	
е	Add lines 2a through 2d	2e	-43,944,49!
3	Subtract line 2e from line 1	3	164,738,38
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a -1,334,724	<u> </u>	
Ь	Other (Describe in Part XIV)	↓	
c	Add lines 4a and 4b	4c	-1,334,724
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	163,403,663
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
PART III LINE 4		One of the museums primary goals has been to develop a comprehensive collection of European and American art from the Renaissance to the present, and it strives to document this history with examples of most of the major art movements with a wide selection of subjects. Other holdings include groups of rare illustrated Bibles, Japanese prints (19th-20th centuries), Indian miniatures, African carvings and implements, Pre-Colombian pottery and Ancient Greek ceramics. The University in 1976 began a degree program in art history and simultaneously began acquiring art. What began as a modest study collection has since blossomed into the La Salle Art Museum, now considered one of the city's gems.
PART V LINE 4		The University's endowment consists of approximately 120 individual funds established for a variety of purposes. The University has a policy of appropriating for distribution each year up to 5% of its funds based on a prior 12 quarter average endowment market value. The University, over the long term, expects the current spending policy to allow its endowment to continue to grow. This is consistent with the University's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return. PART X. The University has been granted tax-exempt status as a non-profit organization under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements, and the University has no tax positions that are more likely than not for the recognition and derecognition of tax positions taken or expected to be taken in a tax return. PART XII LINE 2d This is the total amount of scholarship funds. La Salle awarded in the 2008-09 fiscal year. The revenue number in Line 1 of this section is net of this number. PART XIII LINE 2d This is the total amount of scholarship funds. La Salle awarded in the 2008-09 fiscal year. The expense number in Line 1 of this section is net of this number.

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public

Na	me of	the o	rganizat	ion
LA	SALLE U	JNIVER:	SITY	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	23-1352654			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	LA SALLE UNIVERSITY INCLUDES THIS POLICY IN ALL DOCUMENTS, INCLUDING RESEARCH MATERIALS	-	162	
	AND ITS WEBSITE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a	l	Νo
ь	Admissions policies?	5b		Νo
		55		110
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
_	Educational policies?	5e		Νo
Ĭ	Ludedional policies	<u> 5e</u>		NO
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	<u> </u>		110
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50. 1975-2 C.B. 587. covering racial nondiscrimination? If "No." attach an explanation	7	Yes	

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As Filed Data -

DLN: 93493104005140

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2008

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public

Name of the organization					Employer ide	entification number
LA SALLE UNIVERSITY					23-135265	4
Part I General Infor "Yes" to Form 9			de the United States	s. Complete	e if the orga	nızatıon answered
	•		ecords to substantiate	the amount	of the grant	ts or
assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	a wa rd
the grants or assistan	ce					┌ Yes ┌ No
2 For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring tl	he use of gran	nt funds outsi	de the
3 Activites per Region (Us	se Schedule F-1	(Form 990) If add	ditional space is needed)			
	(In) Normalian as	(-) Normalian a f	(d) Activities conducted in	(e) If activi	ty listed in (d))
(a) Region	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,		am service,	(f) Total expenditures in
(a) Region	region	agents in region	grants to recipients located in		ecific type of s) in region	region
Europe (Including Iceland and	0	0	the region) Program Services	Instruction	s) iii region	113,392
Greenland)			-			
Europe (Including Iceland and Greenland)	0	0	Program Services	Room & Boa	rd	297,822

Totals ▶

411,214

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

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Identifier	ReturnReference	In Part I, line 2, and any other additional information. Explanation
PART I LINE 1	Retuilikelelelice	The Office of Student Financial Services assists students and
TORT TEINE I		parents in financing their La Salle education through
		scholarships, grants, loans and/or one of the University's work
		programs As it pertains to those students who choose to study
		abroad, their grants are not taken outside the US but applied to
		their total La Salle bill Students are permitted to use a maximum
		of \$1,000 from any one La Salle University grant or scholarship
		fund to pay for study abroad tuition in Ireland, Australia and
		Rome, and a total of \$4,000 towards study abroad tuition in
		Mexico, per semester of study abroad. This includes the Founders
		Scholarship, Mission Grant, Christian Brothers Scholarship,
		Federal SEOG Grant and any endowed scholarship that is
		awarded through Student Financial Services These are the only
		La Salle funds that may be awarded for study abroad tuition. At
		the end of the students study abroad experience, the Office of Student Financial Services will monitor the students grades to
		ensure that they did attend the study abroad institution. Because
		grants are not taken outside the U S but instead, applied to the
		student's La Salle bill, all grants are shown on Schedule I

Software ID:

Software Version:

EIN: 23-1352654

Name: LA SALLE UNIVERSITY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493104005140

OMB No 1545-0047

2008

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ. line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection
ame of the organization A SALLE UNIVERSITY					Employer ide	ntification number
SALLE UNIVERSITY					23-1352654	,
Part I Fundraising Ac	tivities. Complet	e if the or	ganızat	ion answered "Yes" t	to Form 990, Part IV	/, line 17.
Indicate whether the orgai	<u> </u>		_		· · · · · · · · · · · · · · · · · · ·	•
a Mail solicitations	nzacion raisca ranas	till ough at	1, 01 1110		ion-government grants	
b Email solicitations				•	jovernment grants	
c Phone solicitations				g Special fundrais	· -	
d In-person solicitations	3					
Did the organization have or key employees listed in b If "Yes," list the ten higher to be compensated at leas	Form 990, Part VII st paid individuals or) or entity in entity in the entities (fi	in connec undraisei	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fu	
		(iii) Dıd fundraıser have				
					(v) A mount hald to	
(i) Name of Individual	(ii) A atuutu		erhave	(iv) Gross receipts	(v) A mount paid to (or retained by)	
(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo contr	erhave dy or ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by) organization
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by)	(or retained by)
• •	(ii) Activity	fundrais custo contr	erhave dy or ol of	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by) fundraiser listed in	1
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	1	(or retained by) fundraiser listed in	(or retained by)

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

Pai	t I	Fundraising Events. Comp more than \$15,000 on Form					r repor	ted
		, ,	(a) Event #1	(b) Event #2	(c) O ther Events	(d) ⊤	otal Eve	
			President's Cup	Charter Dinner	0		ol (a) th ol (c))	irough
ds			(event type)	(event type)	(total number)			2.010
¥.	1	Gross receipts	172,646	209,364				2,010
Revenue	2	Less Charitable contributions	117,050	183,264			30	0,314
	3	Gross revenue (line 1 minus line 2)	55,596	26,100			8	1,696
	4	Cash Prizes						
Ses	5	Non-cash Prizes	8,207	46,876			5	5,083
Direct Expenses	6	Rent/Facility costs						
മ ദ	7	Other direct expenses	25,125	1,488				6,613
<u>ē</u>	8	Direct expense summary Add line	es 4 through 7 ın column	(d)			8	1,696
_	9	Net income summary Combine lir	nes 3 and 8 in column (d))	•			
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repoi	rted mo	re thai	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gaming through co	
~	1	Gross revenue						
စ္	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ចា ទ	4	Rent/facility costs						
ā	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%_ ┌ No	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
9		ter the state(s) in which the organiza					Yes	No
a		the organization licensed to operate	gamıng actıvıtıes ın each	n of these states?		· 9a	1	
Ь		No," Explain						
10a	— We	re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	the tax year?	10:	a	
b	If"	Yes," Explain						
11		es the organization operate gaming a	ctivities with nonmombo	re?				
11 12		es the organization operate gaming a the organization a grantor, beneficiar				1.	1	
		med to administer charitable gaming		,	•			1

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493104005140

OMB No 1545-0047

2008

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

Open to Public Inspect ion

LA SALLE UNIVERSITY						23-1352654	
Part I General Info	rmation on Gra	nts and Assistanc	e				
	ed to award the gra	ints or assistance?			gibility for the grants or as:		ר Yes Γ
Form 990, Part Part IV and Sci	: IV, line 21 for a hedule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the or if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			+				
					1		
2 Enter total number of se organizations					<u> </u>		
For Paperwork Reduction Act No				Cat No 50055			nedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Part IV		As outlined in Part III above (as well as in Schedule I-1), La Salle maintains records to quantify the dollar amounts of the grants, the number of recipients per grant/scholarship class, and the selection criteria
1		

Software ID: Software Version:

EIN: 23-1352654

Name: LA SALLE UNIVERSITY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance

(b)Number of (c) Amount of (d) Amount of

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Gen Purpose Merit Scholarship & Need- Based	2806	33,409,604			
Special Purpose - Athletic Aid	316	4,132,836			
Special Purpose - Graduate Aid	285	508,535			
A DP Tuition Waiver (Undergraduate)	45	115,725			
Burns ROTC Scholarhıp (Undergraduate)	4	35,459			
Bı-lıngual Studies Grant (Undergraduate)	87	56,726			
Tuition for Disadvantaged local students	46	123,285			
Christian Brothers' Relatives (Undergraduate)	8	127,115			
Merit Based Scholarships for Freshmen	66	1,972,543			
Community Service Scholarships (Undergraduate)	17	178,850			
Presidential Discretionary Grants	5	9,600			
Students intending to become Christian Bros schol	4	69,160			

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DLN: 93493104005140

OMB No 1545-0047

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name	of	t he	organizat ion	
LA SALL	ΕU	INIVE	RSITY	

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

23-1352654

Pa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to in officers, directors, trustees, and the CEO/Executive		• • • • • • • • • • • • • • • • • • • •	2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		·			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	ŧ?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		• • • • • • • • • • • • • • • • • • • •	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			g		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Matthew S McManness	(I) (II)	215,222 0	0	0	0	29,342 0	244,564 0	0
R Brian Elderton	(ı) (ıı)	195,180 0	0	0	0	27,895 0	223,075 0	0
Richard A Nigro	(ı) (ıı)	221,292 0	0	0	0	28,344 0	249,636 0	0
John F Dolan	(ı) (ıı)	190,734 0	0	0	0	25,679 0	216,413 0	0
John Giannini	(ı) (ıı)	336,556 0	0	0	0	36,236 0	372,792 0	0
Yusuf J Ugras	(ı) (ıı)	196,659 0	0	0	0	20,184 0	216,843	0
Paul R Brazina	(ı) (ıı)	205,945 0	0	0	0	22,110 0	228,055 0	0
Thomas Brennan	(ı) (ıı)	195,878 0	0	0	0	25,247 0	221,125 0	0
Pattı R Zuzelo	(ı) (ıı)	176,917 0	0	0	0	15,622 0	192,539 0	0
	(ii)							
	(ii)							
	(i) (ii)			 '			-	
	(i) (ii)			-				

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	·	

Software ID: Software Version:

EIN: 23-1352654

Name: LA SALLE UNIVERSITY

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees							
(A) Name	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
I Mattnew S McManness I.	(ı) 215,222 ıı) 0	0	0	0	29,342 0	2 244,564	0
IK Brian Elderton I.	(ı) 195,180 ıı) 0	0	0	0	27,895 0	223,075	0
I KICNATO A NIOTO I.	(ı) 221,292 ıı) 0	0	0	0	28,344 0	249,636	0
I JONN F DOIAN I.	(ı) 190,734 ıı) 0	0	0	0	25,679 0	216,413	0
i John Glannini - i .	(ı) 336,556 ıı) 0) 0	0	0 0	36,236 0	372,792	0 0
I YUSUT JU OTAS I.	(ı) 196,659 ıı) 0	0	0	0	20,184 0	216,843	0
I Paul K Brazina I.	(ı) 205,945 ıı) 0	0	0	0	22,110 0	228,055	0
i inomas premian – i.	(ı) 195,878 ıı) 0	0	0	0	25,247 0	221,125	0
	(ı) 176,917 ıı) 0	0	0	0	15,622 0	192,539	0

DLN: 93493104005140

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

Name of the organization LA SALLE UNIVERSITY

Department of the Treasury

Internal Revenue Service

Employer identification number 23-1352654

Р	art I Bond Issues (Required	I for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) Det	feased	(h) Beha Iss	alfof
!		<u></u>						<u></u>			Yes		Yes	No
Α	PA Higher Educational Facilities A Authority 2007A 23-2243852 70917RNN1			10-01-2	2007	52,8	75,000	Construction	ı/Refund of	prior issue		x		x
В	PA Higher Educational Facilities Authority 2007B	23-2243852	70917RNQ4	10-01-2	2007	47,0	65,000	Construction	1			х		х
c	PA Higher Educational Facilities Authority 2003	23-2243852	70917NZT4	10-01-2	2003	37,6	65,000	Construction	1			х		Х
P	art II Proceeds (Optional for)	2008)												
1	Total Proceeds of Issue				A	В	;	<u> </u>	С	D	,		Е	
2	Gross Proceeds in Reserve Funds			+		+		+		<u> </u>		+		
3	Proceeds in Refunding or Defeasar	nce Escrows				+				 		+		
4	Other Unspent Proceeds					+		+						
5	Issuance Costs from Proceeds			+		+		+				+		
6	Working Capital Expenditures from	n Proceeds		 		+				 		+		
7	Capital Expenditures from Proceed	ds				+		+						
8	Year of Substantial Completion	-								<u>I</u>				
		-		Yes	No	Yes	No	Yes	No	Yes	No	Yes	s	No
9	Were the bonds issued as part of a	a current refunding is:	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed:	is been made?												
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008	<i>.</i>)											
			1		1	В	1		_	D			E	
			1	Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?														
2	Are there any lease arrangements which may result in private busine:	•	nanced property											
For	Paperwork Reduction Act Notice, see the	e Instructions for Forn	n 990.			Cat No 501	93E			Sch	nedule K (Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		В		С		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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OMB No 1545-0047

MB NO 1545-004

2008

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
 ▶ To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization					En	nploye	er ide	nt if ica	tion nu	ımber	
LA SALLE UNIVERSITY					23	-135	2654	l.			
Part I Excess Benefit Transa					l) organız	atıor	ıs on	ly).	_		
To be completed by organizat		nswered "Ye	es" on Form 990, Part IV	, line 2	25a or 25b	, or Fo	orm 9	90-EZ		V , line :) Corr	
1 (a) Name of disqualified p			(b) Des	criptio	n of transa	ction			_ F	Yes	No
2 Enter the amount of tax imposed or	_					earur	nder				
section 4958						•		\$ ——			
3 Enter the amount of tax, If any, on Part II Loans to and/or From				• •		•		\$			
To be completed by organiz				IV, lın	e 26, or Fo	rm 99	90-E2	Z, Part	V , lıne	38a	
	(b) Loar	n to or				Ĺ,,		(1	-		
(a) Name of interested person and	from		(c)O riginal principal	 (d) Ba	lance due		In ult?	1 ' '	oved ard or	(g)W agree	rıtten ment?
purpose	organiza		amount	` ´		committ		1		Т	
John F Dolan	То	From				Yes	No	Yes	No	Yes	No
Relocation Loan		х	595,000		595,000		Νo	Yes		Yes	
											├─
											-
Part III Grants or Assistance					595,000						
To be completed by orga				90, Pa	art IV, lin	e 27.					
(a) Name of interested person	(E	-	ıp between ınterested pe	rson	(c) A mo	ount o	f arar	nt or tv	pe of a	ssista	nce
		an	d the organization		. ,						

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
WILLIAM R SAUTTER	BOT MEMBER	434,679	SEE SCHEDULE O		Νο
JOSEPH A FRICK	BOT MEMBER	6,510,613	SEE SCHEDULE O		Νο

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DLN: 93493104005140

OMB No 1545-0047

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Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization LA SALLE UNIVERSITY

Employer identification number

					23-1352654			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermı	nıng	
1	Art—Works of art	Х	8	<u> </u>	DONOR-OBTAINE	D APP	RA	
	Art—Historical treasures .		_					
	Art—Fractional interests							
	Books and publications	X		0				
	Clothing and household			,				
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	7	83,898	FMV			
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	5 LAPTOP		_					
25	Other (describe <u>COMPUTERS</u>) SPECTRON	X	1	0	0			
26	Other (describe METER)	×	1	0	0			
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			1
	-					1	Yes	No
30a	During the year, did the organization hold for at	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must			
	least three years from the date of		•	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif					31		Νo
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νo
b	If "Yes", describe in Part II							
33	If the organization did not report	revenues	ın Column (c) for a type of p	property for which Column (a	a) is			
	checked describe in Part II					1 !	1	l

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SCHEDULE M, PART I, LINE 33 LA SALLE UNIVERSITY'S LIBRARY AND ART MUSEUM DO NOT CAPITALIZE THEIR COLLECTIONS THE SPECTRON METER HAS NOT BEEN CAPITALIZED

DLN: 93493104005140

SCHEDULE O (Form 990)

Department of the Treasury

Department of the Treasury
Internal Revenue Service

LA SALLE UNIVERSITY

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2000

Name of the organization

Tespoises to specific questions for the Form 990 of to provide any additional millionnation.

Employer idea

Inspection Employer identification number

23-1352654

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE ACCOMPLISHMENTS	STUDENTS SERVICES THE UNIVERSITY PROVIDED COUNSELING, INTER-COLLEGIATE ATHLETICS, HEALTH ADVISING, STUDENT GOVERNING AND OTHER STUDENT LIFE SERVICES FOR ALL STUDENTS EXPENSES \$34,203,653

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 10		The process of reviewing La Salle University's 990 return internally is consistent and thorough. The first step in the process involves the Assistant Controller identifying the key subject matter experts across the University. He then parses to each the sections of the 990 for which they will be responsible for providing both data and support. Upon receipt of the data and support, the Asst. Controller reviews both with the SME to make sure that the correct information was provided. After this process has been repeated with all of the SME's, the Asst. Controller fills out the core form first, upon completion he forwards this and the back-up support to the AVP Finance. The AVP Finance reviews the entire Core Form and then returns it to the Asst. Controller with all items needing further clarification clearly outlined. After resolving the outstanding issues on the Core Form and gaining the sign-off from the AVP Finance, the completed Schedules are sent to the AVP Finance for review. Once the Core Form and associated Schedules are fully reviewed, they are forwarded to the Vice President for Finance and Administration, who also serves as the Treasurer of the University's Board of Directors. It is only after the 990 gains his approval that it is then forwarded to the University's external accounting firm.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C		The University does consistently monitor and enforce compliance with its written conflict of interest policy Prospectively, the University requires that all board members sign a conflict-of-interest statement, this statement places an onus of expectation on each member that he/she must alw ays act in the best interests of the institution and refrain from actions that would redound to the sole benefit of the member at the expense of the University Regarding the University's staff and employees, there is on-going training conducted by Human Resources that is meant to inculcate "La Sallian" virtues and codes of conduct on all employees. The conflict of interest policy applies to members of the Board of Trustees, officers and key staff employees of the University. It is also intended to serve as guidance for all persons employed by the University. Disclosure by members of the Board of Trustees should be directed to the chair of the Board, including disclosures by the president. Disclosure of all other officers of the University shall be directed to the president. Disclosure by key staff employees shall be directed to the officer to whom he/she reports who then should forward to the Director of Personnel for inclusion in the individual's personnel file. Any person affected by this policy who is uncertain about the existence of a possible conflict of interest may request the Board or the officer to whom such person reports for advice on whether a conflict exists. Officers, members of the Board and key staff employees who have been found by the Board or by persons whom the Board may have delegated this responsibility to have, a conflict of interest in any matter to be decided upon by the Board shall not participate in consideration or discussion of the matter. The person or persons involved should not vote on such matters, and normally should not be present at the time of voting.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		La Salle University will make available its financial statements upon request only. At the present time, La Salle does not make public its governing documents nor its formal conflict of interest policy

ldentifier	Return Reference	Explanation
FORM 990, PART IV, LINE 28A AND SCHEDULE L, PART IV		There are currently 2 board members who have acknowledged, through signing a Potential Conflict of Interest Disclosure, that they have a direct business relationship with the University, other than in their role as trustee. These two board members are 1) Joseph A. Frick, President and CEO of Independence Blue Cross. IBC provides health insurance to La Salle employees through a contract with La Salle. 2) William R. Sautter, Owner and President of Elliott-Lewis Corporation. Elliott-Lewis performs mechanical maintenance, repair and installation services for La Salle. All such work is awarded through competitive bidding.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B		1 There is a sub-committee of the Executive Committee of the Board of Trustees which reviews the compensation of all of the Vice Presidents, Provost, President, Executive Assistants, and Director of Inter-Collegiate Athletics. The faculty salary for Bro. Edward Sheehy, who is Vice President, is not reviewed since his salary falls under the faculty salary and wage policy. Prior to 2008-09, the Committee reviewed the salaries against the CUPA peer group of schools. That information was provided by the Administration, Planning & Affirmative Action office each year until 2008-09. Starting in 2008-09, the Board engaged an outside compensation consultant, Yaffe & Company, Inc., to advise on executive compensation going forward. Yaffe has been a specialist in reviewing non-profit executive compensation since 1976. Their process ensures that our compensation and benefit levels, as well as the process by which they are determined, meet the various IRS requirements for committee independence and "rebuttable presumption". The process utilizes customized regional and national survey data, complies with all IRS and other requirements for independence, accountability, disclosure and documentation. Consequently, our executives are compensated competitively, and our trustees are secure in knowing that all regulatory requirements have been met Yaffe will then present its findings and recommendations back to the La Salle sub-committee of the Executive Committee of the Board of Trustees. At that point, there will be deliberation on these recommendations wherein the Board will also take into account any other relevant information and factors in determining the reasonableness of executive compensation. The minutes shall reflect the consideration of the Board as to the issue of executive compensation and what the final decision is. The minutes of these deliberations are recorded by the Vice President of the Corporation and are kept in the office of the President During the 2008-09 fiscal year, the new compensation review policy was

DLN: 93493104005140

OMB No 1545-0047

2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Open to Public Inspection

Name of the organization LA SALLE UNIVERSITY		Employer identification number 23-1352654				
Part I Identification of Disregarded Entities				23-1352054		
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) End-of-year assets	(F) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizat	ions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity sta (if section 501(c))	tus Direct controlling (3)) entity	
COIN CRF CLUB						
	HOLDS LICENSE	PA	501(c)(3)	11C		

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transac	ctions with Relat	ed Organizations
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	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ity	1a	•	
b	Gift, grant, or capital contribution to other organization(s)		1b	•	
С	Gift, grant, or capital contribution from other organization(s)		1c	:	
d	Loans or loan guarantees to or for other organization(s)		1d	1	
e	Loans or loan guarantees by other organization(s)		1e	•	
f	Sale of assets to other organization(s)		1f	1	
g	Purchase of assets from other organization(s)		19	3	
h	Exchange of assets		1h	,	
i	Lease of facilities, equipment, or other assets to other organization(s)		1i	i	
j	Lease of facilities, equipment, or other assets from other organization(s)		1 j	i	
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	1k	τ .	
ı	Performance of services or membership or fundraising solicitations by other orga	anızatıon(s)	11		
m	Sharing of facilities, equipment, mailing lists, or other assets		1n	n	
n	Sharing of paid employees		1n	1	
0	Reimbursement paid to other organization for expenses		10	•	
р	Reimbursement paid by other organization for expenses		1p	•	
q	O ther transfer of cash or property to other organization(s)		19	1	
r	O ther transfer of cash or property from other organization(s)		1r	-	
			_	•	
2	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds		
	(A)	(B)	(C)		
	Name of other organization(s)	Transaction type(a-r)	Amount Involved		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID: Software Version:

EIN: 23-1352654

Name: LA SALLE UNIVERSITY

Form 990, Part VII - Section Aaa	1									
		ı	(C tion (hat a	chec)				(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Michael J McGinnis FSC PHD , PRESIDENT	40 0	Х		х				0	0	19,376
Megan Barnett Bloomgren , Individual Trustee or Director	1 0	х						0	0	0
Susan M Barrett , Individual Trustee or Director	1 0	Х						0	0	0
James L Butler F S C , Individual Trustee or Director	1 0	Х						0	0	0
Diego Calderin , Individual Trustee or Director	1 0	х						0	0	0
Susan Altamore Carusı , Indıvıdual Trustee or Director	1 0	Х						0	0	0
John M Daly M D , Individual Trustee or Director	1 0	х						0	0	0
Edward J Fierko , Individual Trustee or Director	1 0	Х						0	0	0
Daniel K Fitzpatrick , Individual Trustee or Director	1 0	Х						0	0	0
Joseph Flanagan M D , Individual Trustee or Director	1 0	Х						0	0	0
Joseph A Frick , Individual Trustee or Director	1 0	Х						0	0	0
Gaetano P Giordano , Individual Trustee or Director	1 0	х						0	0	0
Elmer F Bud Hansen Jr , Individual Trustee or Director	1 0	Х						0	0	0
J Anthony Hayden , Vice Chair of the Board	1 0	х		х				0	0	0
Brother Brian Henderson , Individual Trustee or Director	1 0	х						0	0	0
William E Kelly Jr , Individual Trustee or Director	1 0	х						0	0	0
Richard Kestler F S C , Individual Trustee or Director	1 0	х						0	0	0
Denise D Antonio Malecki , Individual Trustee or Director	1 0	Х						0	0	0
Dennis Malloy F S C , Individual Trustee or Director	1 0	Х						0	0	0
William J Markmann M D , Individual Trustee or Director	1 0	Х						0	0	0
Sharmain Matlock Turner , Individual Trustee or Director	1 0	Х						0	0	0
William W Matthews III Esq , Individual Trustee or Director	1 0	Х						0	0	0
Ralph J Mauro Esq , Individual Trustee or Director	1 0	х						0	0	0
William J McCormick Jr , Individual Trustee or Director	1 0	Х						0	0	0
Thomas F McGowan , Individual Trustee or Director	1 0	Х						0	0	0
Laura Kınd McKenna , Indıvıdual Trustee or Dırector	1 0	Х						0	0	0
G Dennis O Brien Ph D , Individual Trustee or Director	1 0	Х						0	0	0
James V O Rourke , Individual Trustee or Director	1 0	Х						0	0	0
David T Poiesz , Individual Trustee or Director	1 0	Х						0	0	0
Carmen V Romeo , Vice Chairman of the Board	1 0	х		х				0	0	0

Form 990, Part VII - Section Aaa

orni 990, Part VII - Section Aac	4									
	(C) Position (check all that apply)									(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
William R Sautter CPA , Chairman of the Board	1 0	Х		х				0	0	0
Robert Schieler F S C , Individual Trustee or Director	1 0	х						0	0	0
James J Smart CPA,Individual Trustee or Director	1 0	Х						0	0	0
Judith A Spires , Individual Trustee or Director	1 0	Х						0	0	0
Kevin M Stanton F S C , Individual Trustee or Director	1 0	Х						0	0	0
Gregory J Webster , Individual Trustee or Director	1 0	Х						0	0	0
Matthew S McManness , Treasurer	40 0			Х				215,222	0	29,342
Edward J Sheehy , Vice President	40 0			Х				0	0	8,243
R Brian Elderton , Vice President	40 0				Х			195,180	0	27,895
Richard A Nigro , Provost	40 0				Х			221,292	0	
John F Dolan , V ice President	40 0				Х			190,734	0	25,679
John Giannini , Basketball Coach	40 0					X		336,556	0	36,236
Yusuf J Ugras , Dean	40 0		<u> </u>			X		196,659	0	20,184
Paul R Brazina , DEAN SCHOOL OF BUSINESS	40 0					х		205,945	0	22,110
Thomas Brennan , Athletic Director	40 0					Х		195,878	0	25,247
Pattı R Zuzelo , PRO FESSO R	40 0					Х		176,917	0	15,622

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION & FEES	900,099	123,109,225	123,109,225		
b RESIDENCE HALLS	900,099	11,284,480			11,284,480
c DINING SERVICES	900,099	9,885,694			9,885,694
d ACADEMIC RELATED REVENUES	900,099	2,162,610	2,162,610		
e CAMPUS STORE	900,099	327,300	327,300		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

La Salle University, dedicated in the traditions of the Christian Brothers to excellence in teaching and to concern for both ultimate values and for the individual values of its students, is a private Roman Catholic University committed to providing a liberal education of both general and specialized studies. La Salle strives to offer, through effective teaching, a quality education founded on the idea that one's intellectual and spiritual development go hand in hand, complementing and fulfilling each other. The University has, as its basic purpose, the free search for truth by teaching its students the basic skills, knowledge, and values that they will need for a life of human dignity.