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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
ST AMBROSE UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
518 WEST LOCUST STREET

City or town, state or country, and ZIP + 4
DAVENPORT, IA 52803

D Employer identification number
42-0703280

E Telephone number
(563) 333-6329

G Gross receipts $ 125,437,244

F Name and address of Principal Officer
SISTER JOAN LESCINSKI
518 WEST LOCUST STREET
DAVENPORT, IA 52803

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ SAU EDU

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1885

M State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O FOR MISSION STATEMENT

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	1,970
6	Total number of volunteers (estimate if necessary)	6	170
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	345,120
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,091,909	7,540,590
9	Program service revenue (Part VIII, line 2g)	70,419,517	74,116,896
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,164,941	2,772,636
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	520,341	643,492
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,196,708	85,073,614
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,126,320	20,829,831
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,055,026	32,226,042
16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,761	50,239
b	(Total fundraising expenses, Part IX, column (D), line 25 1,958,740)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	21,007,918	22,388,112
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	70,196,025	75,494,224
19	Revenue less expenses Subtract line 18 from line 12	16,000,683	9,579,390

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	204,190,926	193,415,922
21	Total liabilities (Part X, line 26)	83,964,731	84,883,208
22	Net assets or fund balances Subtract line 21 from line 20	120,226,195	108,532,714

Part II Signature Block

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

Please Sign Here

****** | 2010-04-28
Signature of officer | Date

MICHAEL POSTER VP OF FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kay Hegarty | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY INC
221 THIRD AVENUE SE SUITE 300
CEDAR RAPIDS, IA 524011512

EIN ▶

Phone no ▶ (319) 298-5333

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

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

1 Briefly describe the organization's mission

SEE SCHEDULE O FOR ORGANIZATION'S MISSION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 22,794,158 including grants of $ 29,320) (Revenue $ 61,504,744)

INSTRUCTION THE UNIVERSITY'S UNDERGRADUATE AND GRADUATE PROGRAMS ARE MADE UP OF FOUR COLLEGES ARTS AND SCIENCES, BUSINESS, EDUCATION AND HEALTH SCIENCES AND PROFESSIONAL STUDIES THIRTEEN BACHELORS, NINETEEN MASTERS AND TWO DOCTORAL DEGREES ARE OFFERED THE UNIVERSITY OFFERS A FALL AND SPRING SEMESTER, PLUS WINTER INTERIM AND SUMMER SESSIONS

4b (Code) (Expenses $ 20,625,860 including grants of $ 20,625,860) (Revenue $)

STUDENT AID & SCHOLARSHIPS ST AMBROSE UNIVERSITY SERVES STUDENTS BY PROVIDING SCHOLARSHIPS AND GRANTS FUNDED BY FEDERAL, STATE, UNIVERSITY AND PRIVATE SOURCES

4c (Code) (Expenses $ 6,487,069 including grants of $ 14,500) (Revenue $ 12,280,434)

AUXILIARY ENTERPRISES & SERVICES ST AMBROSE UNIVERSITY SELLS BOOKS AND OTHER INSTRUCTIONAL MATERIALS THROUGH THE UNIVERSITY'S BOOKSTORE IT ALSO PROVIDES FOOD SERVICE AND HOUSING FOR APPROXIMATE CAPACITY OF 1,500 STUDENTS

(Code) (Expenses $ 10,382,430 including grants of $ 160,151) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 60,289,517 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	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	Yes	
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		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		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 IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
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**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	65		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	1,970		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	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 lieu of Form 1041?		12a		
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 Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 26		
b	Enter the number of voting members that are independent . .	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	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	10	Yes	
11	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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MICHAEL POSTER
518 WEST LOCUST STREET
DAVENPORT,IA 52803
(563) 333-6329

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								3,170,976	0	211,470

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUSSELL CONSTRUCTION CO 4600 E 53RD STREET DAVENPORT, IA 52807	CONSTRUCTION	2,715,394
SGGM ARCHITECTS & INTERIOR 201 W 2ND ST STE 608 DAVENPORT, IA 52801	ARCHITECTS	513,244
THE NORTHERN TRUST COMPANY 801 S CANAL ST LETTERS OF CREDIT D CHICAGO, IL 60603	INVESTMENT MANAGEMENT	417,335
PER MAR SECURITY SERVICE PO BOX 1101 DAVENPORT, IA 52805	SECURITY	236,711
TRI-CITY ELECRIC 415 PERRY ST DAVENPORT, IA 52801	CONSTRUCTION	236,478

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 13

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	45,053				
	b	Membership dues					
	c	Fundraising events	146,540				
	d	Related organizations					
	e	Government grants (contributions)	963,184				
	f	All other contributions, gifts, grants, and similar amounts not included above	6,385,813				
	g	Noncash contributions included in lines 1a-1f $ 758,721					
	h	**Total (Add lines 1a-1f)** ▶		7,540,590			
Program Service Revenue			Business Code				
	2a	EDUCATION/GENERAL	611,710	61,504,744	61,504,744		
	b	AUXILIARY ENTERPRISES	624,410	12,594,136	12,280,434	313,702	
	c	ACCRUED INTEREST	900,003	18,016		18,016	
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 74,116,896					
	3	Investment income (including dividends, interest other similar amounts) ▶		3,328,328			3,328,328
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	111,812				
	b	Less rental expenses	104,202				
	c	Rental income or (loss)	7,610				
	d	Net rental income or (loss) ▶		7,610		13,402	-5,792
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	38,070,653 / 18,226				
	b	Less cost or other basis and sales expenses	38,587,623 / 56,948				
	c	Gain or (loss)	-516,970 / -38,722				
	d	Net gain or (loss) ▶		-555,692			-555,692
Other Revenue	8a	Gross income from fundraising events (not including $ 89,479 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	146,540				
	b	Less direct expenses	57,431				
	c	Net income or (loss) from fundraising events ▶		32,048			32,048
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	2,161,260				
	b	Less cost of goods sold	1,557,426				
	c	Net income or (loss) from sales of inventory ▶		603,834			603,834
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d** ▶ $					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		85,073,614	73,785,178	345,120	3,402,726

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	20,829,831	20,829,831		
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	953,257	231,549	538,784	182,924
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	26,219,539	22,977,570		16,231
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,150,829	1,037,503	113,326	
9 Other employee benefits	2,065,317	1,575,027	482,553	7,737
10 Payroll taxes	1,837,100	1,590,873	246,175	52
11 Fees for services (non-employees)				
a Management				
b Legal	79,960		79,960	
c Accounting	52,263		52,263	
d Lobbying	101,916		101,916	
e Professional fundraising *See Part IV, line 17*	50,239			50,239
f Investment management fees	390,769		390,769	
g Other	68,631		68,631	
12 Advertising and promotion	919,636	36,421	873,876	9,339
13 Office expenses	1,784,469	1,393,456	347,070	43,943
14 Information technology	715,579	452,700	262,879	
15 Royalties				
16 Occupancy	1,823,769	125,554	1,665,734	32,481
17 Travel	674,282	600,334	53,524	20,424
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	3,251	2,067		1,184
20 Interest	2,426,091	2,426,091		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,100,970	1,159,097	1,879,854	62,019
23 Insurance	404,921	5,461	399,460	
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)				
a food costs	2,906,950	2,906,177		773
b EQUIP AND MAINTENANCE	1,529,499	503,659	1,024,101	1,739
c FUNDRAISING EXPENSES	1,513,514			1,513,514
d PERIODICALS, BOOKS, BIN	479,002	479,002		
f All other expenses	3,412,640	1,957,145	1,439,354	16,141
25 **Total functional expenses.** Add lines 1 through 24f	75,494,224	60,289,517	13,245,967	1,958,740
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 Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		88,993	1	432,312
	2	Savings and temporary cash investments		36,251,333	2	32,592,182
	3	Pledges and grants receivable, net		3,043,515	3	5,682,376
	4	Accounts receivable, net		2,202,348	4	1,883,009
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		114,412	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		5,738,676	7	1,247,051
	8	Inventories for sale or use		329,393	8	292,947
	9	Prepaid expenses and deferred charges		271,762	9	283,799
	10a	Land, buildings, and equipment cost basis	10a 110,380,858			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 31,444,340	73,113,383	10c	78,936,518
	11	Investments—publicly traded securities		69,057,805	11	57,828,114
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		11,007,573	12	11,159,151
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		2,408,956	13	2,606,551
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		562,777	15	471,912
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		204,190,926	16	193,415,922
Liabilities	17	Accounts payable and accrued expenses		11,242,855	17	8,894,582
	18	Grants payable			18	
	19	Deferred revenue		657,385	19	779,024
	20	Tax-exempt bond liabilities		58,585,000	20	57,705,000
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,344,263	23	4,794,234
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		8,135,228	25	12,710,368
	26	**Total liabilities.** *Add lines 17 through 25*		83,964,731	26	84,883,208
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		105,016,406	27	88,465,197
	28	Temporarily restricted net assets		9,546,272	28	13,064,548
	29	Permanently restricted net assets		5,663,517	29	7,002,969
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		120,226,195	33	108,532,714
	34	Total liabilities and net assets/fund balances		204,190,926	34	193,415,922

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

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

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

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

Facts and Circumstances Test

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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

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

OMB No 1545-0047

2008

Open to Public Inspection

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)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
ST AMBROSE UNIVERSITY	42-0703280

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	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	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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

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))					
c	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 under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
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			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		101,916
j	Total lines 1c through 1i			101,916
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			
c	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?			

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.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	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**

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	LAW FIRM REPRESENTED ST AMBROSE UNIVERSITY IN EFFORTS TO OBTAIN FEDERAL FUNDS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	91,842,288				
b	Contributions	735,807				
c	Investment earnings or losses	-13,535,256				
d	Grants or scholarships	392,173				
e	Other expenditures for facilities and programs	22,347				
f	Administrative expenses	150,165				
g	End of year balance	78,478,154				

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

- a Board designated or quasi-endowment ▶ 85 000 %
- b Permanent endowment ▶ 9 000 %
- c Term endowment ▶ 6 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	723,947	4,784,909		5,508,856
b Buildings	3,730,558	87,193,410	25,767,307	65,156,661
c Leasehold improvements		1,803,694	607,600	1,196,094
d Equipment		8,488,284	4,952,129	3,536,155
e Other		3,656,056	117,304	3,538,752
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				78,936,518

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other CASH VALUE OF LIFE INSURANCE	253,578	F
Other INVEST-PROFESSIONAL ARTS BLDG	413,091	F
Other ALTERNATIVE INVESTMENTS	10,492,482	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	11,159,151	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED LOSS - INTEREST RATE SWAP	7,187,005
US Government Grants - Perkins Loans	3,144,069
ANNUITIES PAYABLE	2,379,294
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,710,368

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,073,614
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	75,494,224
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,579,390
4	Net unrealized gains (losses) on investments	4	-16,944,571
5	Donated services and use of facilities	5	69,609
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,397,909
9	Total adjustments (net) Add lines 4 - 8	9	-21,272,871
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,693,481

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

1	Total revenue, gains, and other support per audited financial statements			1	49,501,337
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-16,944,571		
b	Donated services and use of facilities	2b	69,609		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-20,545,798		
e	Add lines **2a** through **2d**			2e	-37,420,760
3	Subtract line **2e** from line **1**			3	86,922,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-1,848,483		
c	Add lines **4a** and **4b**			4c	-1,848,483
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	85,073,614

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

1	Total expenses and losses per audited financial statements			1	61,194,818
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	6,140,738		
e	Add lines **2a** through **2d**			2e	6,140,738
3	Subtract line **2e** from line **1**			3	55,054,080
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	20,440,144		
c	Add lines **4a** and **4b**			4c	20,440,144
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	75,494,224

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	TO FUND A SPECIFIED EDUCATIONAL PURPOSE, SUCH AS A SCHOLARSHIP, AWARD, ACADEMIC CHAIR, SUPPLIES, BUILDING, OR EQUIPMENT THE AMOUNT APPROPRIATED FROM THE PERMANENT ENDOWMENT FUND IS A BOARD OF TRUSTEES APPROVED PERCENTAGE APPLIED TO THE AVERAGE FAIR VALUE OF THE ENDOWMENT FUND ASSETS DURING THE PRIOR TWELVE QUARTERS THIS PERCENTAGE WAS 5% FOR THE FISCAL YEAR ENDED JUNE 30, 2009 THERE IS NO CURRENT SPENDING FROM THE BOARD DESIGNATED OR QUASI-ENDOWMENT FUNDS AS THESE FUNDS ARE BEING MAINTAINED FOR FUTURE CAPITAL PROJECTS AND THE RETIREMENT OF LONG-TERM DEBT
		PART X - FOOTNOTE TO FINANCIAL STATEMENTS REGARDING UNCERTAIN TAX POSITIONS UNDER FIN 48 THE UNIVERSITY FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO UNIVERSITIES INCLUDE SUCH MATTERS AS THE FOLLOWING THE TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) UBIT IS REPORTED ON FORM 990-T, AS APPROPRIATE THE BENEFIT OF TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD IN WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION AS OF JUNE 30, 2009 AND 2008, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY FORMS 990 AND 990-T FILED BY THE UNIVERSITY ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 990-T FILED BY THE UNIVERSITY ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED JUNE 30, 2005 AND PRIOR PART XI LINE 8 CHANGE IN NET INVESTMENT OF UNCONSOLIDATED SUB -$106,580 CHANGE IN VALUE OF TRUST RECEIVABLE 926 UNREALIZED GAIN/LOSS ON INTEREST RATE SWAP - $4,274,239 BOOK/TAX DIFFERENCE - ACCRUED INTEREST -18,016 PART XII LINE 2D INCOME(LOSS) FROM SUBSIDIARY -$106,580 RECLASSIFY INSTITUTIONAL GRANTS -$20,440,144 CHANGE IN VALUE OF TRUST RECEIVABLE 926 PART XII LINE 4B EXPENSES NETTED WITH REVENUES -$1,827,777 LOSSES NETTED WITH GAINS -$38,722 BOOK/TAX DIFFERENCE - ACCRUED INT $18,016 PART XIII LINE 2D EXPENSES NETTED WITH REVENUES $1,827,777 UNREALIZED GAIN/LOSS ON INTEREST RATE SWAP $4,274,239 LOSSES NETTED WITH GAINS $38,722 PART XIII LINE 4B RECLASSIFY INSTITUTIONAL GRANTS $20,440,144

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

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

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SCHEDULE F (Form 990)

Department of the Treasury
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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(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 the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	0	PROGRAM SERVICES	SHORT TERM STUDY ABROAD PROGRAM	164,948
SOUTH AMERICA	0	0	PROGRAM SERVICES	SHORT TERM STUDY ABROAD PROGRAM	72,116
NORTH AMERICA	0	0	PROGRAM SERVICES	SHORT TERM STUDAY ABROAD PROGRAM	13,685
Totals . . . . ▶					250,749

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

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

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
RUFFALO CODY	OUTSOURCE OF PHONATHON		No	104,966	37,664	67,302
BRAREN MULDER GERMAN ASSOCIATES	FUNDRAISING CONSULTANTS		No	0	12,575	-12,575
Total ▶						

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

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

		(a) Event #1 WINE FESTIVAL (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	177,813	31,896	26,310	236,019
	2 Less Charitable contributions	134,244	396	11,900	146,540
	3 Gross revenue (line 1 minus line 2)	43,569	31,500	14,410	89,479
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	29,602	14,700	13,129	57,431
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				57,431
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				32,048

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

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

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
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		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT SCHOLARSHIP	2422	16,747,586			
ATHLETIC SCHOLARSHIP	611	2,272,145			
TUITION - FACULTY AND STAFF	174	1,810,100			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE FINANCIAL AID OFFICE MONITORS COMPLIANCE WITH GRANT/SCHOLARSHIP CRITERIA ON AN INDIVIDUAL STUDENT BASIS

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR EDWARD LITTIG	(i) (ii)	124,323		31,615	24,992	14,966	195,896	
DRLORI RODRIGUES-FISHER	(i) (ii)	152,763		29,046	12,418	15,491	209,718	
DR JAMES LOFTUS	(i) (ii)	117,619		25,857	9,126	14,931	167,533	
DR EDWARD ROGALSKI	(i) (ii)	15,500		1,851,038	15,750	1,200	1,883,488	1,594,538
EDWARD HENKHAUS	(i) (ii)	56,320		213,803	4,838	7,986	282,947	168,708
	(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

Identifier	Return Reference	Explanation
Supplemental Information	Part III	SISTER JOAN LESCINSKI (PRESIDENT/BOARD MEMBER) HAD A HOUSING ALLOWANCE OF $8,845 THIS WAS CONSIDERED NONTAXABLE COMPENSATION DR EDWARD LITTIG (VP FOR ADVANCEMENT), DR LORI RODRIGUES-FISHER (VP FOR ACADEMIC AFFAIRS), AND DR JAMES LOFTUS (VP FOR ENROLLMENT MANAGEMENT) RECEIVED SOCIAL CLUB DUES OF $7,795, $2,125, AND $7,795 RESPECTIVELY THIS WAS CONSIDERED TAXABLE COMPENSATION ON THEIR W-2S DR EDWARD LITTIG (VP FOR ADVANCEMENT), DR LORI RODRIGUES-FISHER (VP FOR ACADEMIC AFFAIRS), AND DR JAMES LOFTUS (VP FOR ENROLLMENT MANAGEMENT) RECEIVED PERSONAL USAGE FROM UNIVERSITY ISSUED AUTOMOBILES OF $1,250, $1,693, AND $8,936 RESPECTIVELY THIS WAS CONSIDERED TAXABLE COMPENSATION ON THEIR W-2S THE $1,594,538 AND $168,708 OF OTHER COMPENSATION PAID TO DR EDWARD ROGALSKI AND EDWARD HENKHAUS (COLUMN B(iii) IN SCHEDULE J, PART II), RESPECTIVELY, RELATE TO THE PAYMENT OF DEFERRED COMPENSATION AGREEMENTS BETWEEN THESE INDIVIDUALS AND THE UNIVERSITY DR ROGALSKI WAS THE PRESIDENT OF THE UNIVERSITY FOR 20 YEARS AND EDWARD HENKHAUS WAS THE VICE PRESIDENT FOR FINANCE FOR OVER 25 YEARS THESE PAYMENTS RELATE TO COMPENSATION EARNED BY THESE INDIVIDUALS OVER THESE PERIODS OF TIME EDWARD HENKHAUS RECEIVED SOCIAL CLUB DUES OF $3,898 AND PERSONAL USAGE FROM UNIVERSITY ISSUED AUTOMOBILES OF $3,142 THIS WAS CONSIDERED TAXABLE COMPENSATION ON HIS W-2

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460QU3	04-02-2003	37,795,000	CONSTRUCTION PROJECTS		X		X
B	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460D52	04-01-2008	20,000,000	REFINANCE DEBT & CONSTRUCTION PROJECTS		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

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

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	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?										
3c	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?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		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?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	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?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
IRENE LOFTUS	SPOUSE OF JAMES LOFTUS, VP	30,200	CONSULTING SERVICES		No
					No
BARBARA JOHNSON	BOARD MEMBER	142,475	BARBARA JOHNSON IS AN OWNER OF MCCARTHY-BUSH CORPORATION WHICH PROVIDES CONSTRUCTION SERVICES FOR THE UNIVERSITY		No
EDWARD ROGALSKI	FORMER PRESIDENT	299,267	EDWARD ROGALSKI IS A BOARD MEMBER AT US BANK WHICH PROVIDES BANKING SERVICES TO THE UNIVERSITY		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	1	1,000	SELLING PRICE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		2,393	SELLING PRICE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	59	662,760	AVG FMV ON DATE OF DONATION
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe EQUIPMENT & FURNITURE)	X	7	47,280	COST/SELLING PRICE
26	Other (describe FUNDRAISING EVENT FOOD/DEC/ETC)	X	14	39,150	COST
27	Other (describe GOLF, FOOD, ENTER FOR GOLF TEAM)	X	4	2,215	COST
28	Other (describe MISCELLANEOUS)	X	4	3,923	COST

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b	If "Yes", describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		Yes	
b	If "Yes", describe in Part II				
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II				

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	ITEMS REPORTED IN COLUMN B ARE NUMBER OF CONTRIBUTIONS
Third Party Use	Part I, Line 32b	THIRD PARTY BROKERS ARE USED TO LIQUIDATE THE CONTRIBUTIONS OF STOCK OR OTHER INVESTMENTS

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SCHEDULE O
(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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Program Services St Ambrose University serves the student community by providing financial aid assistance, registration, admissions, counseling, residence life, career development, campus recreation, and other programs Institutional Support of the University is also provided by the President's Office, Human Resources, General Accounting, Student Accounts, Advancement, Alumni Relations, Communications & Marketing and other related offices Other program services includes interest and depreciation expense Expenses $ 10382430 including grants of $ 160151 Revenue $ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		JOHN ANDERSON (BOARD MEMBER) IS THE QUAD CITY BANK & TRUST PRESIDENT AND CEO MICHAEL BAUER (BOARD MEMBER) IS ON THE QUAD CITY BANK & TRUST BOARD OF DIRECTORS LINDA NEUMAN (BOARD MEMBER) IS A QUAD CITY BANK & TRUST BOARD MEMBER ST AMBROSE UNIVERSITY USES QUAD CITY BANK & TRUST FOR VARIOUS BANKING SERVICES THE FEES FOR SUCH SERVICES ARE ARMS LENGTH AND AT FAIR MARKET VALUE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		BY LAW CHANGES BOARD OF DIRECTORS WAS RENAMED TO "BOARD OF TRUSTEES" -THE POWERS OF THE BOARD OF TRUSTEES WERE REFINED AS FOLLOWS -THE BOARD OF TRUSTEES SHALL HAVE AND EXERCISE THE CORPORATE POWERS PRESCRIBED BY LAW FOR BOARDS OF DIRECTORS OF NONPROFIT CORPORATIONS ITS PRIMARY FUNCTIONS SHALL BE POLICY MAKING AND SOUND RESOURCE MANAGEMENT OF THE CORPORATION FURTHER, THE BOARD OF TRUSTEES SHALL APPROVE THE GENERAL EDUCATIONAL AND FINANCIAL POLICIES, AND SHALL HAVE THE POWER TO CARRY OUT ANY OTHER FUNCTIONS WHICH ARE PERMITTED BY THESE BYLAWS OR BY THE RESTATED ARTICLES OF INCORPORATION, EXCEPT AS LIMITED BY LAW THESE POWERS SHALL INCLUDE BUT SHALL NOT BE LIMITED TO THE FOLLOWING -DETERMINE AND PERIODICALLY REVIEW THE PURPOSE AND THE MISSION OF THE UNIVERSITY -APPOINT MEMBERS TO THE BOARD OF TRUSTEES AND FILL VACANCIES AMONG ITS MEMBERS AND OFFICERS FOR UNEXPIRED TERMS -ELECT THE PRESIDENT, WHO SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE UNIVERSITY, AFTER DUE CONSULTATION WITH THE REPRESENTATIVES OF THE UNIVERSITY COMMUNITY AND REMOVE HIM OR HER FOR JUST CAUSE -AUTHORIZE THE ESTABLISHMENT OR DISCONTINUANCE OF COLLEGES OR DEGREE PROGRAMS OF THE UNIVERSITY UPON RECOMMENDATION OF THE APPROPRIATE FACULTY BODIES AND THE PRESIDENT OF THE UNIVERSITY -ESTABLISH POLICIES REGARDING APPOINTMENT, COMPENSATION, PROMOTION, TENURE, AND DISMISSAL OF FACULTY MEMBERS -APPROVE AND AUTHORIZE THE AWARDING OF EARNED DEGREES TO QUALIFIED CANDIDATES UPON RECOMMENDATION OF THE APPROPRIATE FACULTY AND THE PRESIDENT -APPROVE CANDIDATES RECOMMENDED FOR HONORARY DEGREES BY THE PRESIDENT OF THE UNIVERSITY -APPROVE THE BUDGETS OF THE UNIVERSITY -APPROVE POLICIES FOR THE MANAGEMENT OF THE ENDOWMENT AND INVESTMENT FUNDS OF THE UNIVERSITY -APPROVE POLICIES AND PROVIDE LEADERSHIP FOR ALL FUNDRAISING PROGRAMS OF THE UNIVERSITY -AUTHORIZE THE SALE OF ALL LAND AND/OR BUILDINGS FOR USE OF THE UNIVERSITY -AUTHORIZE THE CONSTRUCTION OF AND MAJOR ALTERATION TO UNIVERSITY BUILDINGS AND OTHER UNIVERSITY PROPERTIES -AUTHORIZE THE INCURRING OF DEBTS BY THE UNIVERSITY AND THE SECURING THEREOF BY MORTGAGE AND PLEDGE OF REAL AND PERSONAL PROPERTY, TANGIBLE AND INTANGIBLE -APPROVE FEES AND TUITION, ROOM AND BOARD CHARGES -DESIGNATE OFFICERS OR AGENTS OF THE UNIVERSITY TO ACCEPT GIFTS OR BEQUESTS ON BEHALF OF THE UNIVERSITY -THE BOARD OF TRUSTEES IS NOW ALLOWED TO MEET VIA TELEPHONE OR SIMILAR COMMUNICATION EQUIPMENT -TWO NEW LAY VICE CHAIRS OF THE CORPORATION WERE ADDED AS BOARD OFFICERS -THE FINANCE COMMITTEE OF THE BOARD WAS RENAMED THE "FINANCE AND INVESTMENT COMMITTEE" -THE STUDENT LIFE COMMITTEE WAS RENAMED TO "ENROLLMENT MANAGEMENT AND STUDENT SERVICES COMMITTEE" -THE NOMINATING COMMITTEE WAS RENAMED TO "BOARD GOVERNANCE AND NOMINATING COMMITTEE" -AN AUDIT COMMITTEE AND A COMMITTEE ON EVALUATION AND COMPENSATION OF THE PRESIDENT WERE ADDED AS NEW BOARD COMMITTEES -THE POWERS OF THE EXECUTIVE COMMITTEE OF THE BOARD WERE REVISED TO EXCLUDE THE FOLLOWING -THE POWER TO ELECT, APPOINT, OR REMOVE TRUSTEES OR TO FILL VACANCIES ON THE BOARD OF TRUSTEES, -THE POWER TO CHANGE THE MEMBERSHIP OF, OR TO FILL VACANCIES IN, THE EXECUTIVE COMMITTEE, -THE POWER TO APPOINT THE PRESIDENT OF THE UNIVERSITY, -THE POWER MAKE, ALTER, RESTATE, AMEND, OR REPEAL THE RESTATED ARTICLES OF INCORPORATION OF -LAWS OF THE CORPORATION, -THE POWER TO AUTHORIZE ANY SINGLE EXPENDITURE IN EXCESS OF $500,000 AND CUMULATIVE EXPENDITURES IN EXCESS OF $2,000,000 DURING ANY FISCAL YEAR, -THE POWER TO ADOPT A PLAN OF MERGER OR CONSOLIDATION, -THE RIGHT TO SELL, ENCUMBER, LEASE, OR EXCHANGE OR MAKE OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION OR TO EFFECT A VOLUNTARY DISPOSITION OF THE CORPORATION OR A REVOCATION THEREOF, -ANY OTHER POWERS WHICH MAY BE EXPRESSLY OR SPECIFICALLY WITHHELD BY RESOLUTION OF THE BOARD OF TRUSTEES -THE RESPONSIBILITIES OF THE FINANCE AND INVESTMENT COMMITTEE WERE REVISED TO INCLUDE THE FOLLOWING -MONITOR FINANCIAL OPERATIONS IN ACCORDANCE WITH THE MISSION OF THE UNIVERSITY, -RECOMMEND TO THE BOARD THE OPERATING AND CAPITAL BUDGET, -MONITOR ACTUAL PERFORMANCE OF THE OPERATING AND CAPITAL BUDGET -REVIEW REQUESTS AND PLANS FOR BORROWINGS, -ENSURE THE MAINTENANCE OF ACCURATE AND COMPLETE FINANCIAL RECORDS, -COMMUNICATE WITH AND EDUCATE THE BOARD OF TRUSTEES REGULARLY ON FINANCIAL MATTERS -WITH RESPECT TO INVESTMENT, THE COMMITTEE SHALL -RECOMMEND AN INVESTMENT POLICY AND ANY CHANGES TO THE POLICY FOR THE BOARD OF TRUSTEES' APPROVAL, -RECOMMEND AN INVESTMENT ASSET ALLOCATION POLICY AND ANY CHANGES TO THE POLICY FOR THE BOARD OF TRUSTEES' APPROVAL, -RECOMMEND AN ENDOWMENT SPENDING POLICY FOR THE BOARD OF TRUSTEES' APPROVAL, -SELECT AND TERMINATE INVESTMENT ADVISORS AND MANAGERS, -MONITOR INVESTMENT PORTFOLIO PERFORMANCE, -CONSIDER SOCIAL RESPONSIBILITY ISSUES RELATED TO INVESTMENTS -COMMUNICATE WITH AND EDUCATE THE BOARD OF TRUSTEES REGULARLY ON INVESTMENT MATTERS -THE RESPONSIBILITIES OF THE GOVERNANCE AND NOMINATING COMMITTEE WERE DEFINED AS FOLLOWS -THE COMMITTEE SHALL ASSESS THE COMPOSITION OF THE BOARD AND SHALL EVALUATE AND PROPOSE CANDIDATES FOR SERVICE THE COMMITTEE SHALL REVIEW ISSUES RELATING TO THE GOVERNANCE OF THE UNIVERSITY INCLUDING REVIEWING AND MAKING RECOMMENDATION TO THE BOARD AND PROPOSED CHANGES TO THE BYLAWS AND COMMITTEE CHARTERS -THE COMMITTEE SHALL -EVALUATE THE TENURE OF THE BOARD MEMBERS AND ANNUALLY CONDUCT AN EVALUATION OF TRUSTEES, -PRESENT NAMES OF NOMINEES TO FILL ANY VACANCIES ON THE BOARD, -PROVIDE FOR ANNUAL REVIEW OF ANY CONFLICTS OF INTEREST, -RECOMMEND APPOINTMENT OF COMMITTEE CHAIRS AND VICE CHAIRS, -RECOMMEND CHANGES TO BOARD POLICIES, PROCEDURES OR BYLAWS, -REPORT ANNUALLY TO THE BOARD OF TRUSTEES -THE RESPONSIBILITIES OF THE AUDIT COMMITTEE WERE DEFINED AS FOLLOWS -THIS COMMITTEE SHALL ASSIST THE BOARD IN ITS OVERSIGHT OF ITS FINANCIAL AND FIDUCIARY RESPONSIBILITIES, SPECIFICALLY RELATED TO -THE INTEGRITY OF THE UNIVERSITY'S FINANCIAL STATEMENTS, -THE UNIVERSITY'S COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS, -THE INDEPENDENT AUDITOR'S QUALIFICATIONS, INDEPENDENCE AND PERFORMANCE, -THE UNIVERSITY'S SYSTEM OF INTERNAL CONTROLS AND RISK MANAGEMENT -IN GENERAL, THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR -OVERSEEING THE EXTERNAL AUDIT PROCESS, -REVIEWING THE EXTERNAL AUDITOR'S REPORT AND MANAGEMENT LETTER WITH THE AUDITORS AND MANAGEMENT, -NOMINATING THE INDEPENDENT AUDITOR FOR CONFIRMATION BY THE BOARD OF TRUSTEES -ASSESSING THE ADEQUACY OF INTERNAL CONTROLS AND RISK MANAGEMENT SYSTEMS, -MONITORING TRUSTEE CONFLICTS OF INTEREST, -MONITORING SIGNIFICANT LEGAL ACTIONS OF THE UNIVERSITY -THE RESPONSIBILITIES OF THE COMMITTEE ON EVALUATION AND COMPENSATION OF THE PRESIDENT WERE DEFINED AS FOLLOWS -THIS COMMITTEE SHALL PROVIDE AN ANNUAL WRITTEN EVALUATION OF THE PRESIDENT ON HIS OR HER PERFORMANCE AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE UNIVERSITY THIS EVALUATION SHALL BE PREPARED WITH INPUT FROM THE BOARD OF TRUSTEES AND SHALL ORDINARILY BE DISCUSSED WITH THE PRESIDENT PRIOR TO THE OCTOBER BOARD MEETING THE PRESIDENT SHALL ORDINARILY RESPOND TO THE EVALUATION IN THE EXECUTIVE SESSION OF THE BOARD OF TRUSTEES EACH OCTOBER -THIS COMMITTEE SHALL ALSO RECOMMEND TO THE VOTING MEMBERS OF THE BOARD THE ANNUAL COMPENSATION PACKAGE OF THE PRESIDENT, AFTER DISCUSSION WITH THE PRESIDENT WHO WILL PROVIDE TO THE COMMITTEE INFORMATION ON BENCHMARKING STANDARDS FOR PRESIDENTIAL COMPENSATION SUCH AS THAT PROVIDED ANNUALLY BY CUPA (COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES) -CONFLICTS OF INTEREST WERE DEFINED AS FOLLOWS -SUCH TRUSTEE HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST WHICH IMPAIR OR MIGHT REASONABLY APPEAR TO IMPAIR SUCH TRUSTEE'S INDEPENDENT, UNBIASED JUDGMENT IN THE DISCHARGE OF HIS/HER RESPONSIBILITIES TO THE CORPORATION, OR -SUCH TRUSTEE IS AWARE THAT A FAMILY MEMBER (WHICH FOR PURPOSES OF THIS PARAGRAPH SHALL BE A SPOUSE, PARENTS, SIBLINGS, CHILDREN OR ANY OTHER RELATIVE IF THE LATTER RESIDE IN THE SAME HOUSEHOLD AS THE TRUSTEE) OR ANY ORGANIZATION IN WHICH THE TRUSTEE (OR FAMILY MEMBER) IS AN OFFICER, DIRECTOR, EMPLOYEE, MEMBER, PARTNER, TRUSTEE OR CONTROLLING STOCKHOLDER HAS SUCH EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST -HOW POSSIBLE CONFLICTS OF INTEREST WERE ADDRESSED WERE CHANGED AS FOLLOWS -ALL TRUSTEES SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICAL TIME

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		BY LAW CHANGES (CONTINUED) -NO ACT OF THE CORPORATION SHALL BE INVALIDATED OR RENDERED VOIDABLE SOLELY BY REASON OF THE FACT THAT ANY MEMBER OF THE BOARD OF TRUSTEES HAS A CONFLICT OF INTEREST IN SUCH PERSON, CORPORATION OR ENTITY ANY TRUSTEE WHO HAS A CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT ANY BOARD OR COMMITTEE MEETING NO SUCH TRUSTEE SHALL VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING IN WHICH SUCH TRUSTEE HAS A CONFLICT OF INTEREST THE MINUTES OF SUCH MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING ANY TRUSTEE WHO IS UNCERTAIN WHETHER HE OR SHE HAS A CONFLICT OF INTEREST IN ANY MATTER MAY REQUEST THE BOARD OR COMMITTEE TO DETERMINE WHETHER A CONFLICT EXISTS AND THE BOARD OR COMMITTEE SHALL RESOLVE THE QUESTION BY MAJORITY VOTE THE BOARD MAY, FROM TIME TO TIME, ADOPT SUCH ADDITIONAL OR SUPPLEMENTAL POLICIES AND PROCEDURES RELATING TO CONFLICTS OF INTEREST AS MAY BE DEEMED NECESSARY AND APPROPRIATE -IN ACCORDANCE WITH THE ABOVE POLICY, A CONFLICT OF INTEREST FORM SHALL BE PROVIDED ON AN ANNUAL BASIS TO, AND SIGNATURES SHALL BE OBTAINED FROM, MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS OF THE UNIVERSITY, AND OTHER APPROPRIATE PERSONNEL -THE UNIVERSITY TAX EXEMPT STATUS WAS ADDRESSED AS FOLLOWS -THE CORPORATION SHALL NOT ENGAGE IN ACTIVITIES NOT PERMITTED BY A CORPORATION THAT IS EXEMPTED FROM FEDERAL INCOME TAX AND THAT RECEIVES CONTRIBUTIONS DEDUCTIBLE UNDER THE INTERNAL REVENUE CODE NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF OR BE DISTRIBUTED TO ITS TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION IS AUTHORIZED TO PAY REASONABLE COMPENSATION AND RETIREMENT FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF CORPORATE PURPOSES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A DRAFT OF IRS FORM 990 IS PROVIDED TO THE UNIVERSITY'S AUDIT COMMITTEE PRIOR TO THE JANUARY COMMITTEE MEETING THE COMMITTEE REVIEWS THE 990 AND APPROVES THE RETURN SUBJECT TO ANY REQUESTED CHANGES THE 990 IS THEN PROVIDED TO ALL BOARD OF TRUSTEE MEMBERS PRIOR TO THE APRIL BOARD OF TRUSTEES MEETING THE BOARD REVIEWS AND APPROVES THE RETURN DURING THIS MEETING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL PURCHASE ORDERS MUST BE APPROVED BY THE UNIVERSITY'S GENERAL ACCOUNTING OFFICE ALL MATERIAL PURCHASE ORDERS MUST BE APPROVED BY THE UNIVERSITY'S VICE PRESIDENT FOR FINANCE ALL MATERIAL PURCHASES THAT WOULD BE REQUIRE APPROVAL UNDER THE CONFLICT OF INTEREST QUESTIONNAIRE WOULD BE IDENTIFIED DURING THESE REVIEWS ON AN ANNUAL BASIS THE UNIVERSITY'S GENERAL ACCOUNTING OFFICE COMPARES THE RESPONSES IN THE CONFLICT OF INTEREST QUESTIONNAIRES TO THE UNIVERSITY'S ACCOUNTING RECORDS TO ENSURE THEY ARE COMPLETE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT IS THE RESPONSIBILITY OF THE BOARD OF TRUSTEES OF THE UNIVERSITY THE BOARD OF TRUSTEES HAS A COMPENSATION COMMITTEE CURRENTLY COMPRISED OF JOHN ANDERSON, COMMITTEE CHAIR, BISHOP MARTIN AMOS, CHAIR OF THE BOARD OF TRUSTEES, AND RITA BAWDEN, BOARD MEMBER IN ADDITION TO RECOMMENDING THE SALARY AND BENEFIT PACKAGE FOR THE PRESIDENT, THIS COMMITTEE ALSO OVERSEAS THE ANNUAL EVALUATION OF THE PRESIDENT EVERY FIVE YEARS THE COMMITTEE OBTAINS A STUDY FROM A CONSULTING FIRM SPECIALIZING IN HUMAN RESOURCE MATTERS TO COMPARE THE SALARY AND BENEFITS OF THE UNIVERSITY'S PRESIDENT TO INDUSTRY MEDIANS FOR INSTITUTIONS OF HIGHER EDUCATION SIMILAR IN SIZE AND SCOPE THIS STUDY LOOKS AT NATIONAL TRENDS IN ADDITION TO COMPENSATION LEVELS IN THE MIDWEST REGION IN THE YEARS BETWEEN THESE STUDIES, THE COMMITTEE ALSO OBTAINS INDUSTRY DATA FROM SOURCES SUCH AS THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) GENERALLY IN LATE JUNE TO EARLY JULY, THE COMMITTEE ASKS THE PRESIDENT TO COMPLETE A SELF-EVALUATION OF HIS OR HER PERFORMANCE FOR THE PAST YEAR THIS SELF-EVALUATION IS REVIEWED AND A SUMMARY OF THE PRESIDENT'S PERFORMANCE AND FUTURE GOALS IS COMPLETED BY THE COMMITTEE THE COMMITTEE MEETS WITH THE PRESIDENT PRIOR TO THE OCTOBER BOARD MEETING TO DISCUSS HIS OR HER PERFORMANCE THE COMMITTEE ALSO REVIEWS THE COMPENSATION OF THE PRESIDENT AND COMPARES IT TO THE INDUSTRY DATA NOTED ABOVE THE COMMITTEE THEN DELIBERATES AND RECOMMENDS A SALARY AND BENEFIT PACKAGE THAT WILL BE PRESENTED TO THE BOARD OF TRUSTEES FOR THEIR APPROVAL THE DISCUSSION AND DECISION OF THE COMMITTEE IS DOCUMENTED IN THEIR MINUTES THE SALARY AND BENEFIT PACKAGE IS PRESENTED TO THE BOARD OF TRUSTEES FOR APPROVAL DURING THE OCTOBER BOARD MEETING THE DELIBERATION AND DECISION OF THE BOARD OF TRUSTEES IS DOCUMENTED IN THEIR MINUTES THE FOLLOWING IS THE PROCESS FOR SETTING THE SALARY AND BENEFITS OF THE VICE PRESIDENTS AND KEY EMPLOYEES THE COMPENSATION AND BENEFITS OF THE UNIVERSITY'S VICE PRESIDENTS AND KEY EMPLOYEES IS THE RESPONSIBILITY OF THE PRESIDENT ON AN ANNUAL BASIS THE PRESIDENT HAS EACH VICE PRESIDENT PREPARE A SELF EVALUATION THE PRESIDENT REVIEWS THE SELF EVALUATION AND DOCUMENTS HIS OR HER EVALUATION OF THE VICE PRESIDENT'S PERFORMANCE THE EVALUATION OF KEY EMPLOYEES IS THE RESPONSIBILITY OF THEIR DIRECT SUPERVISOR THE PRESIDENT OBTAINS INDUSTRY DATA FROM CUPA-HR AND REVIEWS THE COMPENSATION AND BENEFIT LEVELS OF EACH VICE PRESIDENT AND KEY EMPLOYEE BEFORE SETTING THEIR SALARY AND BENEFITS THE PRESIDENT THEN COMMUNICATES THIS INFORMATION TO THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE UNIVERSITY DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC

Identifier	Return Reference	Explanation
FORM 990, PAGE 10, PART XI, LINE 2C	UNIVERSITY COMMITTEE RESPONSIBLE FOR OVERSIGHT OF AUDIT	THE BOARD OF TRUSTEES FOR ST AMBROSE UNIVERSITY HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE UNIVERSITY'S ANNUAL AUDIT OF ITS FINANCIAL STATEMENTS THE AUDIT COMMITTEE IS ALSO RESPONSIBLE FOR CHOOSING THE INDEPENDENT AUDITOR EACH YEAR

Identifier	Return Reference	Explanation
FORM 990, PAGE 1, LINE 1	MISSION	THE UNIVERSITY PROVIDES A COMBINATION OF QUALITY INSTRUCTION IN THE LIBERAL ARTS ALONG WITH PRE-PROFESSIONAL, PROFESSIONAL, CAREER PREPARATION AND A VARIETY OF LIFE-LONG LEARNING PROGRAMS THE UNIVERSITY OFFERS FOCUSED DEVELOPMENTAL AND ENRICHMENT PROGRAMS TO MEET THE INDIVIDUAL NEEDS OF ITS DIVERSE STUDENTS

Identifier	Return Reference	Explanation
FORM 990, PART III, PAGE 2, LINE 1	ORGANIZATION'S MISSION	ST AMBROSE UNIVERSITY IS AN INDEPENDENT, DIOCESAN, CATHOLIC INSTITUTION OF HIGHER LEARNING THE UNIVERSITY ENABLES ITS STUDENTS TO DEVELOP INTELLECTUALLY, SPIRITUALLY, ETHICALLY, SOCIALLY, ARTISTICALLY AND PHYISICALLY TO ENRICH THEIR OWN LIVES AND THE LIVES OF OTHERS

Identifier	Return Reference	Explanation
FORM 990, PAGE 1, LINE 6	VOLUNTEER ACTIVITIES	APPROXIMATELY 150 ALUMNI/VOLUNTEERS ARE ASKED TO WRITE LETTERS ON ST AMBROSE UNIVERSITY'S BEHALF FOR THE WINE FESTIVAL AND GOLF OUTING FUNDRAISERS, AN ESTIMATE OF 15 VOLUNTEERS ASSISTED AT THE ACTUAL EVENT THERE WAS ALSO A WINE FESTIVAL COMMITTEE THAT INCLUDED OUTSIDE VOLUNTEERS SOME ACADEMIC DEPARTMENTS (I E COB) HAVE ADVISORY BOARDS WITH OUTSIDE MEMBERS VOLUNTEERING THEIR TIME

Identifier	Return Reference	Explanation
FORM 990, PAGE 7, PART VII, SECTION A	OFFICER COMPENSATION FOR SISTER JOAN LESCINSKI	AS A MEMBER OF A RELIGIOUS ORDER, SISTER JOAN LESCINSKI'S COMPENSATION IS PAID TO HER ORDER ST AMBROSE UNIVERSITY PROVIDES A HOUSE, A CAR AND HEALTH INSURANCE BENEFITS TO SISTER JOAN LESCINSKI UTILITIES, MAINTENANCE AND OTHER OPERATING COSTS OF THE HOUSE AND CAR ARE ALSO PAID FOR BY THE UNIVERSITY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST AMBROSE UNIVERSITY

Employer identification number
42-0703280

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(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? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(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	(G) Share of end-of-year assets	(H) Percentage ownership
PROFESSIONAL ARTS BUILDING 1820 BRADY STREET DAVENPORT, IA52803 42-0869607	RENTAL SPACE/REAL ESTATE	IA	N/A	C	-106,580	1,231,193	100 000 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange 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	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	PROFESSIONAL ARTS BUILDING	D	400,360
(2)	PROFESSIONAL ARTS BUILDING	P	77,083
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

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

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
ST AMBROSE UNIVERSITY	Form 990 Page 10	42-0703280

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8		**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562		**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	3,100,970

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	3,100,970
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Additional Data

Software ID:
Software Version:
EIN: 42-0703280
Name: ST AMBROSE UNIVERSITY

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SR JOAN LESCINSKI CSJ , PRESIDENT/BOARD MEMBER	40 00	X		X				0	0	0
JOHN ANDERSON , BOARD MEMBER	1 00	X						0	0	0
MICHAEL A BAUER , BOARD MEMBER	1 00	X						0	0	0
RITA BAWDEN , BOARD MEMBER	1 00	X						0	0	0
LEONARD P CERVANTES , BOARD MEMBER	1 00	X						0	0	0
JAMES COLLINS , BOARD MEMBER	1 00	X						0	0	0
BERNARD L HARDIEK , BOARD MEMBER	1 00	X						0	0	0
REV MSGR F HENRICKSEN , BOARD MEMBER	1 00	X						0	0	0
MICHAEL HUMES , BOARD MEMBER	1 00	X						0	0	0
REV MSGR JOHN M HYLAND , BOARD MEMBER	1 00	X						0	0	0
BARBARA B JOHNSON , BOARD MEMBER	1 00	X						0	0	0
JILL MCLAUGHLIN , BOARD MEMBER	1 00	X						0	0	0
REV MSGR M MORRISSEY , BOARD MEMBER	1 00	X						0	0	0
LINDA K NEUMAN , BOARD MEMBER	1 00	X						0	0	0
PAUL F TRENSHAW JR , BOARD MEMBER	1 00	X						0	0	0
MICHAEL C GIUDICI , BOARD MEMBER	1 00	X						0	0	0
BISHOP M AMOS DD MS , BOARD MEMBER	1 00	X						0	0	0
paul m sachs , BOARD MEMBER	1 00	X						0	0	0
BISHOP DAVID R CHOBY , BOARD MEMBER	1 00	X						0	0	0
JOHN HECKINGER JR , BOARD MEMBER	1 00	X						0	0	0
SUSAN BALTHASAR , BOARD MEMBER	1 00	X						0	0	0
TOM BERTHEL , BOARD MEMBER	1 00	X						0	0	0
DR DAN BRODERICK , BOARD MEMBER	1 00	X						0	0	0
ED CARROLL , BOARD MEMBER	1 00	X						0	0	0
TOM HIGGINS , BOARD MEMBER	1 00	X						0	0	0
LISA WARE , BOARD MEMBER	1 00	X						0	0	0
DR EDWARD LITTIG , VP ADVANCEMENT	40 00			X				155,938	0	39,958
DRLORI RODRIGUES-FISHER , VP ACADEMIC AFFAIRS	40 00			X				181,809	0	27,909
DR JAMES LOFTUS , VP ENROLLMENT MANAGEMENT	40 00			X				143,476	0	24,057
MICHAEL POSTER , VP FINANCE	40 00			X				122,096	0	17,403

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR JOHN BYRNE , DEAN	40 00					X		121,609	0	23,419
DR JOHN COLLIS , PROFESSOR	40 00					X		102,343	0	20,209
dr sandra cassady , PROFESSOR	40 00					X		105,546	0	23,360
DR RANDY RICHARDS , PROFESSOR	40 00					X		101,498	0	5,381
DR EDWARD ROGALSKI , PRESIDENT EMERITUS	40 00						X	1,866,538	0	16,950
EDWARD HENKHAUS , FORMER VP FINANCE	40 00						X	270,123	0	12,824

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 42-0703280
Name: ST AMBROSE 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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)