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Form 990

## Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

## A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

 Address change Name change Initial return Termination Amended return Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
ALVERNIA UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
400 SAINT BERNARDINE STREETRoom/suite  
City or town, state or country, and ZIP + 4  
READING, PA 19607D Employer identification number  
23-1522643E Telephone number  
(610) 796-8298

G Gross receipts \$ 59,310,017

F Name and address of Principal Officer  
DOUGLAS SMITH  
400 SAINT BERNARDINE STREET  
READING, PA 19607H(a) Is this a group return for affiliates?  
 Yes  NoH(b) Are all affiliates included?  
 Yes  No  
(If "No," attach a list See instructions )

H(c) Group Exemption Number ► 0928

I Tax-exempt status  501(c) ( 3 ) ► (insert no )  4947(a)(1) or  527

J Web site: ► www.alvernia.edu

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1958 M State of legal domicile PA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

See Additional Data Table

2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5	Total number of employees (Part V, line 2a)	5	1,155
6	Total number of volunteers (estimate if necessary)	6	301
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-3,000
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,000

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,350,361	4,303,106
9	Program service revenue (Part VIII, line 2g)	45,051,265	49,437,308
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	743,461	-302,026
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,659	726
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,142,428	53,439,114

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,718,296	10,175,547
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,831,603	23,337,947
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,424,876)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,948,083	17,379,690
18	Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	46,497,982	50,893,184
19	Revenue less expenses Subtract line 18 from line 12	5,644,446	2,545,930

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	72,852,659	86,712,265
21	Total liabilities (Part X, line 26)	39,086,448	51,939,599
22	Net assets or fund balances Subtract line 21 from line 20	33,766,211	34,772,666

## Part II Signature Block

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

\*\*\*\*\*

Signature of officer

2010-02-15

Date

DOUGLAS SMITH VICE PRESIDENT OF FINANCE

Type or print name and title

Preparer's signature	LARRY S SHAUB	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
Firm's name (or yours if self-employed), address, and ZIP + 4	REINSEL KUNTZ LESHER LLP 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008			EIN ► Phone no ► (610) 376-1595

May the IRS discuss this return 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 Additional 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?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 40,213,696 including grants of \$ 10,175,547 ) (Revenue \$ )  
CONDUCT, OPERATE AND MAINTAIN A COLLEGE FOR THE EDUCATION, TRAINING AND SPIRITUAL GUIDANCE OF MEN AND WOMEN, WITH THE POWER TO CONFER UPON STUDENTS, WHO HAVE SUCCESSFULLY COMPLETED THE REQUIRED COURSES, THE DEGREE OF BACHELOR OF ARTS AND THE DEGREE OF BACHELOR OF SCIENCE, AND SUCH OTHER DEGREES AS MAY BE APPROVED AND AUTHORIZED BY THE DEPARTMENT OF EDUCATION OF THE COMMONWEALTH OF PENNSYLVANIA THE COLLEGE HAS APPROXIMATELY 3,000 STUDENTS, INCLUDING UNDERGRADUATES, GRADUATES, AND PHD STUDENTS APPROXIMATELY 40% OF THE FULL-TIME UNDERGRADUATE STUDENTS COME FROM BERKS COUNTY, PA, 50% FROM OTHER PENNSYLVANIA AREAS, AND 10% FROM OTHER STATES AND COUNTRIES**4b** (Code ) (Expenses \$ ) (Revenue \$ )**4c** (Code ) (Expenses \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O )  
(Expenses \$ ) (Revenue \$ )  
including grants of \$ )**4e** Total program service expenses \$ 40,213,696 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

**2** Is the organization required to complete Schedule B, Schedule of Contributors?

**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

**4** Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

**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

**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

**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

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**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

**10** Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

**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

**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

**13** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the U.S.?

**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

**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

**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

**17** Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

**18** Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

**19** Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

**20** Did the organization operate one or more hospitals? If "Yes," complete Schedule H

**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

**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

**23** Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

**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

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

**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?

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

**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

**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

**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

**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

	Yes	No
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11</b>	Yes	
<b>12</b>	Yes	
<b>13</b>	Yes	
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>		No
<b>20</b>		No
<b>21</b>	Yes	
<b>22</b>	Yes	
<b>23</b>	Yes	
<b>24a</b>	Yes	
<b>24b</b>		No
<b>24c</b>		No
<b>24d</b>		No
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No

**Part IV Checklist of Required Schedules (Continued)**

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** 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
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- 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

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

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

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

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**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

**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

**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

**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

**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, Part VI

	<b>Yes</b>	<b>No</b>
<b>28a</b>	Yes	
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35</b>		No
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	62
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	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 return	2a	1,155
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	Yes
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b	Yes
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	Yes
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	No
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	No
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	No
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a	No
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9b	No
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter	10a	
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter	11a	
<b>11a</b>	Gross income from members or shareholders	11b	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12b	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. 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, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	40
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	38
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No
<b>3</b> 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? . . . . .	<b>3</b>	Yes
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> 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		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed PA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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  
 DOUGLAS F SMITH  
 400 SAINT BERNARDINE STREET  
 READING, PA 19607  
 (610) 796-5600

## **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.

\* 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

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

**Part VII Continued**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **4**

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

## **Section B. Independent Contractors**

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

(A)	Name and business address	(B)	Description of services	(C)
ASSOCIATE CONSTRUCTION				
1003 MORGANTOWN ROAD				
SHILLINGTON, PA 196079519				10,176,321
BURKEY CONSTRUCTION				
506 MORGANTOWN ROAD				
READING, PA 19611				3,143,993
ALADDIN				
PO BOX 17506				
BALTIMORE, MD 212971506				2,073,272
CAPITAL BLUE CROSS				
DEPT 779516				
HARRISBURG, PA 171779516				1,831,104
NATIONAL PENN BANK				
PO BOX 212				
READING, PA 19603				1,004,180
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation				38

**Part VIII Statement of Revenue**

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . <b>1b</b>				
	<b>c</b> Fundraising events . . . . <b>1c</b>	35,181			
	<b>d</b> Related organizations . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) <b>1e</b>	1,066,477			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	3,201,448			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <b>25,695</b>				
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>►</b>	4,303,106			
<b>Program Service Revenue</b>	<b>2a</b> TUITION AND FEES	Business Code 611,710	43,760,894	43,760,894	
	<b>b</b> AUXILIARY ENTERPRISES	611,710	5,676,414	5,676,414	
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>►</b>	\$ 49,437,308			
	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>►</b>		431,823	431,823	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>►</b>					
<b>5</b> Royalties . . . . . <b>►</b>					
	(i) Real	(ii) Personal			
<b>6a</b> Gross Rents	10,669				
<b>b</b> Less rental expenses	2,563				
<b>c</b> Rental income or (loss)	8,106				
<b>d</b> Net rental income or (loss) . . . . . <b>►</b>		8,106	8,106		
	(i) Securities	(ii) Other			
<b>7a</b> Gross amount from sales of assets other than inventory	4,945,102				
<b>b</b> Less cost or other basis and sales expenses	5,678,951				
<b>c</b> Gain or (loss)	-733,849				
<b>d</b> Net gain or (loss) . . . . . <b>►</b>		-733,849	-733,849		
<b>8a</b> Gross income from fundraising events (not including \$ 33,817 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>	30,091				
<b>c</b> Net income or (loss) from fundraising events . . . . . <b>►</b>		3,726	3,726		
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
<b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>►</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . <b>b</b>	148,192				
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>►</b>	159,298	-11,106	-11,106		
<b>Miscellaneous Revenue</b>		Business Code			
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . <b>►</b>	\$				
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>►</b>		53,439,114	49,139,008	-3,000	0

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	10,175,547	10,175,547		
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	922,323	922,323		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	17,048,169	13,632,656		538,198
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,329,765	1,935,012	333,742	61,011
<b>9</b> Other employee benefits . . . . .	3,037,690	2,332,327	597,024	108,339
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	218,917		218,917	
<b>c</b> Accounting . . . . .	88,394		88,394	
<b>d</b> Lobbying . . . . .	96,000		96,000	
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	92,305		92,305	
<b>g</b> Other . . . . .				
<b>12</b> Advertising and promotion . . . . .	1,460,741	87,285	1,309,556	63,900
<b>13</b> Office expenses . . . . .	1,302,866	1,006,429	243,070	53,367
<b>14</b> Information technology . . . . .	331,152	176,099	155,053	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,959,321	1,615,830	318,187	25,304
<b>17</b> Travel . . . . .	387,736	248,059	83,516	56,161
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b> Conferences, conventions and meetings . . . . .	196,984	173,369	22,869	746
<b>20</b> Interest . . . . .	1,368,839	1,246,485	103,090	19,264
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,774,638	2,526,628	208,963	39,047
<b>23</b> Insurance . . . . .	261,977	240,263	18,295	3,419
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> CONTRACTED SERVICES	3,982,289	2,501,531	1,298,065	182,693
<b>b</b> bAD DEBTS	805,598	254,808	550,790	0
<b>c</b> MISCELLANEOUS EXPENSE	471,113	185,800	147,807	137,506
<b>d</b> equipment and equipment	460,891	431,855	25,663	3,373
<b>e</b> cATERING	365,542	167,166	134,665	63,711
<b>f</b> All other expenses	754,387	354,224	331,326	68,837
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	50,893,184	40,213,696	9,254,612	1,424,876
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b>		<b>(B)</b>	
		Beginning of year		End of year	
<b>Assets</b>					
1	Cash—non-interest-bearing . . . . .	1,875,374	<b>1</b>	885,163	
2	Savings and temporary cash investments . . . . .	331,634	<b>2</b>	809,014	
3	Pledges and grants receivable, net . . . . .	3,671,288	<b>3</b>	4,194,640	
4	Accounts receivable, net . . . . .	1,424,788	<b>4</b>	1,592,945	
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>		
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>		
7	Notes and loans receivable, net . . . . .	527,411	<b>7</b>	714,962	
8	Inventories for sale or use . . . . .		<b>8</b>		
9	Prepaid expenses and deferred charges . . . . .	171,940	<b>9</b>	262,500	
10a	Land, buildings, and equipment cost basis	91,441,129			
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	25,752,166	<b>10b</b>	50,377,788	<b>10c</b>
11	Investments—publicly traded securities . . . . .	11,580,190	<b>11</b>	10,205,941	
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	2,516,695	<b>12</b>	1,937,125	
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>		
14	Intangible assets . . . . .		<b>14</b>		
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	375,551	<b>15</b>	421,012	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	72,852,659	<b>16</b>	86,712,265	
17	Accounts payable and accrued expenses . . . . .	4,103,894	<b>17</b>	7,985,629	
18	Grants payable . . . . .		<b>18</b>		
19	Deferred revenue . . . . .		<b>19</b>		
20	Tax-exempt bond liabilities . . . . .	31,605,315	<b>20</b>	40,010,196	
21	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>		
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>		
23	Secured mortgages and notes payable to unrelated third parties . . . . .	1,974,251	<b>23</b>	2,156,519	
24	Unsecured notes and loans payable . . . . .		<b>24</b>		
25	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	1,402,988	<b>25</b>	1,787,255	
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	39,086,448	<b>26</b>	51,939,599	
<b>Liabilities</b>					
	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
27	Unrestricted net assets . . . . .	25,430,944	<b>27</b>	25,450,324	
28	Temporarily restricted net assets . . . . .	2,191,849	<b>28</b>	3,158,679	
29	Permanently restricted net assets . . . . .	6,143,418	<b>29</b>	6,163,663	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30	Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
31	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
32	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
33	Total net assets or fund balances . . . . .	33,766,211	<b>33</b>	34,772,666	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	72,852,659	<b>34</b>	86,712,265	
<b>Net Assets or Fund Balances</b>					

Part XI Financial Statements and Reporting

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990	<input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other	
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
<b>c</b>	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? . . .	<b>2c</b>	Yes
<b>3a</b>	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? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**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.****Open to Public  
Inspection****Name of the organization**  
ALVERNIA UNIVERSITY**Employer identification number**

23-1522643

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**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.)
**Public Support**

Calendar 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each 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)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 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						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

**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 any other additional information. (see instructions)

**Facts and Circumstances Test**



**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures—</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns—			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2005</b>	<b>(b) 2006</b>	<b>(c) 2007</b>	<b>(d) 2008</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
<b>a</b> Volunteers?			No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?			No	
<b>c</b> Media advertisements?			No	
<b>d</b> Mailings to members, legislators, or the public?			No	
<b>e</b> Publications, or published or broadcast statements?			No	
<b>f</b> Grants to other organizations for lobbying purposes?			No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			No	
<b>i</b> Other activities If "Yes," describe in Part IV	Yes		96,000	
<b>j</b> Total lines 1c through 1i			96,000	
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			No	
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	ALVERNIA WORKS WITH AN ORGANIZATION THAT HELPS THE UNIVERSITY TO OBTAIN EARMARKS THROUGH THE FEDERATION APPROPRIATIONS PROCESS THIS ORGANIZATION ALSO HAS A GRANT DEPARTMENT THAT WORKS WITH ALVERNIA UNIVERSITY TO SEARCH FOR FUNDING SOURCES FROM PRIVATE FOUNDATIONS AND GOVERNMENT AGENCIES

## **Part IV      Supplemental Information**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► 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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
ALVERNIA UNIVERSITY**Employer identification number**

23-1522643

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	14,428,519				
<b>b</b> Contributions . . . . .	1,122,759				
<b>c</b> Investment earnings or losses . . . . .	-1,798,098				
<b>d</b> Grants or scholarships . . . . .	233,381				
<b>e</b> Other expenditures for facilities and programs . . . . .	475,000				
<b>f</b> Administrative expenses . . . . .	92,327				
<b>g</b> End of year balance . . . . .	12,952,472				

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ► 62 550 %

**b** Permanent endowment ► 36 040 %

**c** Term endowment ► 1 410 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**Yes**

**No**

**(ii)** related organizations . . . . .

**Yes**

**No**

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

**Yes**

**No**

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		2,786,704			2,786,704
<b>b</b> Buildings . . . . .		65,145,920	18,047,860		47,098,060
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		11,124,208	7,704,306		3,419,902
<b>e</b> Other . . . . .		12,384,297			12,384,297
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				►	65,688,963

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (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
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
AGENCY FUNDS	593,870
FEDERAL LOAN PROGRAM ADVANCES	486,672
STUDENT DEPOSITS	706,713
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	1,787,255

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,439,114
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	50,893,184
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,545,930
4	Net unrealized gains (losses) on investments	4	-1,504,178
5	Donated services and use of facilities	5	-35,296
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1
9	Total adjustments (net) Add lines 4 - 8	9	-1,539,475
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,006,455

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	41,948,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,504,178
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	189,389
e	Add lines 2a through 2d	2e	-1,314,789
3	Subtract line 2e from line 1	3	43,263,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	10,175,547
c	Add lines 4a and 4b	4c	10,175,547
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	53,439,114

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	40,942,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	35,296
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	189,390
e	Add lines 2a through 2d	2e	224,686
3	Subtract line 2e from line 1	3	40,717,637
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	10,175,547
c	Add lines 4a and 4b	4c	10,175,547
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	50,893,184

**Part 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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	ALVERNIA UNIVERSITY'S ENDOWMENT FUNDS ARE USED FOR STUDENT SCHOLARSHIPS AND CAPITAL PURCHASES INCLUDING TECHNOLOGY AND DEFERRED MAINTENANCE
Part XI, Line 8 - Other Adjustments		rounding adjustment -1
Part XII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSE 159298 FUNDRAISER EXPENSES 30091
Part XII, Line 4b - Other Adjustments		STUDENT FINANCIAL AID 10175547
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSE 159298 FUNDRAISER EXPENSES 30091 adjustment 1
Part XIII, Line 4b - Other Adjustments		STUDENT FINANCIAL AID 10175547

2008

Open to Public  
InspectionSCHEDULE E  
(Form 990 or 990-EZ)

## 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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ALVERNIA UNIVERSITY

Employer identification number

23-1522643

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?

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?

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

THE UNIVERSITy'S POLICY OF NON DISCRIMINATION IS INCLUDED IN ITS "UNIVERSITY CATALOG," FINANCIAL AID LITERATURE, BROCHURES, AND GENERAL ADVERTISING

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

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 401 through 405 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

## Open to Public Inspection

► **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.**

**Employer identification number**

23-1522643

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

---

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>SCHLAGER GOLF TOURNAMENT</u> (event type)	<u>MEN'S BASKETBALL TOURNAMENT</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts . . . . .	40,380	16,597	12,021	68,998
	2 Less Charitable contributions . . . . .	22,210	3,800	9,171	35,181
	3 Gross revenue (line 1 minus line 2) . . . . .	18,170	12,797	2,850	33,817
Direct Expenses	4 Cash Prizes . . . . .	0	0	0	
	5 Non-cash Prizes . . . . .	0	2,800	0	2,800
	6 Rent/Facility costs . . . . .	16,145	3,190	0	19,335
	7 Other direct expenses . . . . .	2,309	5,647	0	7,956
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . . ►				30,091
9 Net income summary Combine lines 3 and 8 in column (d) . . . . . ►					3,726

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

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

9 Enter the state(s) in which the organization operates gaming activities . . . . .	Yes	No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in	13a	
a The organization's facility . . . . .	13b	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a 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 ► \$		

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

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

**Open to Public  
Inspection**

---

Name of the organization  
**ALVERNIA UNIVERSITY**

**Employer identification number**

## **Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations

**3 Enter total number of other organizations ..**

**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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INSTITUTIONAL DISCOUNTS	503	846,884		FAIR MARKET VALUE	
INSTITUTIONAL SCHOLARSHIPS	1495	9,043,289		FAIR MARKET VALUE	
ENDOWED SCHOLARSHIPS	160	285,374		FAIR MARKET VALUE	

**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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 INSTITUTIONAL SCHOLARSHIPS AND DISCOUNTS DISPERSED BY THE FINANCIAL AID OFFICE ARE RECONCILED BY THE ACCOUNTING DEPARTMENT TO VERIFY THE APPROPRIATE AMOUNT WAS CREDITED TO THE CORRECT STUDENTS ACCOUNT EVERY SEMESTER

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**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.**

**Name of the organization**  
ALVERNIA UNIVERSITY**Employer identification number**

23-1522643

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS F FLYNN PHD	(i) (ii)	239,400		2,377	28,395	11,902	282,074
THOMAS F FLYNN PHD	(i) (ii)		25,000				25,000
THOMAS F FLYNN PHD	(i) (ii)		30,000				30,000
THOMAS F FLYNN PHD	(i) (ii)		33,000				33,000
SHIRLEY J WILLIAMS PHD	(i) (ii)	130,999			13,720	9,193	153,912
MICHAEL PRESSIMONE	(i) (ii)	138,388			14,334	13,696	166,418
DOUGLAS F SMITH	(i) (ii)	136,740			14,200	10,404	161,344
	(ii)						
	(i)						
	(ii)						
	(i)						
	(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

Identifier	Return Reference	Explanation
Part I, Line 1a		ALL PAYMENTS EXCEPT HOUSING ALLOWANCE REQUIRE DOCUMENTATION (IE INVOICE) FOR PAYMENT

Schedule K  
(Form 990)

OMB No 1545-0047

## Supplemental Information on Tax Exempt Bonds

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.Name of the organization  
ALVERNIA UNIVERSITYEmployer identification number  
23-1522643

## Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A 2008 REVENUE NOTE SOUTH HEIDELBERG	36-4597945		12-23-2008	10,000,000	CONSTRUCTION & CAPITAL RENOVATION		X		X
B 2007 REVENUE NOTE SOUTH HEIDELBERG	36-4597945		12-20-2007	10,000,000	CONSTRUCTION & CAPITAL RENOVATION		X		X
C 2006 A&B REVENUE NOTE REDEVELOPMENT AUTHORITY	23-1719387		05-17-2006	8,000,000	CONSTRUCTION & CAPITAL RENOVATION		X		X
D 2004 AB & C REVENUE NOTE ROBESON TOWNSHIP	23-6844459		04-22-2004	10,000,000	CONSTRUCTION & CAPITAL RENOVATION		X		X
E 2002 REVENUE NOTE MAXATAWNY TOWNSHIP	23-2604048		10-28-2002	4,875,000	CONSTRUCTION & CAPITAL RENOVATION		X		X

## Part II Proceeds (Optional for 2008)

1 Total Proceeds of Issue	A		B		C		D		E	
	Yes	No								
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

## Part III Private Business Use (Optional for 2008)

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
	Yes	No								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> 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?										
<b>4</b> 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										
<b>5</b> 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										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Has a Form 8038-T been filed with respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										



SCHEDULE M  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Non-Cash Contributions

OMB No 1545-0047

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

2008

Open to Public  
InspectionName of the organization  
ALVERIA UNIVERSITY

Employer identification number

23-1522643

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	3	25,695	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
SECURITY				
25 Other (describe SERVICE ) . . . . .	X	1	15,000	FAIR MARKET VALUE
ADVERTISING )	X	1	8,500	FAIR MARKET VALUE
27 Other (describe ) . . . . .				
28 Other (describe ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		
30a		No
b If "Yes", describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		
31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		
32a	Yes	
b If "Yes", describe in Part II		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

**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.

2008

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**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.**

Department of the Treasury  
Internal Revenue Service  
**Name of the organization**  
ALVERNIA UNIVERSITY

**Employer identification number**

23-1522643

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE UNIVERSITY HAS OUTSOURCED ALL HUMAN RESOURCES FUNCTIONS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A DRAFT OF THE FORM 990 IS PRESENTED TO THE ADMINISTRATION FOR REVIEW AND DISCUSSION ITEMS THAT NEED CLARIFICATION ARE THEN DISCUSSED WITH MANAGEMENT AND THE UNIVERSITY'S TAX ADVISORS/LEGAL COUNSEL. ONCE ITEMS ARE CLARIFIED AND ANSWERED, THE DRAFT FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE WHERE THERE IS A DISCUSSION OF THE ENTIRE FORM, QUESTIONS ANSWERED, AND A VOTE TO APPROVE IS CAST. THE AUDIT COMMITTEE PRESENTS THE 990 TO THE BOARD OF TRUSTEES AND THE RETURN IS AVAILABLE ON A SECURE WEB PORTAL. ONCE THE BOARD OF TRUSTEES HAS APPROVED THE FORM 990, IT IS FILED WITH THE IRS.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANNUALLY THE BOARD OF TRUSTEES IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Alvernia engages compensation consultants (Yaffe & Co ) to review national compensation trends and monitors compensation at our peer institutions. This includes utilizing national surveys and data bases as well as the consultants proprietary surveys and specific review of IRS form 990s of peers. The consultant serves as an advisor to the Presidential Compensation Sub-Committee (Board Chair, Vice Chair, and Chair of Finance & Business Affairs Committee). The Compensation Committee makes its recommendation to the Board of Trustees. The Presidents performance is reviewed by the Board of Trustees in Executive Session annually. The University also uses the same consulting firm to review Vice Presidents compensation. Similar comparisons are made to surveys and peer groups as discussed above. Recommendations are then made to the President. Vice President salaries are then also reviewed by the Board of Trustees.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		INFORMATION AVAILABLE ON GUIDESTAR.ORG

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE UNIVERSITY PROVIDES THE ABOVE DOCUMENTS TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
		THE ORGANIZATION'S PROCESS FOR APPROVING FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEARS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 14		THE ORGANIZATION IS IN THE PROCESS OF APPROVING A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 1C	DID THE ORGANIZATION COMPLY WITH BACKUP WITHHOLDING RULES	THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING WAS REQUIRED. HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT ACCORDINGLY.

Identifier	Return Reference	Explanation
PART VII, SECTION A	OFFICER COMPENSATION	THOMAS F FLYNN'S TOTAL W-2 BOX 5 COMPENSATION EQUALS \$329,777 IT HAS BEEN BROKEN OUT TO DETAIL THE SEPARATE COMPONENTS OF THE WAGES PAID DURING CALENDAR YEAR 2008

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

Cat No 51056K

Schedule O (Form 990) 2008

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ALVERNTA UNIVERSITY

**Employer identification number**

23-1522641

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

## **Part I Identification of Disregarded Entities**

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity

## **Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BERNARDINE SISTERS OF THE 3RD ORDER OF SAINT FRANCIS OF READING					
460 ST BERNARDINE STREET READING, PA19607 23-1691743	RELIGIOUS ORDER	PA	501(c)(3)	170(b)(1)(A)(i)	N/A

### **Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	<b>Yes</b>	<b>No</b>
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

	<b>(A) Name of other organization(s)</b>	<b>(B) Transaction type(a-r)</b>	<b>(C) Amount Involved</b>
(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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1522643  
**Name:** ALVERNIA UNIVERSITY

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Individual Trustee	Instrumental Trustee	Officer	Key employee			
THOMAS F FLYNN PHD , PRESIDENT (BASE SALARY)	37.50	X		X		X	241,777	0	40,297
THOMAS F FLYNN PHD , PRESIDENT (2007/2008 BON)	37.50	X		X		X	25,000	0	0
THOMAS F FLYNN PHD , PRESIDENT (2008/2009 BON)	37.50	X		X		X	30,000	0	0
THOMAS F FLYNN PHD , PRESIDENT (HOUSING ALLOW)	37.50	X		X		X	33,000	0	0
KATHLEEN HERBEIN , CHAIR	1.00	X		X			0	0	0
SISTER DANIELLE MARIE KU , VICE CHAIR	1.00	X		X			0	0	0
ALFRED J WEBER , VICE CHAIR	1.00	X		X			0	0	0
JAMES S BOSCOV , TRUSTEE	1.00	X					0	0	0
RICHARD A PURCELL , TRUSTEE	1.00	X					0	0	0
MOST REV EDWARD P CULL , TRUSTEE	1.00	X					0	0	0
CARL G ANDERSON JR , TRUSTEE	1.00	X					0	0	0
JONATHAN ENCARNACION , TRUSTEE	1.00	X					0	0	0
REV THOMAS F GLEESON , TRUSTEE	1.00	X					0	0	0
SISTER MADONNA MARIE HAR , TRUSTEE	1.00	X					0	0	0
SISTER MARY MARGARET JAC , TRUSTEE	1.00	X					0	0	0
JOANNE M JUDGE ESQ , TRUSTEE	1.00	X					0	0	0
STEVEN S KEISER , TRUSTEE	1.00	X					0	0	0
ROBERT J MCCORMACK , TRUSTEE	1.00	X					0	0	0
WILLIAM C MCGINLEY CPA , TRUSTEE	1.00	X					0	0	0
SISTER ROBERTA AGNES MCK , TRUSTEE	1.00	X					0	0	0
THE HONORABLE MICHAEL O' , TRUSTEE	1.00	X					0	0	0
WILLIAM F SCHOLLINS , TRUSTEE	1.00	X					0	0	0
KEVIN F STCYR , TRUSTEE	1.00	X					0	0	0
JAMES C SWEENEY , TRUSTEE	1.00	X					0	0	0
LAWRENCE M THOMPSON JR , TRUSTEE	1.00	X					0	0	0
RICHARD A TSCHIDERER CP , TRUSTEE	1.00	X					0	0	0
SUNIL Y WIDGE PHD , TRUSTEE	1.00	X					0	0	0
SISTER SHAUN KATHLEEN WI , TRUSTEE	1.00	X					0	0	0
CATHERINE D WRIGHT , TRUSTEE	1.00	X					0	0	0
REV GLENN D MILLER , TRUSTEE	1.00	X					0	0	0

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
FRANCES AITKEN CPA , TRUSTEE	1 00	X					0	0	0
MICHELLE DAVIS , TRUSTEE	1 00	X					0	0	0
MICHAEL FROMM , TRUSTEE	1 00	X					0	0	0
CAROL HINDS PHD , TRUSTEE	1 00	X					0	0	0
KATHLEEN KLEPPINGER , TRUSTEE	1 00	X					0	0	0
THOMAS W MARTELL , TRUSTEE	1 00	X					0	0	0
DEANNA REUBEN , TRUSTEE	1 00	X					0	0	0
JOHN D WANNER , TRUSTEE	1 00	X					0	0	0
HEIDI B MASANO ESQ , UNIVERSITY COUNSEL	1 00	X					0	0	0
SISTER MARGARET CARNEY , TRUSTEE	1 00	X					0	0	0
KEVIN GEORGETTI ESQ , TRUSTEE	1 00	X					0	0	0
GERALD A NAU , TRUSTEE	1 00	X					0	0	0
DON SCHALK , TRUSTEE	1 00	X					0	0	0
JUDITH SCHWANK , TRUSTEE	1 00	X					0	0	0
CARL STAPLES , TRUSTEE	1 00	X					0	0	0
SHIRLEY J WILLIAMS PHD , PROVOST	37 50			X			130,999	0	22,424
MICHAEL PRESSIMONE , VP OF ADVANCEMENT	37 50			X			138,388	0	26,108
DOUGLAS F SMITH , VP FINANCE	37 50			X			136,740	0	24,115