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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization ALLIANT INTERNATIONAL UNIVERSITY | D Employer identification number 54-2110067 |
| | | Doing Business As | E Telephone number (415) 955-2000 |
| | | Number and street (or P O box if mail is not delivered to street address) Room/suite ONE BEACH STREET | G Gross receipts \$ 78,253,909 |
| | | City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94133 | |
| F Name and address of Principal Officer Geoffrey M Cox ONE BEACH STREET STE 200 SAN FRANCISCO, CA 94133 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Web site: WWW ALLIANT EDU | | | |
| K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other | | L Year of Formation 2003 | M State of legal domicile CA |

Part I Summary

| | | | |
|---|---|--------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities See Schedule O | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 25 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 1,977 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 20 |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 811,228 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -6,765 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,604,794 | 3,434,149 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 69,324,227 | 73,034,770 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,085,350 | 1,674,677 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 109,904 | 110,313 |
| | | 73,124,275 | 78,253,909 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 4,932,456 | 5,140,746 |
| | 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) | 41,579,629 | 48,418,761 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b (Total fundraising expenses, Part IX, column (D), line 25 906,545) | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 24,775,985 | 23,841,023 |
| | 18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) | 71,288,070 | 77,400,530 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,836,205 | 853,379 | |
| Net Assets or Fund Balances | | Beginning of Year | End of Year |
| | 20 Total assets (Part X, line 16) | 91,342,720 | 93,218,368 |
| | 21 Total liabilities (Part X, line 26) | 45,036,206 | 46,166,354 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 46,306,514 | 47,052,014 | |

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 | Signature of officer | 2010-05-17 | | |
| | TARUN BHATIA CHIEF FINANCIAL OFFICER Type or print name and title | Date | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's PTIN (See Gen Inst) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | PricewaterhouseCoopers LLP 125 High Street Boston, MA 02110 | EIN | Phone no (617) 530-5000 |
| | May the IRS discuss this return with the preparer shown above? (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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

1 Briefly describe the organization's mission
See Schedule O

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 \$ 61,565,532 including grants of \$ 5,140,746) (Revenue \$ 73,034,770)
See Schedule O

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 \$ 61,565,532 *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 <input checked="" type="checkbox"/> | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/> | 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 <input checked="" type="checkbox"/> | | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II <input checked="" type="checkbox"/> | 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 | | |
| 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 <input checked="" type="checkbox"/> | | 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 <input checked="" type="checkbox"/> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/> | | 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 <input checked="" type="checkbox"/> | | No |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/> | 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 <input checked="" type="checkbox"/> | 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 <input checked="" type="checkbox"/> | | No |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E <input checked="" type="checkbox"/> | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S? | Yes | |
| 14b | 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 <input checked="" type="checkbox"/> | 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 <input checked="" type="checkbox"/> | | 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 <input checked="" type="checkbox"/> | | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | 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 <input checked="" type="checkbox"/> | | 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 <input checked="" type="checkbox"/> | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J <input checked="" type="checkbox"/> | 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 | | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | No |
| 25b | 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 |
| 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 | | 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 | | 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)? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 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 |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>  | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | 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? <i>If "Yes," complete Schedule R, Part I</i>  | | No |
| 34 | 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>  | Yes | |
| 35 | 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 |
| 36 | 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 |
| 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? <i>If "Yes," complete Schedule R, Part VI</i>  | | No |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | | |
| | 1a 289 | | |
| 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? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 1,977 | | |
| 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. | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 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)? | Yes | |
| 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? | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| c | 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> ? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | <i>Organizations that may receive deductible contributions under section 170(c).</i> | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 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? | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | <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? | | |
| 9 | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i> | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | <i>Section 501(c)(7) organizations.</i> Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | <i>Section 501(c)(12) organizations.</i> Enter | | |
| a | Gross income from members or shareholders | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 12a | <i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? | | |
| 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

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 |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 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? | | No |
| 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? | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | No |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | the governing body? | Yes | |
| 8b | each committee with authority to act on behalf of the governing body? | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | No |
| 9b | 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? | | |
| 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 | 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 | | No |

Section B. Policies

| | | Yes | No |
|------------|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 | Yes | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 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 | | |
| 15a | The organization's CEO, Executive Director, or top management official? | Yes | |
| 15b | Other officers or key employees of the organization? Describe the process in Schedule O | | No |
| 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? | | No |
| 16b | 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

| | |
|-----------|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed <u>CA</u> |
| 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. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> 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 TARUN BHATIA ONE BEACH STREET STE 200 SAN FRANCISCO, CA 94133 (415) 955-2000 |

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 . . . 1a | | | | | |
| | b Membership dues | | | | | |
| | 1b | | | | | |
| | c Fundraising events | | | | | |
| | 1c | | | | | |
| | d Related organizations . . . 1d | | | | | |
| | e Government grants (contributions) 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 3,434,149 1f | 3,434,149 | | | | |
| g Noncash contributions included in lines 1a-1f \$ 65,157 | | | | | | |
| h Total (Add lines 1a-1f) | 3,434,149 | | | | | |
| Program Service Revenue | 2a TUITION/FEES | 611,600 | 65,514,932 | 65,514,932 | | |
| | b GRANTS/CONTRACTS | 541,700 | 2,277,388 | 2,277,388 | | |
| | c SERVICE REVENUE | 611,710 | 2,927,780 | 2,927,780 | | |
| | d AUXILIARY REVENUE | 532,000 | 2,061,422 | 1,250,194 | 811,228 | |
| | e OTHER | 900,099 | 253,248 | 253,248 | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f ▶ \$ 73,034,770 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest other similar amounts) | | 380,971 | | 380,971 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 Royalties | | 28,897 | | 28,897 | |
| | 6a Gross Rents | (i) Real | 81,416 | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | 81,416 | | | |
| | d Net rental income or (loss) | | 81,416 | | 81,416 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | 1,293,706 | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | 1,293,706 | | |
| d Net gain or (loss) | | 1,293,706 | | 1,293,706 | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a | | | | | | |
| | b Less direct expenses . . . b | | | | | |
| | c Net income or (loss) from fundraising events | | 0 | | | |
| 9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a | | | | | | |
| | b Less direct expenses . . . b | | | | | |
| | c Net income or (loss) from gaming activities | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | |
| | b Less cost of goods sold . . . b | | | | | |
| | c Net income or (loss) from sales of inventory | | 0 | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue _____ | | | | | | |
| e Total. Add lines 11a-11d \$ 0 | | | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 78,253,909 | 72,223,542 | 811,228 | 1,784,990 | |

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 | 0 | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 5,140,746 | 5,140,746 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 2,532,370 | 2,337,101 | 106,853 | 88,416 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 36,933,028 | 30,405,485 | | 423,886 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,940,832 | 1,551,685 | 368,366 | 20,781 |
| 9 | Other employee benefits | 3,961,786 | 3,268,420 | 601,744 | 91,622 |
| 10 | Payroll taxes | 3,050,745 | 2,327,172 | 689,810 | 33,763 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 117,762 | 117,762 | | |
| b | Legal | 231,878 | 41,515 | 190,363 | |
| c | Accounting | 418,958 | 17,513 | 401,445 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 3,380,920 | 1,929,453 | 1,307,127 | 144,340 |
| 12 | Advertising and promotion | 646,024 | 617,393 | 13,692 | 14,939 |
| 13 | Office expenses | 3,560,117 | 1,336,565 | 2,191,844 | 31,708 |
| 14 | Information technology | 336,363 | 275,327 | 56,295 | 4,741 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 5,930,900 | 4,744,720 | 1,186,180 | |
| 17 | Travel | 1,229,520 | 1,015,050 | 191,665 | 22,805 |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | | | |
| 19 | Conferences, conventions and meetings | 89,056 | 97,246 | -11,666 | 3,476 |
| 20 | Interest | 704,834 | 690,737 | 14,097 | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 1,288,520 | 845,269 | 431,654 | 11,597 |
| 23 | Insurance | 863,726 | 52,687 | 811,039 | |
| 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 | AFFILIATION FEES | 2,864,365 | 2,864,365 | | |
| b | COMMENCEMENT & OTHER EVENTS | 520,987 | 480,240 | 32,382 | 8,365 |
| c | BAD DEBT/COLLECTION | 259,176 | 259,176 | | |
| d | LIBRARY SERVICE | 298,421 | 298,421 | | |
| e | STUDENT HOUSING | 323,300 | 323,300 | | |
| f | All other expenses | 776,196 | 528,184 | 241,906 | 6,106 |
| 25 | Total functional expenses. Add lines 1 through 24f | 77,400,530 | 61,565,532 | 14,928,453 | 906,545 |
| 26 | Joint Costs. 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

| | | | | (A) | | (B) | |
|------------------------------------|--|---|------------|-------------------|------------|-------------|------------|
| | | | | Beginning of year | | End of year | |
| Assets | 1 | Cash—non-interest-bearing | | 1,279,166 | 1 | 917,684 | |
| | 2 | Savings and temporary cash investments | | 1,956,717 | 2 | 107,309 | |
| | 3 | Pledges and grants receivable, net | | | 3 | 3,355,900 | |
| | 4 | Accounts receivable, net | | 4,943,951 | 4 | 5,092,506 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> | | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> | | | 6 | | |
| | 7 | Notes and loans receivable, net | | 12,970,763 | 7 | 13,397,343 | |
| | 8 | Inventories for sale or use | | 26,756 | 8 | 10,277 | |
| | 9 | Prepaid expenses and deferred charges | | 403,782 | 9 | 992,633 | |
| | 10a | Land, buildings, and equipment cost basis | 10a | 73,330,503 | | | |
| | b | Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | 10b | 15,276,511 | 58,666,700 | 10c | 58,053,992 |
| | 11 | Investments—publicly traded securities | | 11,080,399 | 11 | 11,290,724 | |
| | 12 | Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> | | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> | | 14,486 | 15 | 0 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 91,342,720 | 16 | 93,218,368 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 10,118,441 | 17 | 9,910,586 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 11,277,961 | 19 | 10,555,545 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow account liability <i>Complete Part IV of Schedule D</i> | | | 21 | | |
| | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 14,000,000 | 23 | 16,000,000 | |
| | 24 | Unsecured notes and loans payable | | | 24 | | |
| | 25 | Other liabilities <i>Complete Part X of Schedule D</i> | | 9,639,804 | 25 | 9,700,223 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 45,036,206 | 26 | 46,166,354 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | 43,505,888 | 27 | 42,530,133 | |
| | 28 | Temporarily restricted net assets | | 1,827,426 | 28 | 3,545,179 | |
| | 29 | Permanently restricted net assets | | 973,200 | 29 | 976,702 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | | 46,306,514 | 33 | 47,052,014 | | |
| 34 | Total liabilities and net assets/fund balances | | 91,342,720 | 34 | 93,218,368 | | |

Part XI Financial Statements and Reporting

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

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 | | | | | | <input type="checkbox"/> |

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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <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 |
|---|----------|----------|----------|----------|----------|-----------|
| 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 (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 |
|--|----------|----------|----------|----------|----------|-----------|
| 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 <input type="checkbox"/> | | | | | | |

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 |
| |

Additional Data

Software ID:
Software Version:
EIN: 54-2110067
Name: ALLIANT INTERNATIONAL 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 | | | |
| GEOFFREY M COX , PRESIDENT | 38 0 | X | | X | | | | 392,543 | 0 | 26,824 |
| MICHAEL ROTHMAN , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| ELIZABETH A FETTER , CHAIR/TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| RICHARD MAROUN , TREASURER/TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| RACHNA KUMAR PHD , TRUSTEE | 1 0 | X | | | | | | 86,017 | 0 | 6,451 |
| BUNNY ROGER COLEY , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| MANUEL FIGUEROA PHD , TRUSTEE | 1 0 | X | | | | | | 73,187 | 0 | 6,657 |
| KATHRYN GOLDMAN SCHUYLER PHD , TRUSTEE | 1 0 | X | | | | | | 50,337 | 0 | 8,047 |
| JANET HURWICH PHD , Secretary/TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| GLEN MUELLER CPA , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| DONALD B NADLER PHD , VICE CHAIR/TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| DAVID SHOLKOFF , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| ELAINE BURKE PSYD , TRUSTEE | 1 0 | X | | | | | | 64,844 | 0 | 6,244 |
| LINDA CABELLERO-SOTELO , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| MARISSA PEI PHD , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| PAUL RITVO PHD , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| STEVEN SWIG , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| KAREN BIESTMAN JD , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| MERVYN M DYMALLY PHD , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| GONZALO GARRETON MD , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| PEGGIE GIESBRECHT MA , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| JON KNOLL MBA , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| MATTHEW KINOSHITA , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| BETH ROM-RYMER PHD , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| STEVEN SCHOGER PSYD , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| JULIUS ROBINSON , TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| TARUN BHATIA , SVP, STRAT PLANNING & FINANCE | 38 0 | | | X | | | | 223,946 | 0 | 23,427 |
| JENNIFER WILSON , VP ADMIN/GEN COUNSEL/ASST SEC | 38 0 | | | X | | | | 175,000 | 0 | 13,125 |
| RUSSELL NEWMAN , PROVOST/VP ACADEMIC AFFAIRS | 38 0 | | | | X | | | 373,591 | 0 | 3,160 |
| JAMES A GOODRICH , DEAN, MGSM | 38 0 | | | | X | | | 314,817 | 0 | 359 |

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 | | | |
| MORGAN T SAMMONS , DEAN, CSPP | 38 0 | | | | X | | | 193,892 | 0 | 605 |
| ERIC HICKEY , DEAN, CSFS | 38 0 | | | | X | | | 150,793 | 0 | 11,309 |
| SUZANNE L POWER , PROGRAM DIRECTOR, Hsoe | 38 0 | | | | | X | | 213,315 | 0 | 6,172 |
| JOHN DEMICHELE , VP DEVELOPMENT | 38 0 | | | | | X | | 155,074 | 0 | 16,926 |
| MOHAMMAD M RAJABZADEH , ASST VP & DIR OF PURCHASING | 38 0 | | | | | X | | 143,638 | 0 | 22,011 |
| TERRENCE BARBER , VP & COO, INTERNATIONAL OPER | 38 0 | | | | | X | | 146,065 | 0 | 12,374 |
| ROHINTON BHANDARI , ASSOC VP, BUDGETING & PLANNING | 38 0 | | | | | X | | 148,632 | 0 | 11,844 |

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

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|----------------------------|----------------------|------------------------------|---|---|---|
| a TUITION/FEES | 611,600 | 65,514,932 | 65,514,932 | | |
| b GRANTS/CONTRACTS | 541,700 | 2,277,388 | 2,277,388 | | |
| c SERVICE REVENUE | 611,710 | 2,927,780 | 2,927,780 | | |
| d AUXILIARY REVENUE | 532,000 | 2,061,422 | 1,250,194 | 811,228 | |
| e OTHER | 900,099 | 253,248 | 253,248 | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, 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 ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number

54-2110067

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 function 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$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? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| 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) | | (b) |
|---|-----|----|--------|
| | Yes | No | 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? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines c through i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| 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? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | No | |
| i Other activities. If "Yes," describe in Part IV | Yes | | 1 |
| j Total lines 1c through 1i | | | 1 |
| 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? | | No | |

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 <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i> | |
| 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 |
|---------------------|--------------------------------|---|
| LOBBYING ACTIVITIES | SCHEDULE C, PART II-B, LINE 1I | THE ORGANIZATION PAYS MEMBERSHIP DUES OF \$16,951 TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES |
| | | |
| | | |
| | | |
| | | |

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 ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number 54-2110067

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: Question, (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 informed status.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, 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: Question, (a) Donor advised funds, (b) Funds and other accounts. 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,800,626 | | | | |
| b Contributions | 3,233,155 | | | | |
| c Investment earnings or losses | 14,432 | | | | |
| d Grants or scholarships | 103,517 | | | | |
| e Other expenditures for facilities and programs | 1,422,815 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,521,881 | | | | |

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

- a** Board designated or quasi-endowment
- b** Permanent endowment 22 %
- c** Term endowment 78 %

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 | | 43,394,360 | | 43,394,360 |
| b Buildings | | 10,621,211 | 2,124,242 | 8,496,969 |
| c Leasehold improvements | | 6,373,850 | 2,156,205 | 4,217,645 |
| d Equipment | | 12,515,277 | 10,740,437 | 1,774,840 |
| e Other | | 425,805 | 255,627 | 170,178 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 58,053,992 |

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 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 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 | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | |

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

| | | | |
|----------|--|-----------|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 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 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 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 | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | |

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 |
|-----------------|----------------------------|---|
| ENDOWMENT FUNDS | SCHEDULE D, PART V, LINE 4 | The endowment fund is used to fund scholarships and general operating activities of the University FIN 48 FOOTNOTE SCHEDULE D, PART X Effective July 1, 2008, the University adopted FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes ("FIN 48"), which requires recognizing and measuring tax benefit taken or expected to be taken in an unrelated business activity tax return and disclosures regarding uncertainties in tax positions The adoption of FIN 48 did not have a significant impact on the 2009 financial statements |
| | | |
| | | |
| | | |
| | | |

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

ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number

54-2110067

| | | 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? | 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? | 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 University publishes its non-discrimination policy in a newspaper of general circulation and has operated in a bona fide manner in accordance therewith | Yes | |
| 4 | Does the organization maintain the following? | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | Yes | |
| 5 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | No |
| b | Admissions policies? | | No |
| c | Employment of faculty or administrative staff? | | No |
| d | Scholarships or other financial assistance? | | No |
| e | Educational policies? | | No |
| f | Use of facilities? | | No |
| g | Athletic programs? | | No |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | No |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | Yes | |
| 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 |
| 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 | Yes | |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number

54-2110067

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)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type) (ie, 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. Rows include North America, East Asia and the Pacific, and a Totals row.

Software ID:
Software Version:
EIN: 54-2110067
Name: ALLIANT INTERNATIONAL 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) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|

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 ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number 54-2110067

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS BASED ON NEED | 1634 | 5,140,746 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
|--------------------------------|----------------------------|--|
| Domestic Grant Fund Monitoring | Schedule I, Part 1, Line 2 | ALL SCHOLARSHIPS AND FELLOWSHIPS MADE BY ALLIANT INTERNATIONAL UNIVERSITY ARE TO STUDENTS OR FACULTY OF THE UNIVERSITY WHO HAVE COMPLETED AN APPLICATION PROCESS THE AWARD IS BASED ON A WRITTEN SELECTION CRITERIA ONCE THE GRANTS ARE DISTRIBUTED, EACH GRANT IS MONITORED ON AN INDIVIDUAL STUDENT ACCOUNT BASIS SCHEDULE 1, PART III CASH GRANTS ARE CREDITS TO STUDENTS' ACCOUNTS |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number

54-2110067

Part I Questions Regarding Compensation

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | Yes | |
| 8 | | No |

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

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

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

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

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

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

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

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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 | | | | |
| GEOFFREY M COX | (i) | 327,509 | 60,000 | 5,034 | 18,375 | 8,449 | 419,367 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TARUN BHATIA | (i) | 218,746 | 0 | 5,200 | 17,265 | 6,162 | 247,373 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JENNIFER WILSON | (i) | 175,000 | 0 | 0 | 13,125 | 0 | 188,125 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RUSSELL NEWMAN | (i) | 308,570 | 0 | 65,021 | 0 | 3,160 | 376,751 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES A GOODRICH | (i) | 264,236 | 50,000 | 581 | 0 | 359 | 315,176 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MORGAN T SAMMONS | (i) | 193,892 | 0 | 0 | 0 | 605 | 194,497 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUZANNE L POWER | (i) | 213,315 | 0 | 0 | 3,282 | 2,890 | 219,487 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN DEMICHELE | (i) | 155,074 | 0 | 0 | 12,000 | 4,926 | 172,000 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ERIC HICKEY | (i) | 150,793 | 0 | 0 | 11,309 | 0 | 162,102 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MOHAMMAD M RAJABZADEH | (i) | 116,328 | 18,000 | 9,310 | 11,557 | 10,454 | 165,649 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TERRENCE BARBER | (i) | 144,554 | 0 | 1,511 | 8,438 | 3,936 | 158,439 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROHINTON BHANDARI | (i) | 148,632 | 0 | 0 | 11,196 | 648 | 160,476 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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Software Version:
EIN: 54-2110067
Name: ALLIANT INTERNATIONAL UNIVERSITY

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

| (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 | | | | |
| GEOFFREY M COX | (i) | 327,509 | 60,000 | 5,034 | 18,375 | 8,449 | 419,367 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TARUN BHATIA | (i) | 218,746 | 0 | 5,200 | 17,265 | 6,162 | 247,373 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JENNIFER WILSON | (i) | 175,000 | 0 | 0 | 13,125 | 0 | 188,125 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RUSSELL NEWMAN | (i) | 308,570 | 0 | 65,021 | 0 | 3,160 | 376,751 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES A GOODRICH | (i) | 264,236 | 50,000 | 581 | 0 | 359 | 315,176 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MORGAN T SAMMONS | (i) | 193,892 | 0 | 0 | 0 | 605 | 194,497 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUZANNE L POWER | (i) | 213,315 | 0 | 0 | 3,282 | 2,890 | 219,487 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN DEMICHELE | (i) | 155,074 | 0 | 0 | 12,000 | 4,926 | 172,000 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ERIC HICKEY | (i) | 150,793 | 0 | 0 | 11,309 | 0 | 162,102 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MOHAMMAD M RAJABZADEH | (i) | 116,328 | 18,000 | 9,310 | 11,557 | 10,454 | 165,649 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TERRENCE BARBER | (i) | 144,554 | 0 | 1,511 | 8,438 | 3,936 | 158,439 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROHINTON BHANDARI | (i) | 148,632 | 0 | 0 | 11,196 | 648 | 160,476 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number

54-2110067

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books and publications, Real estate, etc.

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 0

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution policies and reporting.

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
ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number
54-2110067

| Identifier | Return Reference | Explanation |
|------------------------|---|--|
| ORGANIZATION'S MISSION | Form 990, Part I, Line 1 & Part III, Line 1 | ALLIANT INTERNATIONAL UNIVERSITY PREPARES STUDENTS FOR PROFESSIONAL CAREERS OF SERVICE AND LEADERSHIP, AND PROMOTES THE DISCOVERY AND APPLICATION OF KNOWLEDGE TO IMPROVE THE LIVES OF PEOPLE IN DIVERSE CULTURES AND COMMUNITIES AROUND THE WORLD FORM 990, PART I, LINE 6 THE 20 VOLUNTEERS REPRESENT NON-COMPENSATED MEMBERS OF THE BOARD OF TRUSTEES STUDENTS AND ALUMNI VOLUNTEER THEIR TIME FOR VARIOUS PURPOSES AT THE UNIVERSITY THESE VOLUNTEERS, HOWEVER, ARE NOT FORMALLY TRACKED BY THE UNIVERSITY FORM 990, PART I, LINE 5 & PART V, LINE 2A THE TOTAL NUMBER OF EMPLOYEES INCLUDES STUDENT WORKERS |

| Identifier | Return Reference | Explanation |
|------------------|-----------------------------|---|
| PROGRAM SERVICES | FORM 990, PART III, LINE 4A | ALLIANT INTERNATIONAL UNIVERSITY IS A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF CALIFORNIA THE UNIVERSITY IS AN INDEPENDENT SCHOOL WITH DOMESTIC CAMPUSES LOCATED IN SAN FRANCISCO, FRESNO, LOS ANGELES, IRVINE, SACRAMENTO, AND SAN DIEGO, CALIFORNIA, AND INTERNATIONAL PROGRAMS LOCATED IN MEXICO, JAPAN AND CHINA (AS FURTHER DISCUSSED BELOW) THE PRESIDENT'S OFFICE IS LOCATED IN SAN FRANCISCO THE UNIVERSITY OFFERS A VARIETY OF ACADEMIC PROGRAMS LEADING TO BACHELORS, MASTERS, AND DOCTORAL DEGREES IN PSYCHOLOGY, BUSINESS, EDUCATION, AND VARIOUS OTHER DISCIPLINES THE UNIVERSITY OFFERS ITS ACCREDITED PROGRAMS IN MEXICO CITY, MEXICO, THROUGH A SERVICES AGREEMENT WITH RED DE UNIVERSIDADES, A C , A MEXICAN NOT FOR PROFIT CIVIL ASSOCIATION ("RED") RED PROVIDES THE UNIVERSITY WITH ON-SITE MANAGEMENT SERVICES AND EXPERTISE WHILE THE UNIVERSITY PROVIDES OVERSIGHT AND AUTHORITY REGARDING ITS ACADEMIC PROGRAMS, FINANCIAL PLANNING, ACCOUNTING, AND EXECUTIVE ADMINISTRATION THE JAPAN VENTURE WAS FIRST ESTABLISHED IN 2003 WITH THE COLLABORATION OF ALLIANT INTERNATIONAL UNIVERSITY AND IFF CO , LTD THIS PROGRAM FOCUSES ON ESTABLISHING AND DELIVERING AN ALLIANT INTERNATIONAL UNIVERSITY CLINICAL PSYCHOLOGY GRADUATE DEGREE IN JAPAN THE DEGREE REQUIREMENTS ARE 48 CREDIT HOURS THE HONG KONG PROGRAM WAS ESTABLISHED IN 2006 WITH THE COLLABORATION OF CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY AT ALLIANT INTERNATIONAL UNIVERSITY AND THE SCHOOL OF CONTINUING AND PROFESSIONAL EDUCATION AT CITY UNIVERSITY OF HONG KONG THE PROGRAM FOCUSES ON ESTABLISHING A DOCTOR OF PSYCHOLOGY PROGRAM IN CLINICAL PSYCHOLOGY THE DEGREE REQUIREMENT IS 120 CREDIT UNITS |

| Identifier | Return Reference | Explanation |
|----------------------|--|--|
| FINANCIAL STATEMENTS | FORM 990, PART IV, LINE 12 & PART XI, LINE 2 | ALLIANT UNIVERSITY'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS FORM 990, PART V, LINE 4A Alliant International University has an interest in or a signature authority over financial accounts in China, Japan, and Mexico FORM 990, Part VI, Section A, Line 10 The Form 990 was prepared in conjunction with PricewaterhouseCoopers ("PWC") for senior management review Staff then submitted the draft 990 for Audit Committee review and discussion at a Committee meeting prior to filing The Form 990, as filed with the IRS, was then provided to the full governing board prior to filing The final form is signed by the CFO and PwC as paid preparer FORM 990, Part VI, Section B, Line 12c Pursuant to University policy, on or before June 15th of each year, University General Counsel circulates the University's required annual Conflict of Interest and Disclosure policy and disclosure form to officers, trustees, and key employees for review and completion University General Counsel reviews all disclosure forms and advises the Audit Committee on any potential or actual conflicts of interest The University's policy also requires all affected individuals to update and disclose conflicts as they arise between disclosure cycles University Counsel would, if a conflict is disclosed, counsel the individual as to prohibited transactions Trustees recuse themselves from any discussion and action related to potential or actual conflicts of interest FORM 990, PART VI, SECTION B, LINE 15A The Compensation Committee of the Board of Trustees annually reviews and sets the compensation of the University's President The Compensation Committee utilizes, at the commencement of each contract term, compensation data, an independent compensation consultant, and independent legal counsel to negotiate the President's contract The Compensation Committee also annually evaluates the President's performance FORM 990, PART VI, SECTION B, LINE 15B THE PRESIDENT REVIEWS AND APPROVES COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES FORM 990, PART VI, SECTION C, LINE 19 The University's makes its governing documents, conflict of interest policy, and FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FORM 990, PART VII RACHNA KUMAR, MANUEL FIGUEROA, KATHRYN GOLDMAN-SCHUYLER, AND ELAINE BURKE WERE COMPENSATED FOR THEIR ROLES AS FACULTY AT ALLIANT UNIVERSITY AND NOT FOR THEIR ROLES AS TRUSTEES |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLIANT INTERNATIONAL UNIVERSITY

Employer identification number
54-2110067

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| Alliant University Foundation 10455 Pomerado Road San Diego, CA92131 94-2735501 | INACTIVE | CA | 501(c)(3) | 11b | |
| Universidad Internacional de Mexico Alvaro Obregon 110 Colonia Roma Mexico City MX 54-2110067 | INACTIVE | MX | | | |
| | | | | | |
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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) Disproportionate allocations? | | (I) Code V—UBI amount on Box 20 of K-1 | (J) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|--|------------------------------|--|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
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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 |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| | | | | | | | |
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Part V Transactions with Related Organizations

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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

| (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|---|-------------------------------------|-------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

