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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)**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

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

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

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

**C** Name of organization  
 FONTBONNE UNIVERSITY  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 6800 WYDOWN BOULEVARD  
 City or town, state or country, and ZIP + 4  
 ST LOUIS, MO 63105

**D** Employer identification number  
 43-0694556  
**E** Telephone number  
 (314) 862-3456  
**G** Gross receipts \$ 56,664,713

**F** Name and address of Principal Officer  
 DR DENNIS GOLDEN  
 6800 WYDOWN BLVD  
 ST LOUIS, MO 63105

**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: www fontbonne edu

**K** Type of organization  Corporation  trust  association  other

**L** Year of Formation 1923 **M** State of legal domicile MO

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities FONTBONNE UNIVERSITY IS A COEDUCATIONAL INSTITUTION OF HIGHER LEARNING THAT SEEKS TO EDUCATE STUDENTS TO THINK CRITICALLY, TO ACT ETHICALLY AND TO ASSUME RESPONSIBILITY AS CITIZENS AND LEADERS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	29
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	29
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	832
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,313,674	2,282,082
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,323,724	44,258,918
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,142,048	-1,205,244
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,363	394,113
		45,982,809	45,729,869
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,382,237	7,076,521
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,762,857	23,259,701
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <u>1,305,592</u> )		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	15,459,347	14,517,491
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	41,604,441	44,853,713
<b>19</b> Revenue less expenses Subtract line 18 from line 12	4,378,368	876,156	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	59,362,549	57,934,723
	<b>21</b> Total liabilities (Part X, line 26)	14,696,546	13,756,635
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	44,666,003	44,178,088

**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.

Signature of officer: \*\*\*\*\* Date: 2010-05-13  
 DR GARY ZACK VP FINANCE AND ADMINISTRATION  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: RUBINBROWN LLP, ONE NORTH BRENTWOOD, SAINT LOUIS, MO 63105  
 Preparer's PTIN (See Gen Inst): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (314) 290-3300

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

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

**1** Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 35,459,188 including grants of \$ 7,076,521 ) (Revenue \$ 44,258,918 )  
 FONTBONNE IS AN ACCREDITED FOUR YEAR UNIVERSITY, WHICH ALSO PROVIDES AUXILIARY SERVICES SUCH AS DORMITORIES, DINING HALL AND A BOOK STORE FOR THE CONVENIENCE OF ITS STUDENTS AND FACULTY TOTAL BENEFITTED (AVERAGE FTE) = 2,265

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 35,459,188 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
<b>3</b> 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		No
<b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>5</b> 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		
<b>6</b> 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 		No
<b>7</b> 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 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
<b>9</b> 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 		No
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
<b>11</b> 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 	Yes	
<b>12</b> 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 	Yes	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?		No
<b>b</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		No
<b>15</b> 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		No
<b>16</b> 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		No
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 		No
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 		No
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
<b>24a</b> 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		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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		No
<b>b</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		No
<b>26</b> 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		No
<b>27</b> 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		No

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>		No
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>36</b> 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 142		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 832		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>3a</b>			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>4a</b>			
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>5a</b>			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>5b</b>			
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>6b</b>			
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .		
<b>7a</b>		Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	Yes	
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	Yes	
<b>7h</b>			
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>8</b>			
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>9b</b>			
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
	<b>10b</b>		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
	<b>11b</b>		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**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**

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.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	the governing body? . . . . .	Yes	
<b>8b</b>	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>9b</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? . . . . .	Yes	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies**

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

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed _____
<b>18</b>	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. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
<b>19</b>	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
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization DR GARY ZACK 6800 WYDOWN BLVD ST LOUIS, MO 631053098 (314) 719-8017





**Part VIII Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . 40,063 <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . . 310,083 <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . 1,931,936 <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____ <b>1f</b>					
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . . 2,282,082					
<b>Program Service Revenue</b>	<b>2a</b>	TUITION AND FEES	41,684,534	41,684,534			
	<b>b</b>	AUXILIARY SERVICES	2,574,384	2,574,384			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total. Add lines 2a-2f</b> . . . . . \$ 44,258,918					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . . 646,219				646,219	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . 0					
	<b>5</b>	Royalties . . . . . 0					
	<b>6a</b>	(i) Real					
		(ii) Personal					
		<b>b</b>	Gross Rents				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	(i) Securities					
		(ii) Other					
		<b>b</b>	Gross amount from sales of assets other than inventory 9,051,779				
<b>c</b>		Less cost or other basis and sales expenses 10,903,242					
<b>d</b>	Gain or (loss) -1,851,463						
<b>d</b>	Net gain or (loss) . . . . . -1,851,463				-1,851,463		
<b>8a</b>	Gross income from fundraising events (not including \$ 74,658 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b> 40,063						
	<b>b</b>	Less direct expenses . . . . . <b>b</b> 31,602					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . 43,056				43,056	
<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . . . 0					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . . 0					
	Miscellaneous Revenue	Business Code					
<b>11a</b>	MISCELLANEOUS		351,057			351,057	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue _____						
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . . \$ 351,057						
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . 45,729,869		45,729,869	44,258,918		-811,131	

**Part IX Statement of Functional Expenses**

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	7,076,521	7,076,521		
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,033,595	465,118	465,118	103,359
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	17,655,161	13,027,911		648,066
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	706,226	565,461	107,742	33,023
<b>9</b>	Other employee benefits . . . . .	2,436,815	1,955,376	419,928	61,511
<b>10</b>	Payroll taxes . . . . .	1,427,904	1,019,915	350,501	57,488
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	184,041		184,041	
<b>c</b>	Accounting . . . . .	0			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	44,733		44,733	
<b>12</b>	Advertising and promotion . . . . .	1,521,340	870,721	631,244	19,375
<b>13</b>	Office expenses . . . . .	6,012,199	5,089,600	544,302	378,297
<b>14</b>	Information technology . . . . .	899,900	453,066	446,834	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	218,676	192,318	26,358	
<b>17</b>	Travel . . . . .	666,044	643,409	19,392	3,243
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions and meetings . . . . .	168,599	155,560	12,134	905
<b>20</b>	Interest . . . . .	359,017	359,017		
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,601,624	1,486,260	115,364	
<b>23</b>	Insurance . . . . .	399,120	56,972	342,148	
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	EQUIPMENT RENTAL & MAINTENANCE	735,935	429,490	306,445	
<b>b</b>	BAD DEBTS	607,662	607,662		
<b>c</b>	ATHLETIC PROGRAMS	330,994	330,994		
<b>d</b>	MEMBERSHIPS	130,903	95,530	35,048	325
<b>e</b>	POSTAGE	163,747	132,808	30,939	
<b>f</b>	All other expenses	472,957	445,479	27,478	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	44,853,713	35,459,188	8,088,933	1,305,592
<b>26</b>	<b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b> Savings and temporary cash investments . . . . .		10,137,285	<b>2</b>	10,395,936	
	<b>3</b> Pledges and grants receivable, net . . . . .		3,018,501	<b>3</b>	3,088,181	
	<b>4</b> Accounts receivable, net . . . . .		2,195,854	<b>4</b>	2,070,646	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .			<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .			<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .			<b>9</b>		
	<b>10a</b> Land, buildings, and equipment cost basis	<b>10a</b>	47,287,675			
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b>	23,649,620	22,051,493	<b>10c</b>	23,638,055
	<b>11</b> Investments—publicly traded securities . . . . .		18,182,350	<b>11</b>	15,283,799	
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .			<b>12</b>		
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .			<b>13</b>		
	<b>14</b> Intangible assets . . . . .			<b>14</b>		
	<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .		3,777,066	<b>15</b>	3,458,106	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		59,362,549	<b>16</b>	57,934,723		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		1,911,411	<b>17</b>	1,531,689	
	<b>18</b> Grants payable . . . . .			<b>18</b>		
	<b>19</b> Deferred revenue . . . . .			<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		7,132,832	<b>20</b>	6,838,310	
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .			<b>21</b>		
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b> Unsecured notes and loans payable . . . . .			<b>24</b>		
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .		5,652,303	<b>25</b>	5,386,636	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		14,696,546	<b>26</b>	13,756,635	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets . . . . .		30,851,685	<b>27</b>	31,109,133	
	<b>28</b> Temporarily restricted net assets . . . . .		7,918,881	<b>28</b>	7,090,791	
	<b>29</b> Permanently restricted net assets . . . . .		5,895,437	<b>29</b>	5,978,164	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .		44,666,003	<b>33</b>	44,178,088		
<b>34</b> Total liabilities and net assets/fund balances . . . . .		59,362,549	<b>34</b>	57,934,723		

**Part XI Financial Statements and Reporting**

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization  
FONTBONNE UNIVERSITY

Employer identification number

43-0694556

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

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

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(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	
<b>Total</b>									

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

**Public Support**

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

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Computation of Public Support Percentage**

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

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

**Computation of Public Support Percentage**

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

**Computation of Investment Income Percentage**

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

- 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)

<b>Facts and Circumstances Test</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-0694556  
**Name:** FONTBONNE 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			
SUSAN BUFORD , TRUSTEE	1 0	X					0	0	0	
BONNIE J ECKELKAMP , TRUSTEE	1 0	X					0	0	0	
JOHN P CAPELLUPO , TRUSTEE	1 0	X					0	0	0	
JEAN DEBLOIS CSJ , TRUSTEE	1 0	X					0	0	0	
VERNON J EARDLEY , TRUSTEE	1 0	X					0	0	0	
PEGGY A FORREST , TRUSTEE	1 0	X					0	0	0	
LEO HAAS , TRUSTEE	1 0	X					0	0	0	
KATHERINE HANLEY CSJ , TRUSTEE	1 0	X					0	0	0	
JOSEPH B MCGLYNN , VICE CHAIR	1 0	X		X			0	0	0	
ROBERT S KENNEY , TRUSTEE	1 0	X					0	0	0	
DANIEL J FERRY JR , CHAIR	1 0	X		X			0	0	0	
RUTH M STROBLE , TRUSTEE	1 0	X					0	0	0	
ELIZABETH A LEIWE CSJ , TRUSTEE	1 0	X					0	0	0	
KRAIG G KREIKEMEIER , VICE CHAIR	1 0	X		X			0	0	0	
TRACEY C MARSHALL , TRUSTEE	1 0	X					0	0	0	
DARRYL T JONES , TRUSTEE	1 0	X					0	0	0	
PAULA SMITH , TRUSTEE	1 0	X					0	0	0	
KAREN M KENNELLY CSJ , TRUSTEE	1 0	X					0	0	0	
ROSE MCLARNEY CSJ , TRUSTEE	1 0	X					0	0	0	
LINDA M STRAUB CSJ , TRUSTEE	1 0	X					0	0	0	
GABRIELLE C NOONAN , TRUSTEE	1 0	X					0	0	0	
STEPHANIE F POPE , TRUSTEE	1 0	X					0	0	0	
JOSEPH LIPIC SR , TRUSTEE	1 0	X					0	0	0	
MARY PATRICIA QUINN CSJ , TRUSTEE	1 0	X					0	0	0	
ELIZABETH PELOW CSJ , TRUSTEE	1 0	X					0	0	0	
DANIEL V TWARDOWSKI , TRUSTEE	1 0	X					0	0	0	
SUSAN WESLEY CSJ , TRUSTEE	1 0	X					0	0	0	
JENNIFER Q WILLIAMS , TRUSTEE	1 0	X					0	0	0	
GARY KROSCH , TRUSTEE	1 0	X					0	0	0	
DR DENNIS GOLDEN , PRESIDENT	40 0			X			230,907	0	36,748	

**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-2/1099-MISC)	(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			
GREG TAYLOR , EXECUTIVE VICE PRESIDENT	40 0			X				151,370	0	27,684
DR GARY ZACK , VP FIN & ADMIN & TREASURER	40 0			X				145,729	0	28,157
DR NANCY BLATTNER , VP DEAN ACAD AFFAIRS & SEC	40 0			X				132,020	0	24,512
MARILYN SHEPERD , VP INSTITUTIONAL ADVANCEMENT	40 0					X		161,655	0	15,588
PEGGY MUSEN , VP ENROLLMENT MANAGEMENT	40 0					X		108,998	0	10,723
RANDI WILSON , VP STUDENT AFFAIRS	40 0					X		107,123	0	12,767
GALE BORKOWSKI RICE , FACULTY	40 0					X		113,259	0	11,154
JASON SOMMER , FACULTY	40 0					X		107,834	0	11,807

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

FONTBONNE UNIVERSITY IS A COEDUCATIONAL INSTITUTION OF HIGHER LEARNING DEDICATED TO THE DISCOVERY, UNDERSTANDING, PRESERVATION AND DISSEMINATION OF TRUTH. FONTBONNE SEEKS TO EDUCATE STUDENTS TO THINK CRITICALLY, TO ACT ETHICALLY AND TO ASSUME RESPONSIBILITY AS CITIZENS AND LEADERS. FONTBONNE OFFERS BOTH UNDERGRADUATE AND GRADUATE PROGRAMS IN AN ATMOSPHERE CHARACTERIZED BY INCLUSION, OPEN COMMUNICATION AND PERSONAL CONCERN. THE UNDERGRADUATE PROGRAMS PROVIDE A SYNTHESIS OF LIBERAL AND PROFESSIONAL EDUCATION. AS A CATHOLIC UNIVERSITY SPONSORED BY THE SISTERS OF ST. JOSEPH OF CARONDELET, FONTBONNE IS ROOTED IN THE JUDEO-CHRISTIAN TRADITION.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization FONTBONNE UNIVERSITY

Employer identification number 43-0694556

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Rows include purpose of easements, total number, acreage, and monitoring details.

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.

Table with 3 columns: Line number, Description, and Amount. Rows include questions about reporting art and historical treasures.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance . . . . .	17,578,396				
<b>b</b> Contributions . . . . .	82,727				
<b>c</b> Investment earnings or losses . . . . .	-2,851,618				
<b>d</b> Grants or scholarships . . . . .	596,356				
<b>e</b> Other expenditures for facilities and programs . . . . .	0				
<b>f</b> Administrative expenses . . . . .	0				
<b>g</b> End of year balance . . . . .	14,213,149				

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

- a** Board designated or quasi-endowment ▶ 58 %
- b** Permanent endowment ▶ 42 %
- c** Term endowment ▶ 0 %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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
<b>1a</b> Land . . . . .		94,363		94,363
<b>b</b> Buildings . . . . .		32,029,650	14,345,590	17,684,060
<b>c</b> Leasehold improvements . . . . .		1,641,505	198,107	1,443,398
<b>d</b> Equipment . . . . .		7,474,255	5,879,871	1,594,384
<b>e</b> Other . . . . .		6,047,902	3,226,052	2,821,850
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				23,638,055



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	45,729,869
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	44,853,713
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	876,156
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-1,364,071
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-1,364,071
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-487,915

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	38,072,226
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-1,364,071
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	-6,325,174
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-7,689,245
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,761,471
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-31,602
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-31,602
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	45,729,869

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	38,560,141
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	31,602
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	31,602
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	38,528,539
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	6,325,174
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	6,325,174
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	44,853,713

**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
FINANCIAL AID	SCHEDULE D, PARTS XII AND XIII, LINES 2D AND 4B	FINANCIAL AID NETTED AGAINST REVENUES ON FINANCIAL STATEMENTS BUT SHOWN AS EXPENSE ON TAX RETURN
SPECIAL EVENTS	SCHEDULE D, PARTS XII AND XIII, LINES 4B AND 2D	SPECIAL EVENT EXPENSES REPORTED AS EXPENSES ON FINANCIAL STATEMENTS BUT REPORTED NET OF EVENT REVENUES ON RETURN
ENDOWMENT	SCHEDULE D, PART V, QUESTION 4	The University's endowment consists of 97 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Board of Trustees of the University has interpreted UMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the University classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the University in a manner consistent with the standard of prudence prescribed by UMIFA. In accordance with UMIFA, the University considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) The duration and preservation of the fund; (2) The purposes of the University and the donor-restricted endowment fund; (3) General economic conditions; (4) The possible effect of inflation and deflation; (5) The expected total return from income and the appreciation of investments; (6) Other resources of the University; and (7) The investment policies of the University. Return Objectives And Risk Parameters: Fontbonne University has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment assets. Endowment assets include those assets of donor-restricted funds that the University must hold in perpetuity or for a donor-specified period(s) as well as board-designated funds. The Fontbonne University Investment Committee recognizes that short-term fluctuations may cause variations in the Fund's performance. However, over a ten (10) year investment horizon, it expects the Fund's performance, net of expenses, to exceed the following benchmarks: Before Inflation Benchmark 7% to 7.25% After Inflation (Consumer Price Index) Benchmark CPI plus 3.75%. Strategies Employed For Achieving Objectives: To satisfy its long-term rate-of-return objectives, Fontbonne University relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The University targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints. Spending Policy And How The Investment Objectives Relate To Spending Policy: The Board of Trustees of Fontbonne University has set an annual spending rate equal to 3.75% of the portfolio market value, based on a three-year moving average, with a budgeting lead time of six months. The moving average is determined at the end of the calendar year immediately preceding the fiscal year in which the funds are to be spent. In setting this rate, the Trustees acknowledge a dual goal of providing funds to cover the near-term grants made from the Endowment and yet positioning the Endowment to be able to meet its longer-term needs. In adopting the three-year moving average calculation method, the Trustees hope to accomplish two goals. First, the policy will provide for more consistent and predictable spending for the programs supported by the Endowment. Second, it allows the Board of Trustees to design an investment strategy which is more "aggressive" with a higher expected return than might be the case if spending were determined by annual investment performance. With an annual determination method, there is a tendency to pay out the "excess" earnings during periods of over performance, while maintaining a certain absolute dollar amount of spending during periods of underperformance. Over the long term, this pattern of spending may result in the erosion of the principal of the Endowment in terms of real (inflation adjusted) dollars. By smoothing the spending pattern, the Endowment reduces the likelihood of such erosion.

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

**Schools**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

**Name of the organization**  
FONTBONNE UNIVERSITY

**Employer identification number**

43-0694556

	YES	NO
<b>1</b> 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?	Yes	
<b>2</b> 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?	Yes	
<b>3</b> 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. STATEMENT IS INCLUDED IN ALL ADVERTISEMENTS, INCLUDING UNIVERSITY CATALOG	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement		No
<b>7</b> 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	Yes	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization FONTBONNE UNIVERSITY

Employer identification number 43-0694556

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... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>GOLF TOURNAMENT</b> (event type)	(event type)	<b>0</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	114,721			114,721
	<b>2</b> Less Charitable contributions . . . . .	40,063			40,063
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	74,658			74,658
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	31,602			31,602
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				31,602
<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				43,056	

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

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain _____ _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	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? . . . . .	<b>12</b>	

**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? . . . . .

- 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? . . . . .

- 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 ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

Schedule I (Form 990)

OMB No 1545-0047

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

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

FONTBONNE UNIVERSITY

Employer identification number

43-0694556

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?
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.

Table with 8 columns: (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, (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
ALLOCATIONS OF FINANCIAL AID - 975 STUDENTS	975	7,076,521			

**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
GRANTS	SCHEDULE I, PART I, LINE 2	THE GRANTS MADE BY THE UNIVERSITY PRIMARILY CONSIST OF STUDENT FINANCIAL AID FOR SCHOLARSHIPS SCHOLARSHIPS ARE AWARDED BY THE UNIVERSITY'S FINANCIAL AID DEPARTMENT TO ELIGIBLE STUDENTS BASED UPON A NUMBER OF DIFFERENT CRITERIA, INCLUDING MERIT, ACADEMIC ACHIEVEMENT, AND FINANCIAL NEED A COMPLETE LISTING OF SCHOLARSHIP RECIPIENTS IS MAINTAINED BY THE UNIVERSITY AND IS AVAILABLE UPON REQUEST



**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 DENNIS GOLDEN	(i)	230,000	0	907	31,100	5,648	267,655	126,070
	(ii)	0					0	
GREG TAYLOR	(i)	151,370	0	0	22,279	5,405	179,054	89,171
	(ii)	0					0	
DR GARY ZACK	(i)	145,729	0	0	22,770	5,387	173,886	85,899
	(ii)	0					0	
DR NANCY BLATTNER	(i)	132,020	0	0	19,168	5,344	156,532	75,281
	(ii)	0					0	
MARILYN SHEPERD	(i)	158,355	0	3,300	10,161	5,427	177,243	71,500
	(ii)	0					0	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
FONTBONNE UNIVERSITY

**Employer identification number**

43-0694556

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	PART VI, SECTION A, QUESTION 10	THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. SUBSEQUENT TO THE APPROVAL OF THE FORM BY THE AUDIT COMMITTEE, THE FORM IS PROVIDED TO THE BOARD OF TRUSTEES ELECTRONICALLY AND THEN FILED WITH THE IRS BY MANAGEMENT.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	PART VI, SECTION B, QUESTION 12C	THE UNIVERSITY REQUIRES EACH TRUSTEE OF THE BOARD TO COMPLETE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. THE PROCESS IS MONITORED BY THE PRESIDENT'S OFFICE TO ENSURE THAT FORMS ARE OBTAINED FOR ALL TRUSTEES ANNUALLY. CONFLICTS OF INTEREST ARE SUMMARIZED BY THE PRESIDENT'S OFFICE AND, WHEN APPLICABLE, KEY EMPLOYEES AND/OR BOARD TRUSTEES ARE EXCUSED FROM MEETINGS AND VOTES WHEN A TOPIC RELATED TO THE CONFLICT IS BEING DISCUSSED OR VOTED ON BY THE UNIVERSITY.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS	PART VI, SECTION B, QUESTIONS 15A AND 15B	Salary increases are typically made effective July 1 with the start of each new fiscal year. Prior to that date, the President asks the Vice President for Finance and Administration to compile a schedule that shows current salaries for each of the seven executive positions at the University with comparison salaries for other institutions. The comparison salaries are drawn from data compiled by CUPA, the College and University Personnel Association. Occasionally, an annual survey of executive compensation and benefits in higher education that is conducted by Yaffe & Co. is also used for salary benchmarking. Six categories of institutions are used in order to reflect a comprehensive comparison across several measures of institutional type: All institutions with a budget from \$30.9 M - \$64.9 M, Private institutions with budgets between \$25.8 M and \$46.5 M, Private, religious institutions with budgets between \$24.8 M and \$41.5 M, Private, religious institutions with enrollment between 1939 and 2990, All institutions with enrollment between 1555 and 3031, Master's institutions with budgets < \$45.6 M. Using the percentage increase approved for overall institutional salary increases in the coming year as an upper limit, the schedule also shows various rates of possible increase for each executive position. The President meets with the Vice President for Finance and Administration and the Executive Vice President to notify them of changes in executive compensation. The Vice President prepares a separate schedule with comparisons for the President's salary and submits this to the Chairman of the Board of Trustees. In consultation with the Executive Committee of the Board, the Chairman determines the salary of the President and notifies the Vice President for Finance and Administration.

Identifier	Return Reference	Explanation
PUBLIC DOCUMENTS	PART VI, SECTION C, QUESTION 19	THE VARIOUS DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST ADDRESSED TO THE UNIVERSITY INSTITUTIONAL ADVANCEMENT OFFICE.