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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010

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

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

C Name of organization
LA SALLE UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1900 WEST OLNEY AVENUE

City or town, state or country, and ZIP + 4
PHILADELPHIA, PA 19141

D Employer identification number
23-1352654

E Telephone number
(215) 951-1000

G Gross receipts $ 209,521,076

F Name and address of principal officer
MICHAEL J MCGINNIS FSC PHD
1900 WEST OLNEY AVE
PHILADELPHIA, PA 19141

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW LASALLE EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1863

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
LA SALLE UNIVERSITY IS A PRIVATE ROMAN CATHOLIC UNIVERSITY COMMITTED TO PROVIDING A LIBERAL EDUCATION OF BOTH GENERAL AND SPECIALIZED STUDIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of employees (Part V, line 2a)	5	3,055
6	Total number of volunteers (estimate if necessary)	6	38
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	115,025
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-88,214

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,578,347	11,061,352
9	Program service revenue (Part VIII, line 2g)	146,769,309	158,822,485
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,550,410	-1,888,634
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,358,940	3,321,322
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	163,257,006	171,316,525

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	43,944,495	49,301,915
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	75,875,109	78,270,583
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,425,025		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	43,584,059	46,717,381
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	163,403,663	174,289,879
19	Revenue less expenses Subtract line 18 from line 12	-146,657	-2,973,354

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	233,615,473	237,199,189
21	Total liabilities (Part X, line 26)	169,249,723	168,340,818
22	Net assets or fund balances Subtract line 21 from line 20	64,365,750	68,858,371

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

Sign Here

Signature of officer — Date: 2011-03-10

REBECCA HORVATH AVP for Finance and Asst Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 1676 International Drive McLean, VA 22102			EIN ▶ Phone no ▶ (703) 286-8000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE ATTACHMENT 1

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 501(c)(4) organizations and section 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 $ 49,301,915 including grants of $ 49,301,915) (Revenue $)

STUDENT FINANCIAL ASSISTANCE THE UNIVERSITY PROVIDED AWARDS TO FULL-TIME AND QUALIFYING PART-TIME STUDENTS

4b (Code) (Expenses $ 45,138,759 including grants of $) (Revenue $ 136,378,494)

INSTRUCTION THE UNIVERSITY PROVIDED EDUCATION TO 3,193 AND 2,996 FULL-TIME, UNDERGRADUATE DAY STUDENTS IN THE FALL 2009 AND SPRING 2010 SEMESTERS SUMMER, PART-TIME, GRADUATE, EVENING AND DOCTORATE PROGRAMS PROVIDE 55,866 CREDIT HOURS

4c (Code) (Expenses $ 21,371,711 including grants of $) (Revenue $ 22,658,829)

AUXILIARY ENTERPRISES THE UNIVERSITY PROVIDED BOOKSTORE, HOUSING AND DINING SERVICES AT ANNUAL COSTS OF ROOM - $5,520 AND BOARD - $4,490 THE UNIVERSITY PROVIDED ROOMS TO 1,994 AND 1,850 STUDENTS AND MEALS TO 2,075 AND 1,832 STUDENTS IN THE FALL 2009 AND SPRING 2010 SEMESTERS

4d Other program services (Describe in Schedule O)

(Expenses $ 34,755,402 including grants of $) (Revenue $ 3,106,484)

4e **Total program service expenses** ▶ $ 150,567,787

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	307		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,055		
b	If at least one is reported on line 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 (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 38		
b	Enter the number of voting members that are independent . .	1b 36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

REBECCA HORVATH AVP FINANCE
1900 WEST OLNEY AVE
PHILADELPHIA, PA 19141
(215) 951-1858

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
See add'l data										

1b Total . . . . . ▶	1,795,190	0	222,120

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 98

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
P AGNES INC 2101 PENROSE AVENUE PHILADELPHIA, PA 19145	CONSTRUCTION	4,138,894
MONTGOMERY MCCRACKEN LLP	LEGAL SERVICES	1,002,397
HARMELIN MEDIA 525 RIGHTERS FERRY ROAD BALA CYNWYD, PA 19004	STRATEGIC MEDIA SVCS	700,355
ALLIED BARTON SECURITY	SECURITY SERVICES	580,518
LAUER SBARBARO ASSOCIATES 2 WESTBROOK CORPORATE CTR STE 100 WESTCHESTER, IL 60154	EXECUTIVE SEARCH	190,478
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 13		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	464,177			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,796,373			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,800,802			
	g	Noncash contributions included in lines 1a-1f $ 8,350					
	h	**Total.** Add lines 1a-1f		11,061,352			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	900,099	134,227,523	134,227,523		
	b	RESIDENCE HALLS	900,099	11,987,322			11,987,322
	c	DINING SERVICES	900,099	10,129,369			10,129,369
	d	ACADEMIC RELATED REVENUES	900,099	2,150,971	2,150,971		
	e	CAMPUS STORE	900,099	327,300	327,300		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		158,822,485			
	3	Investment income (including dividends, interest and other similar amounts)		1,318,468		-15,983	1,334,451
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,734,814				
	b	Less rental expenses	1,800,224				
	c	Rental income or (loss)	-65,410				
	d	Net rental income or (loss)		-65,410	-88,710	23,300	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	32,866,380				
	b	Less cost or other basis and sales expenses	36,073,482				
	c	Gain or (loss)	-3,207,102				
	d	Net gain or (loss)		-3,207,102			-3,207,102
Other Revenue	8a	Gross income from fundraising events (not including $ 464,177 of contributions reported on line 1c) See Part IV, line 18	a 90,524				
	b	Less direct expenses	b 90,524				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	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 520,569				
	b	Less cost of goods sold	b 240,321				
	c	Net income or (loss) from sales of inventory		280,248	280,248		
		Miscellaneous Revenue	Business Code				
	11a	ADMIN AND OTHER REVENUES	541,800	3,106,484	2,998,776	107,708	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		3,106,484			
	12	**Total revenue.** See Instructions		171,316,525	139,896,108	115,025	20,244,040

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	49,301,915	49,301,915		
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	1,346,760		1,142,781	203,979
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	60,719,323	51,747,347	7,121,587	1,850,389
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,453,874	1,232,594	181,761	39,519
9	Other employee benefits	10,197,315	8,645,284	1,274,854	277,177
10	Payroll taxes	4,553,311	3,860,298	569,248	123,765
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,002,397		1,002,397	
c	Accounting	130,650		130,650	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	184,812		184,812	
g	Other	3,710,145	1,968,244	1,706,842	35,059
12	Advertising and promotion	4,593,831	2,439,297	1,808,864	345,670
13	Office expenses	6,536,591	5,165,704	974,944	395,943
14	Information technology	1,069,359	949,458	105,944	13,957
15	Royalties	0			
16	Occupancy	868,967	853,293	15,674	
17	Travel	1,910,282	1,647,654	150,613	112,015
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	257,303	223,663	26,933	6,707
20	Interest	5,118,562	4,615,410	503,152	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,528,373	6,218,169	310,204	
23	Insurance	1,381,165	1,373,865	7,300	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	FOOD-CAFETERIA	2,964,950	2,964,950		
b	REPAIRS, MAINTENANCE, RENTAL	2,321,951	1,659,356	642,618	19,977
c	UTILITIES	5,260,475	4,944,847	315,628	
d	STUDY ABROAD	408,551	408,551		
e	BAD DEBT EXPENSE	1,693,489		1,693,489	
f	All other expenses	775,528	347,888	426,772	868
25	**Total functional expenses.** Add lines 1 through 24f	174,289,879	150,567,787	20,297,067	3,425,025
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		32,875	1	33,639
	2	Savings and temporary cash investments		4,939,813	2	8,992,103
	3	Pledges and grants receivable, net		3,587,046	3	2,680,841
	4	Accounts receivable, net		3,686,879	4	3,952,246
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		595,000	5	595,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		7,645,543	7	7,084,758
	8	Inventories for sale or use		114,218	8	129,880
	9	Prepaid expenses and deferred charges		391,434	9	523,406
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 229,674,804			
	b	Less accumulated depreciation	10b 92,221,315	138,360,216	10c	137,453,489
	11	Investments—publicly traded securities		55,224,020	11	56,949,034
	12	Investments—other securities See Part IV, line 11		11,632,048	12	11,425,012
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,406,381	15	7,379,781
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		233,615,473	16	237,199,189
Liabilities	17	Accounts payable and accrued expenses		11,732,694	17	10,380,432
	18	Grants payable			18	
	19	Deferred revenue		4,699,149	19	5,500,018
	20	Tax-exempt bond liabilities		135,275,000	20	132,835,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		17,542,880	25	19,625,368
	26	**Total liabilities.** Add lines 17 through 25		169,249,723	26	168,340,818
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		35,527,451	27	38,129,190
	28	Temporarily restricted net assets		11,355,422	28	12,294,239
	29	Permanently restricted net assets		17,482,877	29	18,434,942
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		64,365,750	33	68,858,371
	34	Total liabilities and net assets/fund balances		233,615,473	34	237,199,189

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 23-1352654
Name: LA SALLE UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MICHAEL J MCGINNIS FSC PHD PRESIDENT	40 0	X		X				0	0	27,621
SUSAN M BARRETT INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
JAMES L BUTLER F S C INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
DIEGO CALDERIN INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
SUSAN ALTAMORE CARUSI INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
JOHN M DALY M D INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
EDWARD J FIERKO INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
DANIEL K FITZPATRICK INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
JOHN FRIES INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
JOSEPH A FRICK INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
JAMES GAFFNEY F S C INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
GAETANO P GIORDANO INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
ELMER F BUD HANSEN JR INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
ANTHONY HAYDEN INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
BRIAN HENDERSON F S C INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
RICARDO JOHNSON INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
WILLIAM E KELLY JR INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
RICHARD KESTLER F S C INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
DENISE D ANTONIO MALECKI INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
BERNADETTE MANGAN INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
DENNIS MALLOY F S C INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
WILLIAM J MARKMANN M D INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
SHARMAIN MATLOCK TURNER INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
WILLIAM W MATTHEWS III ESQ INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0
RALPH J MAURO ESQ INDIVIDUAL TRUSTEE OR DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
WILLIAM J MCCORMICK JR INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
THOMAS F MCGOWAN INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
LAURA KIND MCKENNA INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
JAMES MORRIS INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
JAMES V O ROURKE INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
DAVID T POIESZ INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
CARMEN V ROMEO VICE CHAIRMAN OF THE BOARD	1.0	X						0	0	0
WILLIAM R SAUTTER CPA CHAIRMAN OF THE BOARD	1.0	X						0	0	0
ROBERT SCHIELER F S C INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
JAMES J SMART CPA INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
JUDITH A SPIRES INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
KEVIN M STANTON F S C INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
GREGORY J WEBSTER INDIVIDUAL TRUSTEE OR DIRECTOR	1.0	X						0	0	0
MATTHEW S MCMANNESS TREASURER	40.0			X				230,042	0	31,786
EDWARD J SHEEHY VICE PRESIDENT	40.0			X				0	0	9,254
R BRIAN ELDERTON VICE PRESIDENT	40.0				X			197,797	0	20,982
RICHARD A NIGRO PROVOST	40.0				X			227,674	0	27,048
JOHN F DOLAN VICE PRESIDENT	40.0					X		193,436	0	25,240
JOHN GIANNINI BASKETBALL COACH	40.0					X		348,383	0	32,381
YUSUF J UGRAS DEAN	40.0					X		193,185	0	17,864
PAUL R BRAZINA DEAN SCHOOL OF BUSINESS	40.0					X		202,149	0	10,819
THOMAS BRENNAN ATHLETIC DIRECTOR	40.0					X		202,524	0	19,125

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
TUITION & FEES	900,099	134,227,523	134,227,523		
RESIDENCE HALLS	900,099	11,987,322			11,987,322
DINING SERVICES	900,099	10,129,369			10,129,369
ACADEMIC RELATED REVENUES	900,099	2,150,971	2,150,971		
CAMPUS STORE	900,099	327,300	327,300		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD-CAFETERIA	2,964,950	2,964,950		
REPAIRS, MAINTENANCE, RENTAL	2,321,951	1,659,356	642,618	19,977
UTILITIES	5,260,475	4,944,847	315,628	
STUDY ABROAD	408,551	408,551		
BAD DEBT EXPENSE	1,693,489		1,693,489	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 8,350

(ii) Assets included in Form 990, Part X ▶ $ 3,767,339

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV 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 the arrangement in Part XIV and complete the following table

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	55,193,971	74,671,248			
b Contributions	1,810,684	1,344,902			
c Investment earnings or losses	6,083,763	-16,161,026			
d Grants or scholarships	1,275,745	1,276,056			
e Other expenditures for facilities and programs	2,234,113	3,385,097			
f Administrative expenses					
g End of year balance	59,578,560	55,193,971			

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

- a Board designated or quasi-endowment ▶ 54 000 %
- b Permanent endowment ▶ 46 000 %
- c Term endowment ▶ %

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) Accumulated depreciation	(d) Book value
1a Land		17,505,255		17,505,255
b Buildings		186,098,057	75,963,071	110,134,986
c Leasehold improvements				
d Equipment		9,933,659	4,468,681	5,464,978
e Other		16,137,833	11,789,563	4,348,270
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				137,453,489

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
POST RETIREMENT BENEFIT LIABIL	11,630,974
ADV FEDERAL GOVT STUDENT LOANS	5,984,029
ASSET RETIREMENT OBLIGATION	676,222
OTHER LIABILITIES	1,334,143
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	19,625,368

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	171,316,525
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	174,289,879
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,973,354
4	Net unrealized gains (losses) on investments	4	7,465,975
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	7,465,975
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,492,621

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	131,336,318
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,465,975		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-49,301,915		
e	Add lines **2a** through **2d**			2e	-41,835,940
3	Subtract line **2e** from line **1**			3	173,172,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-1,855,733		
c	Add lines **4a** and **4b**			4c	-1,855,733
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	171,316,525

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

1	Total expenses and losses per audited financial statements			1	126,843,697
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-49,301,915		
e	Add lines **2a** through **2d**			2e	-49,301,915
3	Subtract line **2e** from line **1**			3	176,145,612
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	-1,855,733		
c	Add lines **4a** and **4b**			4c	-1,855,733
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	174,289,879

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART III LINE 4		ONE OF THE MUSEUM'S PRIMARY GOALS HAS BEEN TO DEVELOP A COMPREHENSIVE COLLECTION OF EUROPEAN AND AMERICAN ART FROM THE RENAISSANCE TO THE PRESENT, AND IT STRIVES TO DOCUMENT THIS HISTORY WITH EXAMPLES OF MOST OF THE MAJOR ART MOVEMENTS WITH A WIDE SELECTION OF SUBJECTS OTHER HOLDINGS INCLUDE GROUPS OF RARE ILLUSTRATED BIBLES,JAPANESE PRINTS (19TH-20TH CENTURIES), INDIAN MINIATURES, AFRICAN CARVINGS AND IMPLEMENTS, PRE-COLOMBIAN POTTERY AND ANCIENT GREEK CERAMICS THE UNIVERSITY IN 1976 BEGAN A DEGREE PROGRAM IN ART HISTORY AND SIMULTANEOUSLY BEGAN ACQUIRING ART WHAT BEGAN AS A MODEST STUDY COLLECTION HAS BECOME THE LA SALLE ART MUSEUM, CONSIDERED ONE OF THE CITY'S GEMS
PART V LINE 4		THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 120 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE UNIVERSITY HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 5% OF ITS FUNDS BASED ON A TRAILING 12 QUARTER AVERAGE ENDOWMENT MARKET VALUE THE UNIVERSITY, OVER THE LONG TERM, EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO CONTINUE TO GROW THIS IS CONSISTENT WITH THE UNIVERSITY'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ITS ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN
PART X		THE UNIVERSITY HAS BEEN GRANTED TAX-EXEMPT STATUS AS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, AND THE UNIVERSITY HAS NO TAX POSITIONS THAT ARE MORE LIKELY THAN NOT FOR THE RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN
PART XII LINE 2D		THIS REFLECTS STUDENT FINANCIAL ASSISTANCE THAT LASALLE AWARDED IN THE 2009-10 FISCAL YEAR THE REVENUE NUMBER IN LINE 1 OF THIS SECTION IS NET OF THIS NUMBER
PART XII LINE 2D		THIS REFLECTS STUDENT FINANCIAL ASSISTANCE THAT LA SALLE AWARDED IN THE FISCAL YEAR 2009-10 THE EXPENSE IN LINE 1 OF THIS SECTION IS NET OF THIS NUMBER
PART XII LINE 4B AND PART XIII LINE 4B		RECLASSIFICATION OF THE FOLLOWING EXPENSES RENTAL <$1,800,224> COST OF GOODS SOLD < 240,321> INVESTMENT EXPENSES 184,812 ---------- TOTAL <$1,855,733>

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain LA SALLE UNIVERSITY INCLUDES THIS POLICY IN ALL DOCUMENTS, INCLUDING RESEARCH MATERIALS AND ITS WEBSITE	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
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," explain on Schedule O (Form 990)	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	Instruction	172,594
Europe (Including Iceland and Greenland)	0	0	Program Services	ROOM & BOARD	235,957
Central America and the Caribbean	0	0	Investments		
Totals . . . . . ►	0	0			408,551

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
PART I LINE 1		THE OFFICE OF STUDENT FINANCIAL SERVICES ASSISTS STUDENTS AND THEIR FAMILIES IN FINANCING THEIR LA SALLE EDUCATION THROUGH SCHOLARSHIPS, GRANTS, LOANS AND/OR ONE OF THE UNIVERSITY'S WORK PROGRAMS AS IT PERTAINS TO THOSE STUDENTS WHO CHOOSE TO STUDY ABROAD, THEIR GRANTS ARE NOT TAKEN OUTSIDE THE US BUT APPLIED TO THEIR TOTAL LA SALLE BILL STUDENTS ARE PERMITTED TO USE A MAXIMUM OF $1,000 FROM ANY ONE LA SALLE UNIVERSITY GRANT OR SCHOLARSHIP FUND TO PAY FOR STUDY ABROAD TUITION IN IRELAND, AUSTRALIA AND ROME, AND A TOTAL OF $4,000 TOWARDS STUDY ABROAD TUITION IN MEXICO, PER SEMESTER OF STUDY ABROAD THIS INCLUDES THE FOUNDER'S SCHOLARSHIP, MISSION GRANT, CHRISTIAN BROTHERS SCHOLARSHIP, FEDERAL SEOG GRANT AND ANY ENDOWED SCHOLARSHIP THAT IS AWARDED THROUGH STUDENT FINANCIAL SERVICES THESE ARE THE ONLY LA SALLE FUNDS THAT MAY BE AWARDED FOR STUDY ABROAD TUITION AT THE END OF THE STUDENT'S STUDY ABROAD EXPERIENCE, THE OFFICE OF STUDENT FINANCIAL SERVICES WILL MONITOR THE STUDENTS GRADES TO ENSURE THAT THEY DID ATTEND THE STUDY ABROAD INSTITUTION BECAUSE GRANTS ARE NOT TAKEN OUTSIDE THE US BUT INSTEAD APPLIED TO THE STUDENT'S LA SALLE BILL, ALL GRANTS ARE SHOWN ON SCHEDULE I

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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

		(a) Event #1 PRESIDENT'S CUP (event type)	(b) Event #2 CHARTER DINNER (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	355,258	199,443		554,701
	2 Less Charitable contributions	292,634	171,543		464,177
	3 Gross income (line 1 minus line 2)	62,624	27,900		90,524
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	12,540	46,124		58,664
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,195	3,665		31,860
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				90,524
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

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

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

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to 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 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PART IV		AS OUTLINED IN PART III AND IN SCHEDULE I-1, LA SALLE UNIVERSITY MAINTAINS RECORDS TO QUANTIFY THE DOLLAR AMOUNT OF THE STUDENT FINANCIAL ASSISTANCE AWARDED, THE NUMBER OF RECIPIENTS PER GRANT/SCHOLARSHIP, AND THE SELECTION CRITERIA

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1352654
Name: LA SALLE UNIVERSITY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
GEN PURPOSE MERIT SCHOLARSHIP & NEED-BASED	3000	38,653,169			
SPECIAL PURPOSE - ATHLETIC AID	332	4,570,031			
SPECIAL PURPOSE - GRADUATE AID	342	628,497			
ADP TUITION WAIVER	40	111,020			
BURNS ROTC SCHOLARSHIP (UNDERGRADUATE)	6	53,980			
BI-LINGUAL STUDIES GRANT	46	60,000			
CHRISTIAN BROTHERS' RELATIVES	9	127,250			
MERIT BASED SCHOLARSHIPS FOR FRESHMEN	60	1,883,762			
COMMUNITY SERVICE SCHOLARSHIPS	20	198,350			
PRESIDENTIAL DISCRETIONARY GRANTS	2	8,020			
STUDENTS INTENDING TO BECOME CHRISTIAN BROS GRANTS	5	88,765			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) Retirement and other 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 reportable compensation				
MATTHEW S MCMANNESS	(i)	230,042	0	0	12,137	19,649	261,828	0
	(ii)	0	0	0	0	0	0	0
R BRIAN ELDERTON	(i)	197,797	0	0	0	20,982	218,779	0
	(ii)	0	0	0	0	0	0	0
RICHARD A NIGRO	(i)	227,674	0	0	8,280	18,768	254,722	0
	(ii)	0	0	0	0	0	0	0
JOHN F DOLAN	(i)	193,436	0	0	5,665	19,575	218,676	0
	(ii)	0	0	0	0	0	0	0
JOHN GIANNINI	(i)	348,383	0	0	13,010	19,371	380,764	0
	(ii)	0	0	0	0	0	0	0
YUSUF J UGRAS	(i)	193,185	0	0	6,606	11,258	211,049	0
	(ii)	0	0	0	0	0	0	0
PAUL R BRAZINA	(i)	202,149	0	0	7,423	3,396	212,968	0
	(ii)	0	0	0	0	0	0	0
THOMAS BRENNAN	(i)	202,524	0	0	7,154	11,971	221,649	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	PA Higher Educational Facilities Authority 2007A	23-2243852	70917RNN1	10-01-2007	52,875,000	CONSTRUCTION/REFUND PRIOR ISSUE		X		X
B	PA Higher Educational Facilities Authority 2007B	23-2243852	70917RNQ4	10-01-2007	47,065,000	CONSTRUCTION/REFUND PRIOR ISSUE		X		X
C	PA Higher Educational Facilities Authority 2003	23-2243852	70917NZT4	10-01-2003	37,665,000	CONSTRUCTION		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	53,918,728	47,065,000	37,665,000		
2	Gross proceeds in reserve funds	4,034,988	3,611,332	3,602,699		
3	Proceeds in refunding or defeasance escrows	35,931,466				
4	Other unspent proceeds	1,445,912	1,445,912	3,336,751		
5	Issuance costs from proceeds	823,013	630,711	569,339		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	13,129,261	41,377,045	29,500,000		
8	Year of substantial completion	2009	2009	2005		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
JOHN F DOLAN RELOCATION LOAN		X	595,000	595,000		No	Yes		Yes	
Total . . . . . ▶ $				595,000						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
WILLIAM R SAUTTER	BOT MEMBER	252,287	SEE SCHEDULE O		No
JOSEPH A FRICK	BOT MEMBER	7,311,808	SEE SCHEDULE O		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X		8,350	DONOR-OBTAINED APPRA
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

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

Part II

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE ACCOMPLISHMENTS	STUDENTS SERVICES THE UNIVERSITY PROVIDED COUNSELING, INTER-COLLEGIATE ATHLETICS, HEALTH ADVISING, STUDENT GOVERNING AND OTHER STUDENT LIFE SERVICES FOR ALL STUDENTS EXPENSES $34,755,402
FORM 990, PART VI, LINE 10		THE PROCESS OF REVIEWING LA SALLE UNIVERISTY'S 990 RETURN INTERNALLY IS CONSISTENT AND THOROUGH THE FIRST STEP IN THE PROCESS INVOLVES ASSISTANT CONTROLLER IDENTIFYING THE KEY SUBJECT MATTER EXPERTS ACROSS THE UNIVERSITY HE THEN PASSES ON TO THE APPROPRIATE PERSONS, SECTIONS OF THE 990 WHICH REQUIRE THEIR INPUT OR SUPPORT THIS DATA IS THEN GATHERED AND ENTERED INTO THE 990 UPON COMPLETION OF THE 990, INCLUDING ALL SUPPORTING SCHEDULES, THE CONTROLLER REVIEWS THE REPORT AND SCHEDULES, AND THEN PASSES ONTO THE AVP FOR FINANCE FOR FINAL REVIEW PRIOR TO THE DOCUMENT BEING SENT TO THE INDEPENDENT AUDITORS ONCE REVIEWED BY THE INDEPENDENT AUDITORS, AND ANY QUESTIONS ANSWERED, IT IS SENT BACK TO THE UNIVERSITY FOR THE VICE-PRESIDENT FOR FINANCE AND ADMINISTRATION'S APPROVAL AND SIGNATURE
FORM 990, PART VI, LINE 12C		THE UNIVERSITY CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS WRITTEN CONFLICT OF INTEREST POLICY THE UNIVERSITY REQUIRES THAT ALL BOARD MEMBERS SIGN A CONFLICT-OF-INTEREST STATEMENT THIS STATEMENT PLACES THE RESPONSIBILITY OF EXPECTATION ON EACH MEMBER THAT HE/SHE MUST ALWAYS ACT IN THE BEST INTERESTS OF THE UNIVERSITY AND REFRAIN FROM ACTIONS THAT WOULD BE TO THE SOLE BENEFIT OF THE MEMBER AT THE EXPENSE OF LA SALLE UNIVERSITY REGARDING THE UNIVERSITY'S STAFF AND EMPLOYEES, THERE IS ON-GOING TRAINING CONDUCTED BY THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT THE INTENT OF THIS TRAINING IS TO HAVE EMPLOYEES UNDERSTAND AND EMBRACE THE "LA SALLIAN" VIRTUES AND CODES OF CONDUCT FOR ALL EMPLOYEES THE CONFLICT OF INTEREST POLICY APPLIES TO MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, KEY EMPLOYEES AND STAFF OF THE UNIVERSITY IT IS ALSO INTENDED TO SERVE AS A GUIDE FOR ALL EMPLOYEES OF LA SALLE DISCLOSURES BY BOARD MEMBERS ARE DIRECTED TO THE BOARD CHAIR INCLUDING ANY DISCLOSURES BY THE PRESIDENT ALL OTHER EMPLOYEES ARE TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS TO THE OFFICER OF THEIR RESPECTIVE DIVISION ANY SUCH DISCLOSURE SHOULD THEN BE FORWARDED TO HUMAN RESOURCES FOR INCLUSION IN THE EMPLOYEE'S PERSONNEL FILE ANY PERSON UNSURE OF A CONFLICT MAY REQUEST AN OFFICER TO WEIGH IN ON THE MATTER TO ASCERTAIN WHETHER OR NOT A CONFLICT EXISTS
FORM 990, PART VI, LINE 19		LA SALLE UNIVERSITY WILL MAKE AVAILABLE ITS AUDITED FINANCIAL STATEMENTS OR IRS FORM 990 UPON REQUEST AT PRESENT, THE UNIVERSITY DOES NOT MAKE PUBLIC ITS GOVERNING DOCUMENTS NOR ITS FORMAL CONFLICT OF INTEREST POLICY
FORM 990, PART IV, LINE 28A AND SCHEDULE L, PART IV		THERE ARE CURRENTLY 2 BOARD MEMBERS WHO HAVE ACKNOWLEDGED THROUGH SIGNING A POTENTIAL CONFLICT OF INTEREST DISCLOSURE, THAT THEY HAVE A DIRECT BUSINESS RELATIONSHIP WITH THE UNIVERSITY, OTHER THAN THEIR ROLE AS A TRUSTEE THESE BOARD MEMBERS ARE 1)JOSEPH FRICK, PRESIDENT AND CEO OF INDEPENDENCE BLUE CROSS IBC PROVIDES HEALTH INSURANCE TO LA SALLE EMPLOYEES THROUGH A CONTRACT WITH THE UNIVERSITY 2) WILLIAM SAUTTER, OWNER AND PRESIDENT OF ELLIOTT-LEWIS CORPORATION ELLIOTT-LEWIS CORPORATION PERFORMS MECHANICAL MAINTENANCE, REPAIR AND INSTALLATION SERVICES FOR LA SALLE UNIVERSITY ALL SUCH WORK IS AWARDED THROUGH A COMPETITIVE BIDDING PROCESS
FORM 990, PART VI, LINES 15A AND 15B		1 THERE IS A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES WHICH REVIEWS THE COMPENSATION OF ALL VICE-PRESIDENTS, THE PROVOST, PRESIDENT, EXECUTIVE ASSISTANTS, AND THE DIRECTOR OF INTER-COLLEGIATE ATHLETICS THE FACULTY SALARY FOR BROTHER EDWARD SHEEHY, A VICE-PRESIDENT, IS NOT REVIEWED SINCE HIS SALARY FALLS UNDER THE FACULTY SALARY AND WAGE POLICY PRIOR TO 2008-2009, THE COMMITTEE REVIEWED SALARIES AGAINST CUPA DATA AND THE RELATED PEER GROUP(S) BEGINNING IN 2009, THE BOARD ENGAGED AN OUTSIDE CONSULTANT, YAFFE & COMPANY, INC TO ADVISE ON EXECUTIVE COMPENSATION GOING FORWARD THIS FIRM HAS BEEN A SPECIALIST IN REVIEWING NON-PROFIT EXECUTIVE COMPENSATION SINCE 1976 THE PROCESS UTILIZES CUSTOMIZED REGIONAL AND NATIONAL SALARY SURVEY DATA, COMPLIES WITH ALL IRS AND OTHER REQUIREMENTS FOR INDEPENDENCE, ACCOUNTABILITY, DISCLOSURE AND DOCUMENTATION CONSEQUENTLY, OUR EXECUTIVES ARE COMPENSATED COMPETITIVELY AND OUR TRUSTEES ARE SECURE IN KNOWING THAT ALL REGULATORY REQUIREMENTS HAVE BEEN MET YAFFE WILL THEN PRESENT ITS FINDINGS AND RECOMMENDATIONS BACK TO THE LA SALLE SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AT THIS POINT, THERE WOULD BE DELIBERATION ON ANY RECOMMENDATIONS AND THE BOARD WILL ALSO TAKE INTO ACCOUNT ANY OTHER RELEVANT INFORMATION AND FACTORS IN DETERMINING THE REASONABLENESS OF EXECUTIVE COMPENSATION THE MINUTES SHALL REFLECT THE CONSIDERATION OF THE BOARD AS TO THE ISSUE OF EXECUTIVE COMPENSATION AND WHAT THE FINAL DECISION MIGHT BE
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION		LA SALLE UNIVERSITY, DEDICATED IN THE TRADITIONS OF THE CHRISTIAN BROTHERS TO EXCELLENCE IN TEACHING AND TO CONCERN FOR BOTH ULTIMATE VALUES AND FOR THE INDIVIDUAL VALUES OF ITS STUDENTS, IS A PRIVATE ROMAN CATHOLIC UNIVERSITY COMMITTED TO PROVIDING A LIBERAL EDUCATION OF BOTH GENERAL AND SPECIALIZED STUDIES LA SALLE STRIVES TO OFFER, THROUGH EFFECTIVE TEACHING, A QUALITY EDUCATION FOUNDED ON THE IDEA THAT ONE'S INTELLECTUAL AND SPIRITUAL DEVELOPMENT GO HAND IN HAND, COMPLIMENTING AND FULFILLING EACH OTHER THE UNIVERSITY HAS, AS ITS BASIC PURPOSE, THE FREE SEARCH FOR TRUTH BY TEACHING ITS STUDENTS THE BASIC SKILLS, KNOWLEDGE, AND VALUES THAT THEY WILL NEED FOR A LIFE OF HUMAN DIGNITY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LA SALLE UNIVERSITY

Employer identification number
23-1352654

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
COIN CRI CLUB	HOLDS LICENSE	PA	501 (C) (3)	11C	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No