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Department of the Treasury

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

		2000 1			7.04.2000	10		Inspection		
			endar yea	r, or tax year beginning	07-01-2009 and ending 06-30-20	10	D Employer i	identification number		
B Check if applicable Please use IRS label or										
		lange	use IKS label or	Doing Business As			24-07724 E Telephone			
∏ Nar	ne cha		print or type. See	Domig Business 715			2 relephone			
┌ Inıt	ıal retu	rn S	Specific	Number and street (or P C	box if mail is not delivered to street add	ress) Room/suite	(570) 577-3811			
┌ Ter	minate		Instruc- tions.	Marts Hall			G Gross receip	ots \$ 342,056,803		
┌ Am	ended	return		City or town, state or cour	try. and ZIP + 4		•			
_				Lewisburg, PA 17837						
i Abt	nicatioi	n pending				1	l			
				ne and address of princij Mitchell	pal officer		ıs a group reti			
				arts Hall Bucknell Univ		атіііа	ates?	⊤Yes ▼ No		
			Lewisbi	urg, PA 17837		H(b) Are al	II affiliates incl	uded?		
								st (see instructions)		
I Ta	x-exem	npt status	▼ 501(c))(3) ◄ (insert no)	47(a)(1) or	H(c) Grou	up exemption	number 🟲		
υ w	ebsit e	e:⊫ www	bucknell e	edu						
V For	n of or	aanization I	Corporat	ion Trust Association	Othor No.	l Voor of fo	ormation 1846	M State of legal domicile PA		
	rt I	Summ		long must Associations	Other F	L fear of fo	illiation 1846	M State of legal doffficile PA		
				e organization's mission	or most significant activities					
	_				ere liberal arts and professional pr	ograms comple	ement each ot	ther Bucknell seeks to		
aı.			our stude:	nts to serve the commor	good and to promote justice in wa	ays sensitive to	the moral and	d ethical dimensions of		
Governance		lıfe								
Ĕ										
臺										
ទី	2	Check th	ıs box 🛏	if the organization disc	ontinued its operations or dispose	d of more than	25% of its ne	et assets		
26	3	Number	of voting r	nembers of the governin	g body (Part VI, line 1a)			38		
Activities	4	Number	ofindepen	ident voting members of	the governing body (Part VI, line 1	1b)		4 37		
<u> </u>	5	Total nur	nberofen	nployees (Part V , line 2a)			5 3,523		
্ব	6	Total nur	nber of vo	lunteers (estimate if ne	essary)			6 2,188		
	7a			•	m Part VIII, column (C), line 12			7a -469,344		
		_			m Form 990-T, line 34			7b -1,699,636		
					· ·	Prio	or Year	Current Year		
	8	Contribi	utions and	d grants (Part VIII, line	1h)		29,131,225	28,029,520		
활	9			revenue (Part VIII, line		165,640,418				
Revenue	10	-		ne (Part VIII, column (A						
å	11				es 5, 6d, 8c, 9c, 10c, and 11e)		5,054,975			
	12		•	, , , , , , , , , , , , , , , , , , , ,	ust equal Part VIII, column (A), lı	ne	3,001,37.0	3,733,037		
						203,746,268	216,424,449			
	13	Grants	and sımıla	ar amounts paid (Part IX	column (A), lines 1-3)		41,569,252	43,455,629		
	14	Benefits	paid to o	r for members (Part IX,	column (A), line 4)			0		
ch.	15		, other co	ompensation, employee l	enefits (Part IX, column (A), lines	5-				
Expenses		10)					104,477,990	109,227,854		
₹	16a				umn (A), line 11e)			0		
置	Ь	Total fund	draising exp	enses (Part IX, column (D), lı	ne 25) 🕨 10,822,653					
	17	Othere	xpenses ((Part IX, column (A), line	s 11a-11d, 11f-24f)		67,920,974	64,750,297		
	18	Total ex	penses A	Add lines 13–17 (must e	equal Part IX, column (A), line 25)		213,968,216 217,43			
	19	Revenue	e less exp	enses Subtract line 18	from line 12		-10,221,948 -1,009,			
ຮ [ຸ]							g of Current	End of Year		
to the second		_					fear	_		
88. B.a.	20						794,817,988	 		
Net Assets or Fund Balances	21		-				132,184,394	 		
	22				21 from line 20		662,633,594	718,175,868		
Pai	t II	_	ture Blo							
					amined this return, including accompanyir					
				, , , , , , , , , , , , , , , , , , ,						
Sign	l	****				2011-	-05-12			
Here	2	Signat	ure of office	er		Date				
				P-Finance & Admin						
		Туре	or print nam	e and title						
		Preparer's			Date	Check If		ntifying number		
Paid		signature				self- empolyed •	(see instructio	ons)		
	arer's						orycu r p			
Use (ıf self-emp	oloyed),	· • • • • • • • • • • • • • • • • • • •			EIN ▶			
	•	address, a	nd ZIP + 4	•			Phone no 🕨			
May t	he IR	S discuss	this retu	rn with the preparer show	vn above? (see instructions) .			□Yes □No		

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Form 990 (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Bucknell is a unique national university where liberal arts and professional programs complement each other. Bucknell educates men and women for a lifetime of critical thinking and strong leadership characterized by continued intellectual exploration, creativity, and imagination. A Bucknell education enables students to interact daily with faculty who exemplify a passion for learning and a dedication to teaching and scholarship. Bucknell fosters a residential, co-curricular environment in which students develop intellectual maturity, personal conviction and strength of character, informed by a deep understanding of different cultures and diverse perspectives. Bucknell seeks to educate our students to serve the common good and to promote justice in ways sensitive to the moral and ethical dimensions of life Bucknells rich history and heritage will influence its planning for the future. Bucknells potential as an institution of higher learning extends beyond that of a traditional liberal a

Did the organization undertake any significant program services during the year which were not listed on

	the prior Form 99	0 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?									
	If "Yes," describe	these changes on Sch	edule O						
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 are allocations to others, the total expenses, and revenue, if any, for each program service reported									
4a	(Code) (Expenses \$	109,888,890	ıncludıng grants of \$	43,455,629) (Revenue \$	142,965,364)			
	Instruction - the exp	enses of instructional depart	ments and programs	;					
4b	(Code) (Expenses \$	30,556,691	ıncludıng grants of \$) (Revenue \$	2,065,750)			
	Student Services - th	ne expenses of activities and	services that indirec	tly support the educational	programs such as library services and	d athletics/recreation			
4c	(Code) (Expenses \$	26,524,217	including grants of \$) (Revenue \$	29,197,305)			
	Auxiliary Enterprises	- the expenses of room, bo	ard, and other servic	es primarily for the Univers	ity's students				
4d	Other program s	ervices (Describe in S	chedule O)						
	(Expenses \$	21,556,383 ı	ncluding grants o	of\$) (Revenue \$)			
4e	Total program se	ervice expenses > \$	188,526,18	1					

Part IV	Check	list 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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
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		Νο
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		No
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			
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	Yes	
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? <i>If</i> " <i>Yes,"</i> 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	Yes	
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? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		N o
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		N o
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t 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		Νo
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		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	Yes	
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?	38	Yes	

			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		- 	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 3,975			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	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	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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	Yes	
Ь	If "Yes," enter the name of the foreign country ▶UK 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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
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		No
5a	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		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b	Yes	
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		N o
g h	For contributions of qualified intellectual property, and the organization file Form 8899 as required?	7g		INO
••	required?	7h		Νo
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		NI a
9	Sponsoring organizations maintaining donor advised funds.	•		No
	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
а	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			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

209 Marts Hall Bucknell University

Lewisburg, PA 17837 (570) 577-3811

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
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		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
	48 December of Cabadala O the annual of the Cabadala O the annual of the Cabadala O the Cabadala			
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	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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		Νo
	Let the States with which a copy of this Form 200 is required to be filed \textbox. N1 NH			
17	List the States with which a copy of this Form 990 is required to be filed WA, NJ, NH Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c))			
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	ne orga	nızatıor	n 🕨
	David J Surgala			

Part VIII 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	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	key employee Key employee Officer Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

1b Total	 4,444,954	1,048,122

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 117

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3	Yes	
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			
	marviadar	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

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
W P Stewart & Co 527 Madison Ave New York, NY 10022	Investment Mgr	1,229,828
Shepley Bulfinch 2 Seaport Lane Boston, MA 02210	Facılıtıes Mgmt	328,381
Parkhurst Dining Service PO BOX 644091 Pittsburgh, PA 15264	Food Management	8,962,372
Engineering Laboratory Design Inc PO Box 278 Lake City, MN 55041	Construction	537,635
Burton F Clark Inc PO Box 427 Delhi, NY 13753	Construction	1,304,865
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 >3

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du	ies 1b					
∰.	c	Fundraising eve	ents 1c					
<u>≅,≅</u>	d	Related organiz	zations 1d					
ē.Ē	e	Government grant	s (contributions) 1e	5,026,154				
atio er ∢	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	23,003,366				
きょうしゅう しゅうしゅう しゅうしゅう しゅうしゅ しゅうしゅ しゅうしゅ しゅうしゅ しゅうしゅ しゅうしゅ しゅう しゅう	g	Noncash contri	ibutions included in					
夏		lines 1a-1f \$ _	,615,804	_	20.020.520			
० व	h	Total. Add lines	s 1a-1f		28,029,520			
e E				Business Code				
٧en	2a	Tuition & Fees			142,965,364	142,965,364		
윤	Ь	Residence Halls &			26,536,020	26,536,020		
M Ce	C	Related Auxiliary S	Svcs		1,747,344	1,747,344		
Š	d							
E E	e	A. II b.b						
Program Serwce Revenue	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		171,248,728			
	3		ome (including dividen		7.074.400			7.074.400
			ar amounts)		7,871,183			7,871,183
	4 5		stment of tax-exempt bond		0			
		Royalties	(ı) Real	(II) Personal	-			
	6a	Gross Rents	(1)	(,				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	131,117,275					
		assets other than inventory						
	ь	Less cost or	125,632,354					
		other basis and sales expenses						
	c	Gain or (loss)	5,484,921		F 404 021	F 404 021		
	d 8a		(SS)		5,484,921	5,484,921		
ne	04	events (not inc	rom fundraising luding					
듄		\$ of contributions	 s reported on line 1c)					
å		See Part IV, lir	ne 18					
Other Revenue	Ь	less direction	a penses b					
돌	c		(loss) from fundraising	L events ►	0			
	9a	Gross income f	rom gaming activities					
			ne 19					
	١.		a 					
	b с		penses b (loss) from gamıng actı	vities	0			
	-	Gross sales of						
		returns and allo	owances .					
	 	1.00	a .					
	b с		oods sold b (loss) from sales of inv	entory	0			
	<u> </u>	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	Other Revenue			4,259,441	4,259,441		
	ь	Management S		541,200	159,195		159,195	
	c	Golf course rev		713,910	754,747		754,747	
	d	All other reven	ue		-1,383,286		-1,383,286	
	e	Total. Add lines	s 11a-11d		3,790,097			
				F .	3,.30,037			
	12	Iotal revenue.	See Instructions .	· · •	216,424,449	180,993,090	-469,344	7,871,183

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, p, 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	36,948,518	36,948,518		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	6,507,111	6,507,111		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,050,564	1,174,953	2,407,716	467,895
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	173,032	173,032		
7	Other salaries and wages	76,508,949	65,081,464	6,306,568	5,120,917
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,257,241	5,321,373	518,319	417,549
9	Other employee benefits	16,798,803	13,654,458	2,049,962	1,094,383
10	Payroll taxes	5,439,265	4,493,721	570,835	374,709
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	143,095	31,133	107,154	4,808
c	Accounting	136,410		136,410	
d	Lobbying	121,748		121,748	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,110,862		1,110,862	
g	Other	16,337,206	14,245,796	1,500,985	590,425
12	Advertising and promotion	125,934	69,010	54,172	2,752
13	Office expenses	9,614,391	7,869,216	896,537	848,638
14	Information technology	1,841,677	1,734,779	92,860	14,038
15	Royalties	0			
16	Occupancy	331,503	16,310	74,460	240,733
17	Travel	5,603,688	4,246,824	382,772	974,092
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,582,409	1,582,409		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,955,884	13,561,516	269,465	124,903
23	Insurance	912,095	880,992	21,252	9,851
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Utilities & fuel	8,751,528	8,719,766	31,535	227
b	Real Estate Taxes	131,281	118,983	12,298	
с	Other Repair and Maintenance	3,535,143	2,953,421	543,612	38,110
d	Miscellanous	515,443	415,254	87,081	13,108
е	Alloc operation & maintenance	0	-1,273,858	788,343	485,515
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	217,433,780	188,526,181	18,084,946	10,822,653
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				

Pa	rt X	Balance Sheet										
					(A) Beginning of year		(B) End of year					
	1	Cash—non-interest-bearing			230,364	1	630,846					
	2	Savings and temporary cash investments			35,287,722	2	46,546,242					
	3	Pledges and grants receivable, net			20,830,525	3	20,930,666					
	4	Accounts receivable, net										
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	es from current and former officers, directors, trustees, key employees, and impensated employees Complete Part II of									
		Schedule L			101,667	5	96,316					
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II		n 4958(f)(1)) and								
		Schedule L				6	0					
Assets	7	Notes and loans receivable, net			8,910,914	7	8,287,532					
8	8	Inventories for sale or use			434,071	8	152,715					
٧	9	Prepaid expenses and deferred charges			1,785,992	9	2,048,198					
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	438,239,053								
	ь	Less accumulated depreciation	10b	215,245,101	223,747,311	10c	222,993,952					
	11	Investments—publicly traded securities			216,885,948	11	233,092,193					
	12	Investments—other securities See Part IV, line 11			283,557,764	12	317,323,634					
	13	Investments—program-related See Part IV, line 11			265,021	13	559,137					
	14	Intangible assets			14	0						
	15	Other assets See Part IV, line 11			15	0						
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			794,817,988	16	855,811,466					
	17	Accounts payable and accrued expenses .			80,108,400	17	86,770,807					
	18	Grants payable				18						
	19	Deferred revenue			8,582,493	19	8,178,521					
	20	Tax-exempt bond liabilities			39,768,249	20	37,576,834					
Se	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified										
Lia		persons Complete Part II of Schedule L				22						
	23	Secured mortgages and notes payable to unrelated third parties	5 .		222,174	23	222,174					
	24	Unsecured notes and loans payable to unrelated third parties				24	945,999					
	25	Other liabilities Complete Part X of Schedule D			3,503,078	25	3,941,263					
	26	Total liabilities. Add lines 17 through 25			132,184,394	26	137,635,598					
es		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	plete	lines 27								
anc	27	Unrestricted net assets			301,160,820	27	323,221,064					
60 00	28	Temporarily restricted net assets		179,280,538	28	202,398,293						
1 P	29	Permanently restricted net assets		182,192,236	29	192,556,511						
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ a	nd cor	nplete								
<u> </u>		lines 30 through 34.										
	30	Capital stock or trust principal, or current funds				30						
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31						
	32	Retained earnings, endowment, accumulated income, or other for	unds			32						
Net	33	Total net assets or fund balances			662,633,594	33	718,175,868					
_	34	Total liabilities and net assets/fund balances			794,817,988	34	855,811,466					

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	

Form **990** (2009)

Software ID: Software Version:

EIN: 24-0772407

Name: Bucknell University

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

Compensated Employees, and	Indepen	dent C	ont	ract	tors	5				1
(A) Name and Title				che pply	′)		T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
William D Dearstyne Jr Trustee	0	×						0	0	0
William A Graham IV Trustee	0	Х						0	0	0
Wayne Bromfield General Counsel	40 00			х				205,500	0	20,914
Warren Abrahamson Professor	40 00					Х		166,812	0	25,265
Susan M Baird Trustee	0	Х						0	0	0
Susan J Crawford Trustee	0	×						0	0	0
Stuart E Berelson Trustee	0	×						0	0	0
Stephen P Holmes Trustee	0	х						0	0	0
Scott G Rosevear Interim VP Dev	40 00			х				152,359	0	29,767
Scott G Nichols Trustee	0	х						0	0	0
Samuel Lundquist VP Dev & Alum	40 00			х				260,861	0	39,688
Ronald L Benjamin Trustee	0	х						0	0	0
Robert J Gamgort Trustee	0	х						0	0	0
Robert A Bonellı Trustee	0	х						0	0	0
Richard D Myers Secretary	40 00			х				181,270	0	16,109
Peter F Mackey V P - C omm	40 00			х				171,855	0	34,174
Peter C Gerhard Trustee	0	х						0	0	0
Paul Shrivastava Professor	40 00					×		155,759	0	64,931
Param S Bedi Information Off	40 00			х				175,272	0	32,298
Nancy B Prial Trustee	0	х						0	0	0
Michael S Cover Treas/Controll	40 00			х				153,014	0	61,122
Mıchael E Flowers Trustee	0	Х						0	0	0
Michael A Smyer Provost	40 00			х				283,665	0	35,888
Marthann Lauver Samek Trustee	0	Х						0	0	0
Marlene A Hurd Trustee	0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) A verage hours per		(tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Lında G Greenberg Trustee	0	Х						0	0	0
Lawrence S Klock Trustee	0	х						0	0	0
Laura A Kinney Trustee	0	Х						0	0	0
Kurt M Thiede VP Enroll Mgmt	40 00			х				176,629	0	32,703
Kenneth W Freeman Board Chair	0	х						0	0	0
Keith Buffinton Dean of Engineering	40 00				х			183,081	0	33,309
Juanita O ra Luckett Brown Trustee	0	х						0	0	0
Joseph A Cıffolıllo Trustee	0	х						0	0	0
John Hardt Director of Athletics	40 00				х			181,286	0	78,309
John H Mathias Trustee	0	Х						0	0	0
John E Bachman Vice Chair	0	Х						0	0	0
Jane Taylor Elfers Trustee	0	Х						0	0	0
Jamey Bennett Trustee	0	х						0	0	0
James P Rice Assoc Provost	40 00					х		160,537	0	27,870
James Orbison Former Dean of Engineering	0						х	154,550	0	72,007
James H DeGraffenreidt Jr Trustee	0	х						0	0	0
J Randall MacDonald Vice Chair	0	х						0	0	0
Glenn D Steele Jr Trustee	0	х						0	0	0
Gay Huey Evans Trustee	0	х						0	0	0
Ellen Q Bush Trustee	0	х						0	0	0
Donald Stechschulte Dır Stdt Health	40 00					х		156,812	0	28,494
Dennis W Swank Assc VP-Finance	40 00			×				163,587	0	29,489
David T Scadden Trustee	0	х						0	0	0
David R Paulsen Coach Men's Basket	0					х		180,113	0	33,183
David Maurrasse Trustee	0	х						0	0	0

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

Trustee

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
David J Surgala VP Fin & Adm	40 00			х				266,746	0	56,242
Craig D Mills Board Secretary	0	х						0	0	0
Christopher Zappe Dean-Arts and Sciences	40 00				x			166,042	0	34,684
Christopher Brown Investment Off	40 00			х				235,967	0	33,879
Charles W Berger Trustee	0	х						0	0	0
C Alan Walker Trustee	0	х						0	0	0
Brian C Mitchell President	40 00	Х		х				513,237	0	227,797
Bentley T Elliott Trustee	0	Х						0	0	0
Barry E Tague	0	x						0	0	0

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
Utilities & fuel	8,751,528	8,719,766	31,535	227
Real Estate Taxes	131,281	118,983	12,298	
Other Repair and Maintenance	3,535,143	2,953,421	543,612	38,110
Mıscellanous	515,443	415,254	87,081	13,108
Alloc operation & maintenance	0	-1,273,858	788,343	485,515

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Bucknell University

Name of the organization

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.

Inspection **Employer identification number**

									24-077240			
	rt I			blic Charity State						structions		
he	organız	zation is	not a privat	e foundation because	ıtıs (Forlu	nes 1 throu	gh 11, check	only one bo	x)			
1	Γ	A churc	h, conventi	on of churches, or ass	sociation of o	churches s	ection 170(b)(1)(A)(i).				
2	굣	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	ıle E)					
3	Γ	A hospi	tal or a coo _l	perative hospital serv	ice organiza	ition descri	bed in sectio i	n 170(b)(1)	(A)(iii).			
4	Γ			organization operate ty, and state	d in conjunc	tion with a	hospital desc	rıbed ın sec	tion 170(b)(1)(A)(iii). Ente	erthe	
5	Γ	_	-	erated for the benefit A)(iv). (Complete Pa	_	or universit	y owned or o	perated by a	governmenta	l unit describ	— ed ın	
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	r	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	Γ	A comm	unity trust	described in section :	170(b)(1)(A)(vi) (Com	nplete Part II)				
9 10 11 e f g		receipts its supp acquired An orga An orga one or n the box a By chec other th section If the or check ti Since A following (i) a pei and (iii) a fai	from activity ort from growing the organization organization organization organization in the organization organization organization who did below, the organization in the organization orga	at normally receives at less related to its excepts investment incompanization after June 3 anized and operated anized and operated by supported organizations the type of supported organizations. I certify that the open managers and other eccived a written detectly or indirectly congoverning body of the profale person described and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and antity of a person described of the strong and the stro	empt function in and unrelated in (i) above the and unrelated in (i) above the and unrelated in (ii) above the and unrelated in (ii) above the and unrelated in (iii) above the and unrelated in (iiii) above the and unrelated in (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ns—subject ited busines ite section 5 to test for p for the bene bed in section Type III is not control or more pub from the IRS ited any gift r alone or to ed organization	to certain exists taxable income (109(a)(2). (Constitution 509(a)(1)) omplete lines - Functionall colled directly licly supported that it is a for contribution or contribution 50 that it is a for contribution of the contributi	come (less somplete Par Seesection Form the func- or section ! so 11e throughy integrated or indirectled organizated	nd (2) no more section 511 tat III) 509(a)(4). Stions of, or to 509(a)(2) See gh 11h d d y by one or more one described at II or Type II of the	e than 331/3% exx) from busing carry out the exection 5096 Type II ore disqualified in section 5 I supporting a	purpos (a)(3). I - Oth d perso (09(a)(i) prganiz	ses of Check ner ons 1) or
h				led entity of a person ig information about t						11g(iii)	<u> </u>	
(ii) Name of supported organization organization EIN Organization (iii) Supported organization organization (iii) (iv) Is the organization in col (i) listed in your governing document? (see (v) Did you notify the organization in col (i) of your support?						otify the tion in fyour	(vi) Is th organizat col (i) org	ie tion in janized	A m	vii) ount of oport?		
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
										1		
										1		
+-	.i					1		1	1		I	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar 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 Gross receipts from activities that						
3	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 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493132005051

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

		the organization inversity	Em
			24-
Part	I-A	Complete if the organization is exempt under section 501(c) or is a	sec
1	Provi	de a description of the organization's direct and indirect political campaign activities in Pai	rt I V

r	is	a	section	<u>527</u>	organization.

24-0772407

Employer identification number

2	Political expenditures	F	\$	
3	Volunteer hours			
			•	
Par	t I-B Complete if the organization is exempt under section 501(c)(3).			

Par	14-13 Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$

- Enter the amount of any excise tax incurred by organization managers under section 4955
- Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **▼** No
- √ No Was a correction made? **4a**

If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments

were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election			
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing Organization's Totals	(b) Affiliated Group Totals						
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	Total lobbying expenditures (add lines 1a and 18	b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)								
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

Sche	edule C (Form 990 or 990-EZ) 2009					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led Fo	orm	5768	3
	<u>_</u>	(a)		(a)		
		Yes	No	,	mour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			12	21,748
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i				12	21,748
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01 (c)(5), (or se	ectio	n
	302(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Γ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section $501(c)(4)$, section 5	01(c)(5),	or se	ectio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".	ΙΙ-À,	line 3	is		
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	Supplemental Information					
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and o, complete this part for any additional information	d Part	II-B, line	e 1ı		
	Identifier Reference Explanat	ion				

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As Filed Data -

DLN: 93493132005051

OMB No 1545-0047

2009

Open to Public Inspection

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.

Employer identification number Name of the organization Bucknell University 24-0772407 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and

- Number of states where property subject to conservation easement is located ►______

 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

 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►______

 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$______

 B 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

 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
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

▶\$_____

(ii) Assets included in Form 990, Part X

- F\$____
- 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

3	Using the organization's accession and othe									ontinuea)
•	items (check all that apply)	r records, check un	y 01 ti	16 1011	owing the	at are a signin	cuiic .	ase of its confecti	011	
а	Public exhibition		d	Γ	Loan or	exchange pro	g ra m	5		
b	✓ Scholarly research		e	\sqcap	Other					
С	▼ Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w the	y further	the organizati	on's e	xempt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	√ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						ed "\	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	dıary	for c	ontributio	ons or other a	ssets	not 「	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able			A mo	ount	
С	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 Fe	orm 990, Part X, line	e 21?					. г	Yes	
ь	If "Yes," explain the arrangement in Part XI\							·		·
	rt V Endowment Funds. Complete		n ans	were	ed "Yes"	to Form 99	0, Pa	rt IV, line 10.		
		(a)Current Year	(1) Prior	Year	(c)Two Years B	ack (d	1)Three Years Back	(e) Four	Years Back
1a	Beginning of year balance	442,825,991			4,592,841					
b	Contributions	12,053,400		10	0,134,058					
c	Investment earnings or losses	65,662,489		-9:	1,127,874					
d	Grants or scholarships	9,694,242		(9,830,053					
е	Other expenditures for facilities and programs	17,987,993		18	8,088,277					
f	Administrative expenses	1,364,645		2	2,854,704					
g	End of year balance	491,495,001		442	2,825,991					
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	31.000 %								
b	Permanent endowment F 69.000 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	that a	are held a	ınd admınıster	ed fo	the	Yes	No
	(i) unrelated organizations							3a(i) Yes	
	(ii) related organizations							3a(ii)	No
	If "Yes" to 3a(II), are the related organizatio							3b		No
4	Describe in Part XIV the intended uses of th) D- 1 // 1 -	- 40			
Pa	tt VI Investments—Land, Building	s, and Equipme	<u>nt. S</u>							
	Description of investment				Cost or oth			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land		•			5,2	92,551			5,292,551
b	Buildings					280,5	59,402	89,786,816	19	90,772,586
c	Leasehold improvements					3,1	07,551			3,107,551
d	Equipment					105,6	15,861	92,672,407	:	12,943,454
	Other		•	<u> </u>		•	63,688			10,877,810
Tota	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B), line	10(c).) .					22,993,952
								Schedule D	(Form 9	990) 2009

(a) Description of security or category		2. (c) Method o	fvaluation
(including name of security)	(b)Book value	Cost or end-of-ye	
Financial derivatives			
Closely-held equity interests	289,703,440		F
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	317,323,634		
Part VIII Investments—Program Related. See			
	(b) Book value	(c) Method o	f valuation
(a) Description of investment type	(b) Book Value	Cost or end-of-ye	ear market value
Fraternity Mortgages	185,800		С
Shared Services Consortium	10,000		F_
Campus Theater - mortgage	108,848		F_
Bison Ventures, Inc	254,489		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line			
			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
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Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Descript	ion		(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Descript Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	.)		(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,	.)		(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, (a) Description of Liability	.)		(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, (a) Description of Liability Federal Income Taxes	.)		(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, (a) Description of Liability	.)		(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, (a) Description of Liability Federal Income Taxes	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(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, (a) Description of Liability Federal Income Taxes Funds held in custody for others Funds held for student organizations	.)		(b) Book value

Total revenue (Form 990, Part VIII, column (A), line 12)

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Rei	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	₁	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
_ a	Donated services and use of facilities		
ь	Prior year adjustments	1	
с	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
Con	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 a and 4, Pa	art IV . Ii	nes 1b and 2b.

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

Part V, line 4, 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

Ident if ier	Ret urn Reference	Explanat ion
Part X	Part X FIN48 Footnote	Effective July 1, 2007, the University records income tax liabilities and assets using a theshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The University does not believe that there are any unrecognized tax benefits or costs that should be recorded in the financial statements.
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Postretirement charges other than periodic expense \$ -0
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The university's endowment fund provides a relatively stable investment income stream to the university's operations. As noted in Schedule D, Part V, Line 1(d), a significant portion of that investment income is restricted by endowment donors for student scholarships. The remaining endowment investment income provides annual support to various programs of the university.
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The University has obtained certain art work, rare books, and historical artifacts that are held in safekeeping at the University's library and art gallery. These items are used for educational purposes as the University is a private institution of higher education.
Part III, Line 1a	Part III, Line 1a If organization elected under SFAS 116 to not reportare, historical treasures, o	As permitted by generally accepted accounting principles, the University does not capitalize works of art, historical artifacts, and collectibles, which are principally acquired by donation

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Bucknell University

Name of the organization

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

	24-07/2407			
			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	3	Yes	
	The University's racial non-discrimination policy is available on the university's website and is printed in University publications		Tes	
4	Does the organization maintain the following?			
а	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	
С	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)			
		-		
_	Describes an analysis of a support of the support o	-		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
_	The state of privileges			110
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
		-		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νo
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # 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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DLN: 93493132005051

SCHEDULE F Statem

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.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization

(Form 990)

Department of the Treasury

Bucknell University

Employer identification number

24-0772407

Part I	General Information on Activities Outside the	United States.	Complete	e if the organization answered	ī
	"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	Γ	No

2 For grant makers. 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)

3 Activites per Region (U	se Schedule F-1	(Form 990) If add	aitional 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
Sub-Saharan Africa	0	0	Scholarships		872,438
South Asia	0	0	Scholarships		602,209
South America	0	0	Scholarships		538,844
South America	0	0	Program Services	Study Abroad Prg	65,279
Russia and Ind States	0	0	Scholarships		262,835
North America	0	0	Scholarships		189,616
Mıddle East/Nrth Africa	0	0	Scholarships		166,882
Europe	3	3	Program Services	Study Abroad Prg	1,173,630
Europe	0	0	Scholarships		2,064,821
East Asia/Pacific	0	0	Scholarships		1,551,177
Central A merica	0	0	Scholarships		258,289
Central A merica	0	0	Program Services	Study Abroad Prg	96,241
Central A merica	0	0	Program Services	Student Philanthropy	70,596
Central A merica	0	0	Investments		0
	,	3			7,912,857
Totals	3]			7,912,057
For Privacy Act and Paperwork R	Reduction Act Notic	re, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

Part IV	, line 15, for an	ssistance to Organ y recipient who recom m 990) if additional	eived more than \$5	ies Outside the Ur ,000. Check this box	nited States. Composite of the composition of the c	plete if the organiza t received more tha	tion answered "Yes n \$5,000	" to Form 990, ▶ 🔽
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Enter total new tax-exempt	umber of recipi by the IRS, or f	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	
3 Enter total n	umber of other	organizations or en	tities				. ▶	
							Schodule I	(Form 990) 2009

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.

OSC Scriculic	i I (Tollil 330) li de	Juitional Space	is necucu.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships-BU Students Abroad	Sub-Saharan Africa	7			,	Financial Aid	FMV
Scholarships-BU Students Abroad	South America	5			·	Financial Aid	FMV
Scholarships-BU Students Abroad	Mid East/Nrth Afr	5			61,649	Financial Aid	FMV
Scholarships-BU Students Abroad	Europe	92			961,806	Financial Aid	FMV
Scholarships-BU Students Abroad	East Asia/Pacific	15			188,974	Financial Aid	FMV
Scholarships-BU Students Abroad	Central America	3			24,040	Financial Aid	FMV
Scholarships to Non-US Citizens	Sub-Saharan Africa	13			804,979	Financial Aid	FMV
Scholarships to Non-US Citizens	South Asia	17			602,209	Financial Aid	FMV
Scholarships to Non-US Citizens	South America	8			459,471	Financial Aid	FMV
Scholarships to Non-US Citizens	Russia/Ind States	7			262,835	Financial Aid	FMV
Scholarships to Non-US Citizens	North America	7			189,616	Financial Aid	FMV
Scholarships to Non-US Citizens	Mid East/Nrth Afr	3			105,233	Financial Aid	FMV
Scholarships to Non-US Citizens	Europe	39			1,103,015	Financial Aid	FMV
Scholarships to Non-US Citizens	East Asia/Pacific	43			1,362,203	Financial Aid	FMV
Scholarships to Non-US Citizens	Central America	5			234,249	Financial Aid	FMV

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.						
Identifier	ReturnReference	Explanation				
Grantmaker's Description of Ho Grants are Used in Foreign Cou		The University provides grants in the form of University scholarship for certain non-US citizens attending the University These scholarships are posted directly to the recipient's University billing account and, thus, reduce tuition, room and/or board fees billed to the recipient. The University also provides grants in the form of University scholarship for certain Bucknell University students to study abroad. Scholarship is posted to the University billing account and, thus, reduces tuition, room and/or board fees billed to the recipient. The majority of these scholarships are need-based financial aid.				

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DLN: 93493132005051

OMB No 1545-0047

(Form 990)

Schedule I

Department of the Treasury

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

Open to Public

lame of the organization						Employer identifica	tion number
Bucknell University						24-0772407	
Part I General Infor	rmation on Grai	nts and Assistance					
	ed to award the grar	ubstantiate the amount of to to or assistance? edures for monitoring the us					√ Yes
Form 990, Part	IV, line 21 for ar	to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of gran or assistance

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

(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		36,948,518	FMV	Credit to Student Billing Account
			recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

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

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The University provides grants in the form of University scholarship for certain individuals attending the University These scholarships are posted directly to the recipient's University billing account and, thus, reduces tuition, room and/or board fees billed to the to the recipient. The majority of these scholarships are need-based financial aid

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DLN: 93493132005051

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Bucknell University

Name of the organization

The organization?

ın Part III

Any related organization?

section 53 4958-6(c)?

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

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.

Open to Public Inspection

24-0772407 Part I Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 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) 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 Yes 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? Yes 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 Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo 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. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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 6Ь

7

8

Νo

Νo

Νo

Νo

Νo

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)(1)-(111) 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 (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table	_	(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Line 1a	selections on 1a	FIRST CLASS OR CHARTER TRAVEL - the president is permitted to travel by first class airfare in limited circumstances per university policy. First class travel costs is not considered taxable compensation. Furthermore, the president's spouse, employed by the university as the special advisor to the chair of the board of trustees, is permitted to travel first class under the same limited circumstances per university policy. TRAVEL FOR COMPANIONS - Travel costs of companions of university trustees, officers, and key employees are reimbursed in limited circumstances and such reimbursement is considered taxable income to the trustee, officer, or key employee unless the companion's travel would otherwise be considered deductible under the Internal Revenue Code. Any such taxable reimbursements to companions of university officers are included in Schedule J, Part II, column (B)(iii). TAX INDEMNIFICATION & GROSS UP PAYMENTS - Tax gross-up payments, considered taxable compensation, were provided to 6 officers and key employees listed in Part II of Schedule J for one or more of the following items (a) taxable tuition remission benefits, or (b) years of service recognition awards. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - By contract with the president, the university requires the president to reside in a specific campus building. The estimated fair rental value of the personal living space, including utilities, is not considered taxable income since on-campus residency is a contractual requirement imposed by the university. The estimated fair value is included in Schedule J HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - Certain employees have golf memberships at the university owned golf course. In addition, the university pays membership dues at certain private establishments for the purpose of holding business or fundraising events. PERSONAL SERVICES-Certain facilities and maintenance staff have primary responsibilities for the upkeep of the campus building in which the president resides. Those the president fo

Software ID: 09000047 **Software Version:** 2009v1.7

EIN: 24-0772407 **Name:** Bucknell University

Form 990, Schedule J, Part	: <u>I</u>	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	<u>, </u>	
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) II)	205,500			20,550	364	226,414	
	(1) II)	166,812			15,820	9,445	192,077	
	(1) II)	150,943		1,416	15,876	13,891	182,126	
	(1) II)	257,036		3,825	24,500	15,188	300,549	
	(1) II)	157,500	22,500	1,270	15,750	359	197,379	
	(1) II)	170,585		1,270	18,000	16,174	206,029	
	(1) II)	155,507		252	16,334	48,597	220,690	
	(1) II)	175,122		150	18,304	13,994	207,570	
	(1) II)	152,939		75	15,600	45,522	214,136	
	(1) II)	258,975		24,690	24,500	11,388	319,553	
	(1) II)	171,339		5,290	17,893	14,810	209,332	
	(1) II)	183,081			14,899	18,410	216,390	
	(1) II)	176,679		4,607	18,500	59,809	259,595	
	(1) II)	160,231		306	16,613	11,257	188,407	
James Orbison ((1) II)	154,550			16,294	55,713	226,557	
	(1) II)	156,812			16,322	12,172	185,306	
	(1) II)	163,587			16,800	12,689	193,076	
	(1) II)	177,414		2,699	18,500	14,683	213,296	
	(1) II)	258,756		7,990	24,500	31,742	322,988	
	(1) II)	166,042			17,600	17,084	200,726	
	(1) II)	165,845		70,122	17,500	16,379	269,846	
Brian C Mitchell (((1) II)	412,934	80,000	20,303	199,637	28,160	741,034	

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DLN: 93493132005051

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

▶ 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.

Open to Public **Inspection**

Internal Revenue Service Name of the organization Bucknell University

Department of the Treasury

Employer identification number

24-0772407

	<u> </u>									24-07	72407			
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	: Price	(f) Des	cription of	Purpose	(g) De	feased	Beha	On alf of uer
											Yes	No	Yes	No
A	Union County Higher Educational Facilities Financing Auth	23-2228275	906459EL2	04-07-	2010	13,6	585,672	Refunded 19	96 & 199	8 bonds		x		×
Pa	rt III Proceeds					_								
					A	E	В	(3	D)		E	
1	Total proceeds of issue			1	3,685,67	2								
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasan	nce escrows		1	3,496,029	Э								
4	Other unspent proceeds													
5	Issuance costs from proceeds			189,643		3	3							
6	Working capital expenditures from	n proceeds											,	
7	Capital expenditures from proceed	:ds												
8	Year of substantial completion					•		· ·				•		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?	Х										
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х									
11	Has the final allocation of proceed	ds been made?		Х										
12	Does the organization maintain ad the final allocation of proceeds?	dequate books and re	cords to support	х										
Pai	TIIII Private Business Use	1		_		_		_		_				
					<u> </u>	E	В			D)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,											
2	Are there any lease arrangements which may result in private busine		financed property											
For I	Privacy Act and Paperwork Reduction Ac	act Notice, see the Instr	ructions for Form 990			Cat No 5	0193E			<u> </u>	Schedule	K (Form	990) 20	09

Name of provider

temporary period?

value of the GIC satisfied?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available

Did the bond issue qualify for an exception to rebate?

Term of GIC

d

5

6

Par	t III Private Business Use (Continued)											
				A	Е	В		С		D		E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	the										
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property										
3с	Does the organization routinely engage bond counsel or other o counsel to review any management or service contracts or rese agreements relating to the financed property?											
4	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a star government											
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your										
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and proce ensure the post-issuance compliance of its tax-exempt bond lis											
Pa	rt IV Arbitrage											
			<u> </u>		В		<u> </u>)		<u> </u>
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?	Yes	X	Yes	No_	Ye	es	No	Yes	No	Yes	No
2	Is the bond issue a variable rate issue?		Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x									
ь	Name of provider				'		'					
С	Term of hedge											
4a	Were gross proceeds invested in a GIC?		Х									

Χ

Χ

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DLN: 93493132005051

► 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.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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(e) Sharing of

organization's

revenues?

No

Νo

Νo

Νo

Yes

(d) Description of transaction

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

Name of the organization **Employer identification number** Bucknell University 24-0772407 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 (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? From Yes Nο Yes Yes Nο M Smyer Relocation Loan 111,668 96,316 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(c) A mount of

transaction

73,030 employment

50,462 employment

employment

52,752

(b) Relationship between interested

person and the

organization

Key Emp Spouse

Officer's Spouse

Officer's Spouse

(a) Name of interested person

Christine Buffinton

Carole Bourgeacq-Hardt

Laurie Lundquist

OMB No 1545-0047

SCHEDULE M (Form 990)

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

NonCash Contributions

Inspection

Internal Revenue Service Name of the organization Bucknell University

Department of the Treasury

Employer identification number

24-0772407

Pa	rt I	Types of Property							
			(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—W	Vorks of art	Х	6	- 49				
_		listorical treasures .							
		ractional interests	X	1					
4		and publications	X	1					
_		ng and household							
•	goods		X						
6	Carsa	and other vehicles							
7	Boats	and planes							
8	Intelle	ectual property							
9	Securi	ities—Publicly traded .	Х	102	3,615,804	Gıft Date FMV			
10	Securi	ities—Closely held stock .							
11		ities—Partnership, LLC, st interests							
12	Securi	ities—Miscellaneous							
13	contri	ied conservation ibution—Historic tures							
14		ied conservation ibution—Other							
15	Reale	state—Residential .							
16	Reale	state—Commercial							
17	Reale	state—Other							
18	Collec	tibles	X	5					
19	Food	nventory							
20	Drugs	and medical supplies .							
21	Taxıde	ermy							
22	Histor	ical artifacts							
		ific specimens							
24	Arche	ological artifacts							
		Athletic		_					
25	Other	► (<u>Equip</u>)	X	5					
26	Other	Education ► (Equip)	×	4					
		► (Supplies)	X	36					
		► (<u>supplies</u>)		30					
29		er of Forms 8283 received	Lhy the ora	l anization during the tax ves	er for contributions				
		nich the organization compl				29		Yes	5 No
30a	Durin	a the year did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		103	
					on, and which is not required				
		empt purposes for the entir				a to be useu	20-		No
							30a		
В) IT Ye	es," describe the arrangeme	ent in Part i	.1					
31	Does	the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a		the organization hire or use ibutions?	e third part • • •	es or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
ь	If"Ye	es," describe in Part II							
33			revenuesı	n column (c) for a type of p	roperty for which column (a)) is checked,			
		ribe 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.

Ident if ier	Return Reference	Explanation
Part I, Line 33, Revenues Not Reported		As stated in the June 30, 2010 financial statements, "As permitted by generally accepted accounting principles, the University does not capitalize works of art, historical artifacts, and collectibles, which are principally acquired by donation "Furthermore, certain donated goods incidental to University operations are acknowledged by the University but not recorded in revenues nor expenses for financial statement purposes
Part I, Line 32, Hire and Use of Third Parties		The University uses third-party stock brokers to process and sell publicly traded securities

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 24-0772407

Name: Bucknell University

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OMB No 1545-0047

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SCHEDULE 0 (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.

Name of the organization

Bucknell University

Employer identification number

24-0772407

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The University makes 5 years of financial statements available on the University's Finance Office wiebsite

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The president's compensation was reviewed and approved by the Executive Resource Committee of the Board of Trustees. The Committee used various sources of data, including but not limited to, an independent compensation consultant, other organizations' Form 990s and compensation surveys. There is a written employment contract in place which is signed by the president and the Chairperson of the Board of Trustees in addition, compensation of certain officers and key employees (employees reporting directly to the president) are reviewed by the Executive Resource Committee and approved by the president of the university. The president and Committee used various sources of data, including but not limited to, an independent compensation consultant, other organizations' Form 990s and compensation surveys.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	All trustees are required to complete and submit an annual conflict of interest statement to the University's General Counsel. All Officers and Key Employees are required to complete and submit an annual conflict of interest statement to the University's Vice President for Finance and Administration. All statements are review ed by General Counsel and/or the VP for Finance and Administration to determine if the possible conflicts of interest noted are actual conflicts and what action should be taken including prohibiting an individual from participating in any deliberations, decisions or transactions related to the conflict, and whether disclosures regarding the conflict should be made in financial statements or other documents

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The final Form 990 is provided to the University's Committee of Audit and Risk Management for review. The Form 990 is made available electronically to the trustees prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Glenn D Steele, Jr, Trustee and Brian C Mitchell, President and Trustee - Business Relationship As disclosed in the University's financial statements, the trustee is president and chief operating officer of a healthcare organization providing certain competitively bid healthcare insurance services to the University Amounts paid for those insurance services totaled \$3,519,000 and \$2,740,000 for the years ended June 30, 2010 and 2009, respectively From September 2006 to June 30, 2010, the University's president served on the board of directors of the healthcare organization referred to above

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Academic Support - the expenses of activities and services that directly support instruction

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2009

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

▶ 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.

cknell University					
Part II Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) Total income End-of-year assets Direct Organization of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line or more related tax-exempt organizations during the tax year.) Part III Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line or more related tax-exempt organizations during the tax year.) (a) (b) (c) (c) (d) (e) (e) (e) (first organization of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line or more related tax-exempt organizations during the tax year.) (b) (c) (d) (e) (first organization for more related tax-exempt organizations during the tax year.) (a) (b) (c) (c) (d) (d) (e) (first organization for foreign country) (first organization for foreign country) (first organization) (e) (first organization for foreign country) (first organization foreign country)					
(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
	ies (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Complete if the organization (State or foreign country) Total income End-of-year assets Direct controlling entity				
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	t ions (Complete ıf t tax year.)	he organızatıon ar	nswered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code section	Public charity sta (if section 501(c))	tus Direct controlling (3)) entity
66 Pottertown Road PO Box 331 Oldwick, PA 08858	Biomedical Engineering	NJ	501(c)(3)	rt IV, line 33.) (e) End-of-year assets (f) Direct controlling entity on Form 990, Part IV, line 34 because it had one (e) Public charity status (if section 501(c)(3)) Direct controlling entity	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 900	Cat No 5013	EV.		Schodulo B / Farm 000) 2000

art III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part I	V, 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)	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partr	al or ging
						Yes	No		Yes	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
Bison Ventures Inc 701 Moore Avenue Lewisburg, PA17837 26-4730096	Bookstore Operations	PA	N/A	C Corp	209,489	254,489	100 000 %

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV	, line 34, 35, or 36.)							
Not e.	Note. Complete line 1 if any entity is listed in Parts II, III or IV								
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV3							
a Rece	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty		1a		No				
b Gift, (grant, or capital contribution to other organization(s)		1b		No				
c Gıft, g	grant, or capital contribution from other organization(s)		1 c	Yes					
d Loans	s or loan guarantees to or for other organization(s)		1d		No				
e Loans	s or loan guarantees by other organization(s)		1e		No				
f Sale o	of assets to other organization(s)		1 f		No				
g Purch	nase of assets from other organization(s)		1 g		No				
h Exch	ange of assets		1h		No				
i Lease	of facilities, equipment, or other assets to other organization(s)		1 i		No				
j Lease	of facilities, equipment, or other assets from other organization(s)		1j		No				
k Perfo	rmance of services or membership or fundraising solicitations for other organization(s)		1k	Yes					
I Perfor	mance of services or membership or fundraising solicitations by other organization(s)		11		No				
m Shari	ng of facilities, equipment, mailing lists, or other assets		1m		No				
n Sharı	ng of paid employees		1n		No				
o Reim	bursement paid to other organization for expenses		10		No				
p Reim	bursement paid by other organization for expenses		1р		No				
q Othe	r transfer of cash or property to other organization(s)		1q		No				
r Other	transfer of cash or property from other organization(s)		1 r		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 relationsh	nips and transaction thre	sholds						
	(a) Name of other organization	(b) Transaction type(a-r)	Amount	(c) t involve	ed				
(1) Bison Ven	tures Inc	k		15	59,195				
(2) Emmitt Me	emorial Chair see Schedule 0	С		15	59,385				
(3)									
(4)									
(5)									

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?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations		partners section 501(c)(3) organizations		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No																	
										+																	
										t																	
										L																	
										+																	
										t																	
										L																	
										-																	
										t																	
										T																	
										_																	