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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	rthe 2	2008 ca	lendar yea	ır, or tax year beginning 07-0	1-2008 and ending 06-30-200)9		
		plicable		C Name of organization			D Employer i	dentification number
_	ress cha		Please use IRS	MARYWOOD UNIVERSITY			24-07954	453
– _{Na}	me chan	nge	label or print or	Doing Business As			E Telephone	number
_		-	type. See				(570) 348	3-6222
_	ial retur		Specific Instruc-	Number and street (or P O box 2300 ADAMS AVENUE	of mail is not delivered to street addre	ess) Room/su	G Gross rece	ipts \$ 92,934,332
	mınatıoı		tions.	2500 FIDE III TO FIVE III C				
- Am	ended r	eturn		City or town, state or country, a SCRANTON, PA 185091598	and ZIP + 4	•		
- Apı	olication	pending		3CRANTON, PA 183091398				
			F Nan	ne and address of Principal () fficer	H(a) Is	this a group retu	rn for
				H GARVEY JR CPA			iliates?	⊤Yes ▼ No
				ADAMS AVENUE NTON, PA 185091598				
r Ta	y-eyem	pt status) (3) ◄ (insert no)	1/1) or 527	1	e all affiliates inclu	
		·			1(1) (1) 327			st See instructions)
ı w	eb site	≥: ► ww	w marywood	d edu		H(c)	roup Exemption N	number F
			<u> </u>		L .	<u> </u>		*****
∢ Тур	e of org	anization	 ✓ Corporat	tion trust association other	er 🕦	L Year of	Formation 1915	M State of legal domicile PA
Pa	rt I	Sum	mary					
	1	Briefly (describe th	e organization's mission or n	nost significant activities			
e,		Forove	r 90 years,	, Marywood has provided an o	education in the IHM tradition o	ofacademic	excellence that	continues to grow and
≝		thrıve						
Ě								
Governance	2	Check t	his box	if the organization discontin	ued its operations or disposed o	of more tha	n 25% of its ass	ets
	3	Number	of voting r	members of the governing bo	dy (Part VI, line 1a)		. 3	29
ර ර	4	Number	ofindepen	ndent voting members of the	governing body (Part VI, line 1	b)	4	29
ĕ	5	Total nu	umber of en	nployees (Part V , line 2a)			5	2,092
ACUMUES &	6	Total nu	umber of vo	olunteers (estimate if necess	ary)		6	22
<u> </u>	7a	Total gr	oss unrela	ted business revenue from P	art VIII, line 12, column (C)		7 a	475,963
	ь	Net unr	elated busi	iness taxable income from Fo	orm 990-T, line 34		7 t	0
							Prior Year	Current Year
ē	8	Contri	butions and	d grants (Part VIII, line 1h)			7,215,837	
	9			revenue (Part VIII, line 2g)			69,888,335	
Raveni	10	_		me (Part VIII, column (A), lii		6,175,704	1,245,123	
\tilde{x}	11			art VIII, column (A), lines 5			4,390,703	
	12		•	, , , , , , , , , , , , , , , , , , , ,	equal Part VIII, column (A), lır	ne	4,330,703	4,500,707
		12)		aa miss o tiiroagii 11 (mast			87,670,579	88,221,320
	13	Grants	and simila	ar amounts paıd (Part IX, col	umn (A), lines 1–3)		21,962,327	24,684,436
	14	Benefi	ts paid to c	or for members (Part IX, colu	mn (A), line 4)			0
	15	Saları	es, other co	ompensation, employee bene	fits (Part IX, column (A), lines	5 –		
\$		10)					31,996,179	36,364,988
Expenses	16a	Profes	sional fund	Iraising fees (Part IX, columr	n (A), line 11e)		180,535	94,671
ੜੋ	b	(Total f	undraising ex	penses, Part IX, column (D), line 2	5 <mark>1,417,927</mark>)			
_	17	Other	expenses ((Part IX, column (A), lines 1:	1a-11d, 11f-24f)		23,236,676	23,132,801
	18	Total	expenses—	-add lines 13–17 (must equa	l Part IX, line 25, column (A))		77,375,717	84,276,896
	19	Reven	ue less exp	penses Subtract line 18 fron	n line 12		10,294,862	3,944,424
হৈ পূঁ						Begi	nning of Year	End of Year
Not Assets of Fund Balances	20	Totala	assets (Par	rt X, line 16)			159,880,663	157,238,724
88. Ba	21		-	Part X, line 26)			61,902,567	62,817,034
2 E	22		·	•	frame large 20			
				nd balances Subtract line 21	from line 20		97,978,096	94,421,690
Pa	rt II		ature Blo					
					ed this return, including accompanying of preparer (other than officer) is base			
Plea	se	****		, ,	,	1) 10-05-13	, ,
Sigr		I	ature of office	er			ate	
Here	е	10SE	DH Y GADVEV	V 1D CDA V/D EOD BLISTNESS AFFATE	96			
			or print nam	Y JR CPA VP FOR BUSINESS AFFAIR ne and title				
	ſ] T	ı_ L		Date	Check If	Dreparer's DTI	N (See Gen Inst)
5 _! -!		Preparer signature		Green CPA		self-		ii (See Gen Tibt)
Paid			· •			empolyed 🕨	l	
	arer's		ame (or yours nployed),	s ParenteBeard LLC			EIN Þ	
Jse (Unly		and ZIP + 4	46 Public Square Suite 400			_	
				WilkesBarre, PA 18701			Phone no 🕨	(570) 820-0100
Λav.	tha IDS	S dieche	e this retu	rn with the preparer shown a	hove? (See instructions)		1	Ves I No

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

1 See 4	Briefly describe the organization's mission See Additional Data Table	
See A	See Additional Data Table	
2	2 Did the organization undertake any significant program services the prior Form 990 or 990-EZ?	during the year which were not listed on Yes V No
	If "Yes," describe these new services on Schedule O	
3	services?	ges in how it conducts any program
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization 501(c)(3) and (4) organizations and 4947(a)(1) trusts others, the total expenses, and revenue, if any, for each program	are required to report the amount of grants and allocations to
4a		ing grants of \$ 24,673,436) (Revenue \$ 54,042,400) DUATE INSTRUCTION TO 2,591 FULL-TIME AND 880 PART-TIME STUDENTS ALSO SES
4b		ing grants of \$) (Revenue \$ 6,786,418) JPPORT INSTRUCTION NOTED ABOVE THIS INCLUDES LIBRARY, MEDIA, COMPUTER,
4c		Ing grants of \$) (Revenue \$ 8,212,027) RESIDENT STUDENTS AND FOOD SERVICES TO COMMUTER STUDENTS AND CAMPUS
<i>A-</i> ¹	Ad Other program convices (December of Cabadada C.)	
4d	4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$
4e		ust equal Part IX. Line 25. column (B).

art IV	Chec	klist of	Required	Schedules
		KIISL VI	IXC quii Cu	Schodules

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

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	154			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		V	
-	gaming (gambling) winnings to prize winners?	 i		1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	2.092			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?				Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			30	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	•		6a		N o
	If "Yes," did the organization include with every solicitation an express statement th					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
_	file Form 8282?	I		7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					l
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	۱	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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 Ma	anagement		

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ribe the circumstances,						
1a	Enter the number of voting members of the governing body	1a	29					
b	Enter the number of voting members that are independent	29						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization	ion's assets?	5		Νo			
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written activities year by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
b	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
Ь	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.			9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990							
11	1 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							

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- 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

Kevin J May CPA 2300 ADAMS AVENUE Liberal Arts SCRANTON, PA 185091598 (570) 961-4779

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

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

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

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

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

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

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

Part VII Continued

	(B) Average hours per week		tion that a			all			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					_					
										
1b Total				<u> </u>			 	907,733	C	120,408

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►17

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

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

\$100,000 of compensation from the organization			
(A) Name and business address	(B) Description of services	(C) Compensation	
CHARTWELLS COMPASS GROUP USA PO Box 91337 CHICAGO, IL 60693	Campus Food Service	4,389,005	
G Weinberger Company 231 Oak Street OLD FORGE, PA 18518	Mechanical/Plumbing Contractors	1,133,215	
Al Caines Jr Plumb & Excavation 114 Sanderson Street OLYPHANT, PA 18447	Utility Contractor	856,771	
RE Lesniak Inc RR 9 Box 9237 MOSCOW, PA 18444	Electrical Contractor	607,926	
Rise Construction Box 2205 RR 2 LAKE ARIEL, PA 18436	General Contractor	560,063	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

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
	1a	Federated can	npaigns 1a					,,
ats uts	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b /ents 1c					
£ #	d	Related organ	ızatıons1d					
% E	e	Government gran	nts (contributions) 1e	2,860,331				
ution Yersi	f		tions, gifts, grants, and not included above	3,420,485				
きき	g	Noncash cont	1f ributions included in					
Ş₩.	9	lines 1a-1f \$						
<u> </u>	h	Total (Add lin	es 1a-1f)		6,280,816			
				Business Code				
Εe	2a	TUITION & FEES		611,600	68,447,512	68,447,512		
e ke	b	SALES & SVCS-AL	JX ENTER	721,310	6,724,509		475,963	6,248,546
ው ጨ	с	SALES & SVCS-ED	DUCATION	611,710	311,288	311,288		
rwc	d	EDUCATION RELA	TED SVCS	611,710	231,285	231,285		
33	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
<u>*</u>	g	Total. Add lines 2a-2f						
	3	Investment in	come (including divid	dends, interest				
		other sımılar a	imounts)		941,281			941,281
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	5	Royalties .						
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	3,748,907					
		assets other than inventory						
	b	Less cost or other basis and	3,445,065					
		sales expenses						
	c	Gain or (loss)	303,842		202.042			202.042
	d	Net gain or (lo	ss) 	. ▶	303,842			303,842
ene Ene	8a	events (not in \$ of contribution	ns reported on line					
Other Revenue			e G ıf total exceeds					
Ē.	ь		a					
ф	c		xpensesb (loss) from fundraisi	na events				
0	9a	Gross income	from gaming	<u>▶</u>				
		Complete Schere exceeds \$15,00						
			а					
	b		xpensesb					
	С	Net income or	(loss) from gaming a	activities F				
	10a	returns and al	а	5,796,782				
	b		goods sold b	1,267,947	4 530 00-			4 530 005
	С	Net income or Miscellaneou	(loss) from sales of	Business Code	4,528,835			4,528,835
	11a	PARKING & T		900,099	177,050			177,050
	b	Insurance Pro		900,099	67,812			67,812
	c			900,099	64,389			64,389
		BAD DEBT RE			142,701	50,760		91,941
	d	All other reve			-, 2	-,		-,
	e	Total. Add line	== 114-11G	\$ 451,952				
	12	8c,	. Add lines 1h, 2g, 3		88,221,320	69,040,845	475,963	12,423,696

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re		plete columns		
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	11,000	11,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	24,673,436	24,673,436		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	665,909		665,909	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	27,091,377	22,254,629		777,825
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,040,865	1,638,566	331,243	71,056
9	Other employee benefits	4,710,590	3,670,067	941,609	98,914
10	Payroll taxes	1,856,247	1,503,429	297,261	55,557
11	Fees for services (non-employees)				
а	Management				
b	Legal	20,000		20,000	
c	Accounting	73,975		73,975	
d	Lobbying	57,432		57,432	
е	Professional fundraising See Part IV, line 17	94,671			94,671
f	Investment management fees	20,279		20,279	
g	Other	5,143,069	4,106,850	894,029	142,190
12	Advertising and promotion	324,412	267,689	54,390	2,333
13	Office expenses	4,409,963	3,633,642	745,738	30,583
14	Information technology				
15	Royalties	250,372	128,786	116,407	5,179
16	Occupancy	2,174,280	2,126,431	47,849	
17	Travel	955,783	743,463	121,206	91,114
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	2,004,984	2,004,984		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,815,052	3,337,866	477,186	
23	Insurance	381,047	316,818	64,229	
24	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)				
а	FOOD SERVICE	2,150,847	2,150,847		
ь	ENTERTAINMENT	497,367	301,671	147,243	48,453
c	EDUCATION AND ACTIVITIE	415,632	404,403	11,229	
d	BAD DEBT	241,676		241,676	
e	RECRUITING	74,475	74,475		
f	All other expenses	122,156	77,020	45,084	52
25	Total functional expenses. Add lines 1 through 24f	84,276,896	73,426,072	9,432,897	1,417,927
26	Joint Costs. Check 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 B	lance	Sheet
----------	-------	-------

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				137,265	1	16,320
	2	Savings and temporary cash investments				25,260,880	2	21,541,187
	3	Pledges and grants receivable, net				7,142,790		6,256,370
	4	Accounts receivable, net		1,907,480		1,818,317		
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	es, key		oyees or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of	section	n 495			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				256,379	8	280,653
Ø	9	Prepaid expenses and deferred charges				2,061,147	9	1,523,907
Assets	10a	Land, buildings, and equipment cost basis	10a	i	156,925,052			
•	b	Less accumulated depreciation Complete Part VI of	104		100,020,002			
	В	Schedule D	10ь		59,936,346	89,985,800	10c	96,988,706
	11	Investments—publicly traded securities				29,416,282	11	25,199,102
	12	Investments—other securities See Part IV, line 11 Complete Schedule D	Part VI.	I of		1,411,847	12	1,141,177
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	•			2,300,793	15	2,472,985
	16	Total assets. Add lines 1 through 15 (must equal line 34)				159,880,663	16	157,238,724
	17	Accounts payable and accrued expenses .				5,354,325	17	7,112,238
	18	Grants payable					18	
	19	Deferred revenue					19	
_	20	Tax-exempt bond liabilities				44,335,762	20	43,873,222
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s.			6,287,150	23	5,830,532
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		5,925,330	25	6,001,042		
	26	Total liabilities. Add lines 17 through 25				61,902,567	26	62,817,034
Ses		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comthrough 29, and lines 33 and 34.	plete l	lines 2	27			
Balance	27	Unrestricted net assets				77,781,519	27	74,438,468
89 B	28	Temporarily restricted net assets		4,413,727	28	3,754,874		
Ξ	29	Permanently restricted net assets		15,782,850	29	16,228,348		
r Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	•					
S Of	30	Capital stock or trust principal, or current funds					30	
ě.	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Assets	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		97,978,096	33	94,421,690		
Z	34	Total liabilities and net assets/fund balances				159,880,663	34	157,238,724
	·					1		
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

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

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As Filed Data -

DLN: 93493133024130

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

MARYV	WOOD I	UNIVERSITY							070545	2		
Dai	rt I	Peacon	for Public C	harity Status (to be co	mnlatad	hy all or	aanizatio		-079545: Instruct			
				ation because it is (Please	•	-			msuucu	.10113)		
1				nurches, or association of ch					A)(i).			
2	<u> </u>	•		tion 170(b)(1)(A)(ii). (Attac				(-)(-)	/ (- / -			
3	Ė			e hospital service organizati			tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Ė	•	•	zation operated in conjuncti			•		• •		•	
	•		name, city, and	•					()()	. , ,		
5	\vdash			or the benefit of a college or	universit	v owned o	r operated	l by a gove	rnmental	unıt desc	rıbed ın	
	•	_	•	(Complete Part II)		•		, ,				
6	Г			overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	Ė	•	, -	ally receives a substantial p						n the gene	eral public	2
	•	=)(1)(A)(vi) (Complete Par		• •	•			-	•	
8	\sqcap		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo:	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
			it describes the ype I b	type of supporting organiza			nes lle t nally Integ		h d	□ Type	iIII - Otl	har
e	\vdash	•	• •	rtify that the organization is			-					
•	'	•		agers and other than one or			•			•	•	
		section 50			•	, ,,	•					,
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zation,
а		check this		as the organization accepted	d any dift	or contrib	ution from	any of the				ļ
g		following pe		as the organization accepted	a any gnt	or contrib		any or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports					
			·		T				1		1	
		ame of	(ii) EIN	(iii) Type of organization		sthe		ou notify		sthe	1	nount of
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in Iisted in		inization i) of your		ation in organized	supp	ort
	Organ	nzacion		(See Instructions))		verning	supp			US?		
						ment?						
Yes No Yes N				No	Yes	No						

Total

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

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

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 24-0795453

Name: MARYWOOD UNIVERSITY

Form 990, Part VII - Section Aaa

Porini 990, Part VII - Section Ada		Posit	(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Richard R Beasley , TRUSTEE	1 00	Х						0	0	0
Lorraine R Breen , TRUSTEE	1 00	Х						0	0	0
Joan Banick Brooks , TRUSTEE	1 00	Х						0	0	0
Sr Ann M Bubser IHM , TRUSTEE	1 00	Х						0	0	0
Michael E Bugno , TRUSTEE	1 00	X						0	0	0
Austin J Burke , TRUSTEE	1 00	Х						0	0	0
Joseph Matthias Cosgrove , TRUSTEE	1 00	Х						0	0	0
Christopher L DiMattio , TRUSTEE	1 00	Х						0	0	0
Frank A Epifano , TRUSTEE	1 00	Х						0	0	0
Patrick Fricchione Jr , TRUSTEE	1 00	Х						0	0	0
Patricia J Glinsky , TRUSTEE	1 00	Х						0	0	0
David Hawk , TRUSTEE	1 00	Х						0	0	0
Sr Nancy Hawkins IHM , TRUSTEE	1 00	Х						0	0	0
Ann R Henry , TRUSTEE	1 00	Х						0	0	0
Mıchael Insalaco , TRUSTEE	1 00	Х						0	0	0
Richard P Kane , TRUSTEE	1 00	Х						0	0	0
Sr Angela Kım IHM , TRUSTEE	1 00	Х						0	0	0
David L Kirtland , TRUSTEE	1 00	Х						0	0	0
Frank E LaVerghetta , TRUSTEE	1 00	Х						0	0	0
William R Lynett , TRUSTEE	1 00	Х						0	0	0
Dorothy L Magnotta , TRUSTEE	1 00	Х						0	0	0
Sr Mary E Merrick IHM , TRUSTEE/Ex- Officio	1 00	Х						0	0	0
Marion Munley , TRUSTEE	1 00	X						0	0	0
Mary C Murray , TRUSTEE	1 00	X						0	0	0
Sister Mary Persico IHM , TRUSTEE/Ex-Officio	1 00	Х						0	0	0
Catherine G Quinnan , TRUSTEE	1 00	X						0	0	0
Antonia M Schierling , TRUSTEE	1 00	Х						0	0	0
Vırgınıa P Shields , TRUSTEE	1 00	Х						0	0	0
Msgr David L Tressler , TRUSTEE	1 00	Х						0	0	0
Sr Anne Munley IHM , President - see Sch O	35 00			Х				0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C (a Institutional Trustee	chec pply	Highest compensated employee	Former	(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
Dr Peter Cimbolic , Provost & VP A cadem	35 00		х			184,133	0	19,787
Joseph X Garvey Jr , VP for business Affairs	35 00		х			126,755	0	23,447
Dr Clayton N Pheasant , VP for Univ Advancmnt	35 00		х			138,058	0	24,165
Dr Raymond P Heath , VP for Student Lıfe	35 00		х			134,696	0	14,838
Sr Dolores Filicko IHM , Secretary - See Sch O	35 00		х			0	0	0
Dr Kenneth W Rundell , Dır of Hmn Prfrmnce Lab	35 00			х		112,990	0	11,700
Dr Alan Levine , Int Dean, Clige of H&H	35 00			Х		107,781	0	14,684
Karen EArscott DO , Clinical Assnt Prof	35 00			X		103,320	0	11,787

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

A Catholic university sponsored by the Congregation of the Sisters, Servants of the Immaculate Heart of Mary, Marywood University roots itself in the principle of justice and a belief that education empowers people. Enacting its ideals, marywood offers students a welcoming and supportive community that encourages men and women of all backgrounds to shape their lives as leaders in service to others. Proud of its liberal arts tradition and host of professional disciplines, Marywood challenges students to broaden their understanding of global issues and to make decisions based on spiritual, ethical, and religious values. Marywood calls upon students to seek their full potential and invites all to engage in a lifelong process of learning. Witnessing the efficacy of teaching and scholarship, Marywood educates students to live responsibly in a diverse and interdependent world.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes." to Form 990, Part IV, Line 5 (Proxy Tax)

		he organization UNIVERSITY			Employer ider	ntıfıcatıon number
MA	RYWOOD	UNIVERSITY			24-0795453	
ar	t I-A		oy all organizations exemple the instructions for Schedul			
1	Provid	de a description of the or	ganızatıon's dırect and ındırect po	litical campaign ac	tivities in Part IV	
2	Politic	cal expenditures				\$
3	Volun	iteer hours				
Pai	t I-B	To be completed to for Schedule C for d	oy all organizations exempetails.)	ot under sectio	n 501(c)(3). (See the	instructions
1	Enter	the amount of any excise	e tax incurred by the organization	under section 495!	5	\$
2	Enter	the amount of any excise	e tax incurred by organization mar	nagers under sectio	n 4955	\$
3	If the	organization incurred in	a section 4955 tax, did it file Forn	n 4720 for this yea	r?	┌ Yes ┌ No
4a	Wasa	a correction made?				┌ Yes ┌ No
ь	If"Ye	s," describe in Part IV				
Par	t I-C		oy all organizations exempts for Schedule C for details.)	ot under sectio	n 501(c), except sect	tion 501(c)(3).
1	Enter	the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities	\$
2		the amount of the filing o	organization's internal funds contri	buted to other orga	nizations for section	\$
3		of direct and indirect exe -POL, line 17b	empt function expenditures Add Ii	nes 1 and 2 and en	ter here and on Form	\$
4	Did th	ne filing organization file i	Form 1120-POL for this year?			☐ Yes ☐ No
5	were i	made Enter the amount p cal contributions received	nd Employer Identification Numbe paid and indicate if the amount was d and promptly and directly delive action committee (PAC) If additio	s paid from the filing red to a separate p	g organızatıon's own ınterna olitical organızatıon, such a	l funds or were s a separate
		(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization If none enter -0-

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$225,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 but not over \$1,000,000 \$100,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$1,000,000	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ver \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

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

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

		(a)		(b)	
		Yes	No	A mount	
1	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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		57,432	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV		Νo		
j	Total lines 1c through			57,432	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes" enter the amount of any tax incurred under section 4912				
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Da r	t TII-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c)(5) or	

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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	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.)

2	expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
Ь	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying A ctivities	THE UNIVERSITY PAID ARENT, FOX TO CONTACT MEMBERS OF CONGRESS AND THEIR STAFF REGARDING FEDERAL APPROPRIATIONS LEGISLATION INVOLVING THE DEPARTMENTS OF HHS, EDUCATION, AND TRANSPORTATION IN ADDITION, THROUGH ARENT, FOX, THE UNIVERSITY HAS WORKED WITH CONGRESSIONAL MEMBERS AND THEIR STAFF ON EFFORTS TO IDENTIFY AND SECURE ADDITIONAL GRANT FUNDING TO SUPPORT UNIVERSITY PROGRAMS AND SPECIAL INITIATIVES

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133024130

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ 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.

Supplemental Financial Statements

Open to Public

	ne of the organization YWOOD UNIVERSITY		Employer identification number
Pa	organizations Maintaining Donor A		unds or Accounts. Complete if the
	organization anomered res to rorm 93	(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 advi funds are the organization's property, subject to the	_	noradvised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		•
Par	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of ar Preservation of ce	n historically importantly land area ertified historic structure
	on the last day of the tax year	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	rs.	2b
c	Number of conservation easements on a certified h	ıstorıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
1	Number of states where property subject to conserve	ation easement is located ▶	
5	Does the organization have a written policy regarding		ations, and
	enforcement of the conservation easements it holds	7	ΓYes ΓNo
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	TYes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	•
ar	Complete if the organization answered		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(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, hist following amounts required to be reported under SFA		- T
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		№ \$

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	stori	cal Tre	eası	ures, or Ot	<u>he</u>	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing th	nat ai	re a sıgnıfıcar	nt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan o	rexc	:hange progra	ms			
b	Scholarly research		e	Γ	Other						
с	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further	the	organization's	s ex	empt purpose in		
-	Part XIV				,			• • • •			
5	During the year, did the organization solicit of								ılar _		
Das	assets to be sold to raise funds rather than t		•							Yes	V No
Pel	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						anization an	5 W	ered res to r	ל ווו פ	90,
1a	Is the organization an agent, trustee, custod						or other asse	ts r	not _		
	ıncluded on Form 990, Part X?								ı	Yes	No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е								
									A mou	ınt	
c	Beginning balance						F	.c			
d	Additions during the year						<u> </u>	.d			
e	Distributions during the year						<u> </u>	le.			
f	Ending balance						<u> </u>	.f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year)Prior					t IV, line 10. Three Years Back (e	N Equr V	oars Back
1a	Beginning of year balance	28,287,988	(1	PHOL	rear	(c)	wo fears back	(a)	Tillee feats back (e	e)rour t	ears back
ь	Contributions	3,526,665									
c	Investment earnings or losses	-6,352,063									
d	Grants or scholarships	, ,									
e	Other expenditures for facilities	1,363,000									
	and programs										
f	Administrative expenses	151,277									
g	End of year balance	23,948,313									
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	65 000 %									
ь	Permanent endowment 🕨 35 000 %										
c	Term endowment ▶ 0 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	and	admınıstered	for	the		
	organization by								[_ (I)	Yes	No
	(i) unrelated organizations		•			•		•	3a(i)	Yes	
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio				 Jula P2	•		•	3a(11)	l res	<u> </u>
4	Describe in Part XIV the intended uses of th	•				•		•			
Par	t VI Investments—Land, Buildings					0. P	art X. line 1	0.			
		,			Cost or ot		(b)Cost or oth				
	Description of investment				s (ınvestm		basis (other)		(c) Depreciation	(d) Bo	ok value
1a	Land						1,292,	357			1,292,357
b I	Buildings						143,913,	271	57,769,844	8	6,143,427
c I	Leasehold improvements										
d I	Equipment						745,	547	346,281		399,266
e	Other	<u> </u>	<u>. </u>				10,973,	877	1,820,221		9,153,656
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B), line	10(c).)					9	6,988,706
									Schedule D (Form 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		Cost of end-of-year indiket value
osely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIII Investments—Program Related. Se	ee Form 990. Part X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) book value	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I		
(a) Descr		(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	(b) A mount	
ederal Income Taxes	(b) Amount	
TUDENT DEPOSITS	3,633,765	
EFUNDABLE ADVANCES FOR FEDERAL STUDENT	3,033,703	
DANS	1,777,411	
SSET RETIREMENT OBLIGATION	459,605	
ITEREST RATE SWAP	130,261	
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	6,001,042	

Pai	TEXI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	88,221,320
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	84,276,896
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,944,424
4	Net unrealized gains (losses) on investments	4	-7,053,682
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-447,148
9	Total adjustments (net) Add lines 4 - 8	9	-7,500,830
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,556,406
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	57,757,064
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-31,664,391
3	Subtract line 2e from line 1	3	89,421,455
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-1,200,135
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	88,221,320
	Reconciliation of Expenses per Audited Financial Statements With Expenses	Ι -	
1 2	Total expenses and losses per audited financial statements	1	61,313,470
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Donated services and use of facilities	_	
c	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d	2e	1,361,323
3	Subtract line 2e from line 1	3	59,952,147
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	24,324,749
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	84,276,896
Paı	t XIV Supplemental Information		· · · · · ·

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

Ident if ier Return Reference | Explanation

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2008

Open to Public

	e of the organization WOOD UNIVERSITY Employer iden	Employer identification number			
	24-0795453				
			YES	NO	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byl other governing instrument, or in a resolution of its governing body?	aws, 1	Yes		
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain CLEARLY STATED ON MOST ADMISSIONS ADVERTISEMENTS AND PUBLICATIONS ALSO DISCLOSED	3	Yes		
	THE SUPPLEMENTAL MATERIAL CREATED BY THE MARKETING AND COMMUNCATIONS OFFICE				
4	Does the organization maintain the following?				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes		
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimina basis?	tory 4b	Yes		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes		
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes		
5	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement Does the organization discriminate by race in any way with respect to	<u></u>			
а	students' rights or privileges?	5a		Νo	
Ŀ	Admissions policies?	5b		Νo	
c	: Employment of faculty or administrative staff?	5c		Νo	
c	Scholarships or other financial assistance?	5d		Νo	
e	Educational policies?	5e		Νo	
f	Use of facilities?	5f		Νo	
ç	Athletic programs?	5g		Νo	
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate stateme	nt)		No	
	n Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νo	
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠				
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." attach an explanation	05 7	Yas		

DLN: 93493133024130

Employer identification number

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

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

Open to Public Inspect ion

MARYWOOD UNIVERSITY					
Part I General Infor			de the United States	24-079545 s. Complete If the orgal	
For grantmakers. Doe assistance, the grante	es the organiza ees' eligibility fo	tion maintain r or the grants or		the amount of the grant lection criteria used to a	
2 For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outsic	le the
3 Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed)		
(a) Region	(b) Number of offices in the	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
African Countries Kenya, Tanzania, Uganda, Nigeria, and Ghana	0	10	the region) Program Services	During the three-year phase of the SLDI pilot project in Africa, there will be a series of two-week sequential workshops focused on management and leadership capacity building Curriculum specialists at the ASEC colleges will develop the scope and sequence of the offerings. In addition to instructional programs offered by ASEC colleges, SLDI participants will have the opportunity to attend sessions coordinated by such African-based organizations as CORAT Africa, which facilitates in-country client determined courses, workshops and seminars Long range plans for SLDI include increased use of technology and the Internet to access distance education. This will permit Sisters to remain in their countries while pursuing professional preparation and/or degree work in business and management.	

Totals ▶

L	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
2	Enter total nu		ations that are re	cognized as charities	s by the foreign cou	ntry or for which the	e grantee or counse	7	

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 24-0795453

Name: MARYWOOD UNIVERSITY

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

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

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As Filed Data -

DLN: 93493133024130

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization					Employer ide	entification number
MARYWOOD UNIVERSITY	(24-079545	3
Part I Fundraising	Activities. Complete	e if the or	ganızatı	ion answered "Yes" t	o Form 990, Part I	V, line 17.
a	ıs	through ar	ny of the t	e Solicitation of n	on-government grants overnment grants	5
b If "Yes," list the ten h	ed in Form 990, Part VII)	or entity i entities (fi	ın connec undraisei	tion with professional fors) pursuant to agreeme	undraising activities? nts under which the fu	
(i) Name of individual or entity (fundraiser)	I (III) A CTIVITY	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
(i) Name of individual or entity (fundraiser) (ii) Activity Phonathon Agent		No	241,117	94,67	1 241,117	
Total	,	-	>			

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

3

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	☐ Yes% ☐ No	┌ Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
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 ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

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

OMB No 1545-0047

DLN: 93493133024130

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

MARY WOOD UNIVERSITY						24-0795453	
Part I General Infor	mation on Gra	nts and Assistance	•			1	
 Does the organization mathematics the selection criteria use Describe in Part IV the organization 	d to award the gra	nts or assistance?					Γ Yes Γ
Form 990, Part : Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is		00. Check this box	t es. Complete if the of find one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
3 Enter total number of oth							•
For Panerwork Peduction Act Not	ice see the Instruct	tions for Form 990		Cat No. 500550		Sci	nedule T (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
SPONSORED SCHOLARSHIPS	640	993,744		CASH	
NON-SPONSORED SCHOLARSHIPS	2467	23,331,005		CASH	
STUDENT AID	3107	348,686		cash	

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 All students applying for federal funds are required to submit the FAFSA. The office reviews the results of the FAFSA, which dictates what and how much federal funding the individual student is eligible for. If the student is determined to be in compliance with all federal regulations, as determined by the Department of Education, the aid office awards the student the appropriate funding. Student files regarding the eligibility are maintained by the student financial aid office.

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As Filed Data -

DLN: 93493133024130

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

2008

Open to Public Inspection

Name of the organization MARYWOOD UNIVERSITY

Employer identification number

24-0795453

Рa	Questions Regarding Compensation	<u>n </u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t	hat appl	У			
	Compensation committee Independent compensation consultant	\rightarrow \rightarrow				
	✓ Independent compensation consultant Form 990 of other organizations	<u>ন</u>	·			
	Form 990 of other organizations	J	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	pased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	•	8		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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	184,13	3		17,504	2,283	203,920		
	126,75	5		12,660	10,787	150,202		
Dr Clayton N Pheasant (138,05	8		13,939	10,226	162,223		
	ii)							
	i)							
	ii)							
	i)							
	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

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493133024130

OMB No 1545-0047

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

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

Open to Public **Inspection**

Name of the organization MARYWOOD UNIVERSITY

Department of the Treasury

Internal Revenue Service

Employer identification number 24-0795453

Р	art I Bond Issues (Required	for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	crıptıon of	Purpose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917NU77	02-03-	2005	9,	105,000	SERIES A OF 2005 - TO ADVNC- REF'D O/S BAL OF 2000 BONDS 8 TO PAY ISS COSTS				x		×
В	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917N4Q4	04-15-	2005	11,	447,049	1999 D4 BN	SERIES B OF 2005 - TO REF'D 1999 D4 BNDS, FIN CONSTR OF ATH FAC, FND DBT SVC			х		х
c	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917RAZ8	12-15-	2005	12,	567,509	RENOV OF	SERIES C OF 2005 - TO FIN RENOV OF RES HALL, FIN VAR CAP IMP, FND DBT SVC			×		х
D	THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY	23-1708665	003642AH8	01-04-	2007	14,		SERIES OF 2007 - TO FIN RENOV OF RESIDENCE HALL & OTHER CAP IMPROVMENTS			х		Х	
Pa	ert III Proceeds (Optional for .	2008)		_										
1	Total Proceeds of Issue				4	<u> </u>	3	C D			E			
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					1				I				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding iss	ue?											
10	Were the bonds issued as part of a	ın advance refundıng	issue?											
11	Has the final allocation of proceeds	s been made?												
12	12 Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008))							I				
						+	B	+		D			E	
1	Was the organization a partner in a which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
2	Are there any lease arrangements which may result in private busines	with respect to the fi	nanced property											
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Cat No 501	193E	•		Sch	nedule K	(Form 99	0) 2008	

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

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

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DLN: 93493133024130

OMB No 1545-0047

Inspection

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Non-Cash Contributions

Name of the organization MARYWOOD UNIVERSITY

Employer identification number

Da	rt I Types of Property				24-0795453			
Pa	TELL Types of Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
	Art—Works of art	аррисавіе		1 g				
	Art—Works or art							
4	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	4	34,299	FMV			
	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							
	COMPUTER							
25	Other (describe $\underline{\sf EQUIPMENT}$)	Х	1	16,674	FMV			
26	Other (describe)							
27	Other (describe)							
28	,				ļ			
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at						[
	least three years from the date of			not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif					31	I	No
32a	Does the organization hire or us contributions?	e third parti • • •	-	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes", describe in Part II							
	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a	a) is			

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.

32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
hird Party Use	Part I, Line 32b	Gifts of securities are immediately sold by Penn Security Bank 8 Trust Company, and proceeds deposited into a Marywood bank account					
		Schodulo M (Form 990) 2009					

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization MARYWOOD UNIVERSITY

Employer identification number

24-0795453

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Marywood University has had a productive year. The University committed significant resources to create a new School of Architecturethe first to open in northeast Pennsylvania. The School of Architecture was created to produce a new generation of architecture invitations and the world Architecture students pursue coursew ork that prepares them for the LEED Professional Accordation exam Marywood University continues to evaluate its current practices and engage in future initiatives with environmental considerations in mind, for the benefit of our students, our campus, our community, and our world. A powerful and renow ned play, Speak Truth to Power, was presented on campus following the Fall 2008 Academic Convocation. The play was a re-enactment of the testimony given by human rights victims across the globe. Manywood University welcomed international delegates to the international protection, extrems across the globe. Manywood University welcomed international delegates to the international market of the testimony given by human rights and Religious Freedom, held on campus November 23-25, 2008. Delegates, representing parlaments from around the globe, discussed ways to implement legislation in their nations to support human rights affected by a wide spectrum of issues, including environmental protection, extremsing countererrors in sovereignity, and religious freedom. The Marywood University Business and Managerial Science Programs, University Advancement, and Net Impact NEPA presented the 9th forum on Ethics, Leadership, and Corporate Social Responsibility on April 2, 2009. The Corporation for National and Community Service Honor Roll for exemplary service efforts and service to America's communities. The Universitys Campus Ministry which includes students, staff and faculty, coordinated the following events. S.E. Francis Kitchen. Students prepared, served and cleaned upimeals throughout the week at St. Francis Kitchen, Strins Kitchen. Students previous events and served to the provide and until vinclude to a

ldentifier	Return Reference	Explanation							
		The Bylaw's were changed by action of the Board on 04/25/09 - Title Vice President for Academic Affairs was							
Form 990,		changed to Provost and Vice President for Academic Affairs - Title Physical Plant Committee was changed to							
Part VI,		Buildings and Grounds Committee - Definition of Faculty was updated to read "The faculty of the University							
Section A, line		consists of full-time, part-time, and special appointment members. Appointments to the Faculty are made by the							
4		President of the University Promotion and/or tenure are granted to full-time faculty members by the President of the University in accord with the requirements of the policies of the University "							

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Members of the Marywood University Corporation are six members of the Sisters, Servants of the Immaculate Heart of Mary

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section A, line 7a		The Members of the Marywood University Corporation are six members of the Sisters, Servants of the Immaculate Heart of Mary Article I, Section 4 of the Marywood University Bylaws states "The Members of the Corporation shall have the right, by majority vote, to elect trustees. They shall have the right of approval, by majority vote, of actions of the Board of Trustees relating to changes in institutional purpose and philosophy, appointment of the President of the University, acquisition, disposition, encumbrance, or lease of real property of the institution, construction of new buildings, dissolution, merger, or consolidation of the institution with another corporation, amendments to the Bylaws, and disposition of property upon dissolution."							

Identifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 7b		The Members of the Marywood University Corporation are six members of the Sisters, Servants of the Immaculate Heart of Mary Article I, Section 4 of the Marywood University Bylaw's states. "The Members of the Corporation shall have the right, by majority vote, to elect trustees. They shall have the right of approval, by majority vote, of actions of the Board of Trustees relating to changes in institutional purpose and philosophy, appointment of the President of the University, acquisition, disposition, encumbrance, or lease of real property of the institution, construction of new buildings, dissolution, merger, or consolidation of the institution with another corporation, amendments to the Bylaw's, and disposition of property upon dissolution."						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		For the current fiscal year and going forward, Marywood University will submit the draft of the Form 990 to the Audit Committee for their approval. The Audit Committee will then report to the full Board that they have reviewed the Form 990 prior to its filing with the Internal Revenue Service.

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section B, line 12c		A trustee periodically discloses the nature of personal or related persons affiliation, other than a permitted interest, with each organization with which there is a reasonable possibility the University may have business dealings in the next year. The disclosure is made at the time of election to the Board and annually thereafter, by filing an annual disclosure form. The Chairperson of the Board as Chair, the chairperson of the Committee on Trustees, and the chairperson of the Finance Committee act as an ad hoc committee for overseeing compliance with this policy.						

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section B, line 15		An independent consulting firm, after performing due diligence in studying comparative salaries and other economic factors, recommends a salary amount for the President of the University to the Executive Officers of the Board of Trustees, this Committee of Executive Officers, after deliberation and consideration, approves the Presidents salary. The President of the University then sets the salaries of the Senior Administrative Officers, with approval of the Executive Officers of the Board.						

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 The organization makes its governing documents, conflict of interest policy and financial statements available to governmental agencies who require them, and to the Executive Committee of the Board of Trustees Moreover, the Financial Statements are made available through the NACUBO website and through the EMMA system, as required by certain bond documents						

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Audit Committee Process	There have been no changes made to the audit committee process from the prior year

ldentifier	Return Reference	Explanation						
Schedule G, Part I, Line 2b, Column (V)	Explanation of Fundraising Payments	The University paid Ruffalo Cody to act as our Annual Fund phonathon agents during FY 2008-2009. As such, Ruffalo Cody contacted alumni, parents, and friends of the University soliciting pledges of financial support of our institutional mission. In particular, they sought gifts in support for the Marywood Scholarship Fund to provide resources to underwrite financial aid and scholarship awards made by the University to deserving students. In the course of their work, Ruffalo Cody advised these supporters of new and exciting changes to programs and facilities at Marywood. In addition, they obtained information concerning changes to biographic and demographic information of the individuals called. Ruffalo Cody acted strictly in the role of our agent in securing pledges of support. The processing of all pledge payments and credit card transactions were handled by University employees.						

ldentifier	Return Reference	Explanation						
Form 990, Part VII	Officer Compensation	Certain officers are not directly compensated by the University The University pays the Congregation of the Sisters, Servants of Immaculate Heart of Mary (IHM") on behalf of Sister Anne Munley, President and Sister Dolores Filicko, Secretary Marywood University pays IHM \$216,692 on behalf of Sister Anne Munley in her role as President and \$64,175 on behalf of Sister Dolores Filicko						

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

DLN: 93493133024130

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

MARYWOOD UNIVERSITY

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

24-0795453 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity Congregation of the Sisters Servants of the Immaculate Heart IHM Center 2300 Adams Avenue Religious PA 501(c)(3) N/A Scranton, PA18509

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organization				(C) Legal domicile (state or foreign country)		(D) Direct controlling entity		(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	Share of total		(H) Percentage r ownership		

(5)

(6)

Part V	Transactions w	ith Related Organizations
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Pa	rt V	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring th	e tax year, did the orgranization engage in any of the following transactions	with one or more related organizations listed in Parts I	I-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							No
b	b Gift, grant, or capital contribution to other organization(s)						
c	c Gift, grant, or capital contribution from other organization(s)						
d	d Loans or loan guarantees to or for other organization(s)						
e Loans or loan guarantees by other organization(s)							No
f	Sale of	assets to other organization(s)			1f		No
g	g Purchase of assets from other organization(s)						
h	Excha	nge of assets			1h		No
i	Lease	of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)			1j		No
k	k Performance of services or membership or fundraising solicitations for other organization(s)						
I Performance of services or membership or fundraising solicitations by other organization(s)							No
m	m Sharing of facilities, equipment, mailing lists, or other assets						
n	Sharın	g of paid employees			1n		No
o	Reımb	ursement paid to other organization for expenses			10		No
p Reimbursement paid by other organization for expenses					1 p		No
q	q Other transfer of cash or property to other organization(s)						
r	Othert	ransfer of cash or property from other organization(s)			1r		No
2	If the a	inswer to any of the above is "Yes," see the instructions for information on	who must complete this line, including covered relation	ships and transaction thresholds			
		1	(B)	(c)			
		(A) Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)							
(2)							
(3)							
(4)							

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

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(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008