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DLN: 93493133039111

990 -

# **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)

| 2008

2009

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 A For the 2009 D Employer identification number B Check if applicable MARYWOOD UNIVERSITY use IRS Address change 24-0795453 label or Doing Business As E Telephone number print or Name change type. See Specific (570) 348-6222 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 97,116,079 2300 ADAMS AVENUE Terminated tions. City or town, state or country, and ZIP + 4 SCRANTON, PA 185091598 Amended return Application pending Name and address of principal officer Is this a group return for JOSEPH GARVEY JR CPA affiliates? 2300 ADAMS AVENUE SCRANTON, PA 185091598 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 **Website:** ► www marywood edu L Year of formation 1915 M State of legal domicile PA Summary Briefly describe the organization's mission or most significant activities To provided an education in the IHM tradition of academic excellence Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  .  $\,$  . 30 Total number of employees (Part V. line 2a) . . . 2,110 Total number of volunteers (estimate if necessary) . 22 377,900 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34  $\,$  . -6,020 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 6,280,816 6,910,945 Program service revenue (Part VIII, line 2g) . 75,714,594 80,145,888 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,245,123 957,999 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,980,787 5,211,579 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 88,221,320 93,226,411 27,336,504 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . 24.684.436 14 Benefits paid to or for members (Part IX, column (A), line 4)  $\cdot$  . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 36.364.988 37.710.488 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 94,671 81,675 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 1,451,710$ Ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 23,132,801 23,430,470 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 84,276,896 88,559,137 3,944,424 4,667,274 19 Revenue less expenses Subtract line 18 from line 12 . t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 157,238,724 167,778,134 Total liabilities (Part X, line 26) . . 62,817,034 65,971,071 22 94,421,690 101,807,063 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign \*\*\*\*\* 2011-05-12 Here Signature of officer JOSEPH X GARVEY JR CPA VP FOR BUSINESS AFFAIRS Type or print name and title Date Check if Preparer's identifying number Preparer's signature Julius Green CPA Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours ParenteBeard LLC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 46 Public Square Suite 400 Phone no 🕨 (570) 820-0100

WilkesBarre, PA 18701

May the IRS discuss this return with the preparer shown above? (see instructions) .

2

Form 990 (2009)

## Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- A Catholic university sponsored by the Congregation of the Sisters, Servants of the Immaculate Heart of Mary, Marywood University roots itself in the principle of justice and a belief that education empowers people. Enacting its ideals, marywood offers students a welcoming and supportive community that encourages men and women of all backgrounds to shape their lives as leaders in service to others. Proud of its liberal arts tradition and host of professional disciplines, Marywood challenges students to broaden their understanding of global issues and to make decisions based on spiritual, ethical, and religious values. Marywood calls upon students to seek their full potential and invites all to engage in a lifelong process of learning. Witnessing the efficacy of teaching and scholarship, Marywood educates students to live responsibly in a diverse and interdependent world.

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

4e	Total program service expenses►\$	77,493,82	3							
	(Expenses \$	including grants of	f\$	) (Revenue \$	)					
	Other program services (Describe	ın Schedule O )								
	AUXILIARY SERVICES - PROVIDED DORMITO STAFF ALSO OPERATED THE CAMPUS BOOK			DENTS AND FOOD SERVICES TO COM	IMUTER STUDENTS AND CAMPUS					
4c	(Code ) (Expenses		,	) (Revenue \$	9,568,242 )					
	RESEARCH AND ACADEMIC SUPPORT - PRO ATHLETICS, HEALTH SERVICES, AND MORE		S TO SUPPORT INSTRUCT	TION NOTED ABOVE THIS INCLUDES	LIBRARY, MEDIA, COMPUTER,					
4b	(Code ) (Expenses		,	) (Revenue \$	7,494,178 )					
	INSTRUCTION AND SCHOLARSHIPS - PROV. OFFERED NON-CREDIT WORKSHOPS FOR (			ON TO 2,722 FULL-TIME AND 757 PA	ART-TIME STUDENTS ALSO					
4a	(Code ) (Expenses		including grants of \$	27,336,504 ) (Revenue \$	55,867,827 )					
4	Describe the exempt purpose achieved Section 501(c)(3) and 501(c)(4) orgalized allocations to others, the total experience.	ganizations and section	on 4947(a)(1) trusts	are required to report the amo	•					
	If "Yes," describe these changes on	Schedule O								
3	Did the organization cease conducting services?	• •	t changes in how it c	onducts, any program	┌ Yes ┌ No					
	If "Yes," describe these new services on Schedule O									
	the prior Form 990 or 990-EZ? .				Yes  ✓ No					

	•		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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
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		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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	Yes	
с	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		No
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)					Page !
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable	1a	152			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		132			
	Linter the number of Forms w-20 included in the 1a Linter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to		dors and reportable		.,	
2a	gaming (gambling) winnings to prize winners?	•	 I	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this return	2a	2,110			
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sche</i>			3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a si			35	103	
	over, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a		No
b	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Financial Accounts	Report	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	nelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?	•	•	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?		_	6b		
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 services provided to the payor?			7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services pr			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	le a F	orm 1098-C as	7h		
8	required?	nnorti	ng organizations Did	/n		
J	the supporting organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?	anızat	ion, have excess	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	· .		9b		
10	Section 501(c)(7) organizations. Enter		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		1			
	Gross income from members or shareholders	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12-	Section 4947(a)(1) non-exempt charitable tructs. Is the organization filing Form 994	O I.	of Form 10413	42-		

 $\boldsymbol{b}$  . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12b

2300 ADAMS AVENUE Liberal Arts SCRANTON, PA 185091598

(570) 961-4779

**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	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
та Б	Enter the number of voting members of the governing body			
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		Νo
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	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
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	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	_		
c	to conflicts?	12b	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	▼ Own website			
20	interest policy, and financial statements available to the public. See Additional Data Table.  State the name, physical address, and telephone number of the person who possesses the books and records of the	ne oran	nization	, <b>k</b>
20	State the name, physical address, and telephone number of the person who possesses the books and records of tr Kevin J May CPA	ie orga	mzatiof	

# 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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
See add'l data										

1b Total	1,268,997	0	233,99
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 10

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
	on time 14 17 yes, complete senegales yes, such manyada.	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			
	ındıvıdual	4	Yes	

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 . . . . . . .

### **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	<b>(C)</b> Compensation
CHARTWELLS COMPASS GROUP USA PO Box 91337 CHICAGO, IL 60693	Campus Food Service	4,251,135
G Weinberger Company 231 Oak Street OLD FORGE, PA 18518	Mechanical/Plumbing Contractors	1,737,105
RE Lesniak Inc RR 9 Box 9237 MOSCOW, PA 18444	Electrical Contractor	834,971
Atlas Tracks Inc 19495 SW Teton Ave Tualatın, OR 97062	Sport Surface Contractor	715,771
J Slater & Sons Inc PO Box 705 MoscoW, PA 18444	General Contractor	715,023
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 🟲 5

Page 8

Νo

Form 99		<u> </u>						Page <b>9</b>
Part V	<u>/##1</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इ इ	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es <b>1b</b>					
S, g	c	Fundraising eve	ents <b>1c</b>					
<u>#</u>	d	Related organiz	rations 1d					
E, S	e	Government grants	s (contributions) <b>1e</b>	2,334,703				
Contributions, gifts, grants and other similar amounts	f	All other contributed	ons, gifts, grants, and <b>1f</b>	4,576,242				
	g		butions included in					
	l <u>.</u>	lines 1a-1f\$_		_	6 010 045			
ुंख	h	Total. Add lines	s 1a-1f		6,910,945			
e n	_			Business Code				
Program Serwce Revenue	2a	TUITION & FEES	/ FNTED	611,600	72,382,548	72,382,548	277 222	
	b	SALES & SVCS-AUX	<del>-</del>	721,310	7,215,641	200 706	377,900	6,837,741
	c d	EDUCATION RELAT		611,710	299,736	299,736		
Ŧ	e e	EDOCATION RELAT		611,710	247,963	247,963		
Ta E	f	All other progra	am service revenue					
ي خ	•							
	g 3		s 2a-2f		80,145,888			
	3		ome (including dividender ar amounts)	. ⊨	766,591			766,591
	4		stment of tax-exempt bond	F-	,			,
	5	Royalties		▶ ↑				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Gross amount	(i) Securities 2,832,958	(II) O ther				
	7a	from sales of assets other	2,632,936					
		than inventory	2 (44 552					
	Ь	Less cost or other basis and	2,641,550					
	c	sales expenses Gain or (loss)	191,408					
	d	Net gain or (los	s)	►	191,408			191,408
4.	8a	Gross income f	_					
Other Revenue		events (not inc \$	reported on line 1c)					
45 			а					
¥	Ь.		penses b					
•	c 9a		(loss) from fundraising (	events				
		See Part IV, lin	ne 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
		Gross sales of returns and allo	inventory, less owances .					
	ь	loss saat -f -	a oods sold	6,013,791				
	c		oods sold <b>b</b>   (loss) from sales of inve	1,248,118 entory ►	4,765,673			4,765,673
		Miscellaneous		Business Code				
	11a	PARKING & TR	AFFIC FINE	900,099	191,980			191,980
	ь	BAD DEBT REC	COVERIES	900,099	105,592			105,592
	С	DEPOSITS, AD		900,099	89,008			89,008
	d		ue		59,326			59,326
	e	Total. Add lines	s 11a-11d		445,906			
	12	Total revenue.	See Instructions	▶	93,226,411	72,930,247	377,900	13,007,319

# Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b,		(B)	(C)	(D)				
	or include amounts reported on lines ob, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	27,336,504	27,336,504						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	693,313		693,313					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	27,686,206	23,034,105	3,872,393	779,708				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,078,191	1,666,344	337,864	73,983				
9	Other employee benefits	5,355,152	4,084,804	1,161,966	108,382				
10	Payroll taxes	1,897,626	1,554,252	285,174	58,200				
11	Fees for services (non-employees)								
а	Management	201,679	201,679		_				
ь	Legal	20,000		20,000	_				
С	Accounting	103,040		103,040	_				
d	Lobbying	66,882		66,882					
e	Professional fundraising See Part IV, line 17	81,675		,	81,675				
f	Investment management fees	19,587		19,587					
g	Other	4,614,480	3,761,563	671,258	181,659				
12	Advertising and promotion	299,788	239,474	58,814	1,500				
13	Office expenses	4,120,664	3,213,540	883,062	24,062				
14	Information technology	1,120,001	3,213,310	003,002	21,002				
15	Royalties	241,368	132,544	102,708	6,116				
16	Occupancy	2,440,124	2,433,466	6,658	0,110				
17	Travel	979,216	762,849	135,344	81,023				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	979,210	762,649	133,344	61,023				
19	Conferences, conventions, and meetings								
20	Interest	2,128,368	2,128,368						
21	Payments to affiliates		_,,						
22	Depreciation, depletion, and amortization	4,315,335	3,669,762	645,573					
23	Insurance	329,862	281,185	48,677					
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)	227,032		7.575.7					
а	FOOD SERVICE	2,189,532	2,189,532						
b	ENTERTAINMENT	501,605	303,358	148,720	49,527				
с	EDUCATION AND ACTIVITIE	312,629	303,017	9,612	·				
d	BAD DEBT	290,421		290,421	-				
e	registration fees	74,784	53,863	15,556	5,365				
f	All other expenses	181,106	143,614	36,982	510				
25	Total functional expenses. Add lines 1 through 24f	88,559,137	77,493,823	9,613,604	1,451,710				
26	Joint costs. Check here Friffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	33/33/13/	,.33,623	3,023,001	2,102,112				

Part X Balance Sheet (A) (B) End of vear Beginning of year 16.320 17.923 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 21.541.187 2 17,440,918 2 6,256,370 6,104,768 3 3 4 1.818.317 2.905.913 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 280,653 327.000 1,523,907 1,689,955 Land, buildings, and equipment cost or other basis Complete 159.126.096 10a 10a Part VI of Schedule D 96,988,706 **10c** 10b 55.230.773 103.895.323 b Less accumulated depreciation . . . . . 25.199.102 32.070.756 11 11 1,141,177 12 878,259 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2.472.985 15 2.447.319 15 16 157,238,724 16 167,778,134 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 7.112.238 17 5,964,577 17 Accounts payable and accrued expenses . 18 18 19 600,725 19 43,873,222 20 20 43,395,681 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 5,830,532 23 10,067,276 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 6.001.042 25 25 Other liabilities Complete Part X of Schedule D . . . . . 5.942.812 26 **Total liabilities.** Add lines 17 through 25 . . . . . 62,817,034 65,971,071 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 74,438,468 80.391.973 27 Unrestricted net assets . . . . 27 28 3.754.874 28 3.956.207 Temporarily restricted net assets . . . . . Fund 16.228.348 29 17.458.883 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 94,421,690 101,807,063 33 Total net assets or fund balances . . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 157,238,724 34 167,778,134

## 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)

Employer identification number

# OMB No 1545-0047

JMB No 1545-004

2009

Open to Public Inspection

## SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

Name of the organization MARYWOOD UNIVERSITY

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	Is the		Is the organization in col (i) listed in your governing		(v)  Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?	
		ınstructions))	Yes	No	Yes	No	Yes	No			
Total											

Provide the following information about the supported organization(s)

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>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</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 <b>stop here</b>						-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
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> 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	ration 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						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	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>(b)</b> 2006	(c) 2007	( <b>d)</b> 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	<b>Total.</b> 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>(b)</b> 2006	(c) 2007	( <b>d)</b> 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 <b>stop here</b>						<b>►</b> □
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 / i / i	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					u.ii 23 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

Software ID: Software Version:

**EIN:** 24-0795453

Name: MARYWOOD UNIVERSITY

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) (C) Average Position (check al that apply) per			_	ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> 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
Richard R Beasley TRUSTEE	1 00	×						0	0	0
Lorraine R Breen TRUSTEE	1 00	Х						0	0	0
Sr Ann M Bubser IHM TRUSTEE	1 00	Х						0	0	0
Michael E Bugno TRUSTEE	1 00	Х						0	0	0
Joseph Matthias Cosgrove TRUSTEE	1 00	Х						0	0	0
Lee A Dehihns III TRUSTEE	1 00	×						0	0	0
Frank A Epifano TRUSTEE	1 00	Х						0	0	0
Patricia J Glinsky TRUSTEE	1 00	Х						0	0	0
David Hawk TRUSTEE	1 00	Х						0	0	0
Sr Nancy Hawkins IHM TRUSTEE	1 00	Х						0	0	0
Sr Angela Kım IHM TRUSTEE	1 00	Х						0	0	0
David L Kirtland TRUSTEE	1 00	Х						0	0	0
Frank E LaVerghetta TRUSTEE	1 00	Х						0	0	0
William R Lynett TRUSTEE	1 00	Х						0	0	0
Dorothy L Magnotta TRUSTEE	1 00	Х						0	0	0
Sr Mary E Merrick IHM TRUSTEE/Ex-Officio	1 00	Х						0	0	0
Marion Munley TRUSTEE	1 00	Х						0	0	0
Mary C Murray TRUSTEE	1 00	Х						0	0	0
Catherine G Quinnan TRUSTEE	1 00	Х						0	0	0
john p sweeney sr TRUSTEE	1 00	Х						0	0	0
Msgr David L Tressler TRUSTEE	1 00	Х						0	0	0
Patrick brier truSTEE	1 00	Х						0	0	0
mary ellen mcdonough trUSTEE	1 00	Х						0	0	0
mıchael ınsalaco trustee emeritus	1 00	Х						0	0	0
virginia p shields trustee emeritus	1 00	х						0	0	0

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

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours		tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
sister mary persico IHM ex-officio board member	1 00	х						0	0	0
sister anne munley ihm ex-officio board member	1 00	×						0	0	0
Antonia M Schierling Trustee	1 00	×						0	0	0
Richard P Kane TrUSTEE	1 00	х						0	0	0
Joan Banick Brooks TruSTEE	1 00	Х						0	0	0
Sr Anne Munley IHM President - see Sch O	35 00			х				0	0	31,479
Dr Peter Cımbolıc Provost & VP Academ	35 00			х	х			188,848	0	21,150
Joseph X Garvey Jr VP for business Affairs	35 00			х				137,920	0	24,177
Dr Clayton N Pheasant VP for Univ Advancmnt	35 00			х				143,414	0	25,170
Dr Raymond P Heath VP for Student Lıfe	35 00			х				139,029	0	15,935
Sr Dolores Filicko IHM Secretary - See Sch O	35 00			х				0	0	12,986
Dr Michael Alan Foley Dean, Liberal Arts & Sciences	35 00					х		109,162	0	21,045
Dr Alan Levine Dean, College of Health & Human Svc	35 00					х		112,761	0	13,857
David Skica Chief Information O Fficer	35 00					х		119,833	0	13,993
Dr Samır P Dagher Full Professor	35 00					Х		101,284	0	20,609
Ann Boland - Chase VP for Enrollment Mgmt	35 00					Х		103,946	0	16,534
Terrance E O'Brien Former Director, Project Office	35 00						х	112,800	0	17,060

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD SERVICE	2,189,532	2,189,532		
ENTERTAINMENT	501,605	303,358	148,720	49,527
EDUCATION AND ACTIVITIE	312,629	303,017	9,612	
BAD DEBT	290,421		290,421	
registration fees	74,784	53,863	15,556	5,365

DLN: 93493133039111

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),
then
♣ Section 501(c)(3) organizations. Complete Parts LΔ and B. Do not complete Part LC

- ◆ 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.

◆ Se If th	ection 501(c)(3) organizations that	t have filed Form 5768 (election dift t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 zations Complete Part III	n under section 501	(h)) Complete Part II-B Do r	not complete Part II-A
	me of the organization RYWOOD UNIVERSITY			Employer ider	itification number
				24-0795453	
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-6 Complete if the or	ganization is exempt unde	er section 501(	c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	organization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	he amount of political			
	(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							
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 li 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>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> 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							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
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	Volunteers?		No	
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
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		66,882
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			66,882
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	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?			
0-2	+ THE A. Complete if the examination is example under section $E01(c)(A)$ , section	n E01/c	VEV	r coction

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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	

## Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying A ctivities	The University paid Arent Fox, PLLC, and Providence Consulting for services including contacting Pennsylvania Congressional delegation, along with members of the Senate and House Appropriations Committee(s) in support of Marywood University's requests for federal funding through appropriations legislation and competitive grants offered by USDA, HHS, EPA, and USDE In conjunction with these services, Marywood University submitted appropriation requests to Congress and competitive grant applications to these agencies

1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133039111

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.

Name of the organization
MARYWOOD UNIVERSITY

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

(a) Donor advised funds
(b) Funds and other accounts

1 Total number at end of year
2 Aggregate contributions to (during year)
3 Aggregate grants from (during year)

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes No

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.

Pur	rpose(s) of conservation easements held by the organization (chec	k all	that apply)
$\sqcap$	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
Γ	Protection of natural habitat	$\sqcap$	Preservation of a certified historic structure
$\Gamma$	Preservation of open space		

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

Aggregate value at end of year

- **b** Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

- 4 Number of states where property subject to conservation easement is located ▶\_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

| Yes | No

- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$\_\_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

**▶**\$ \_\_\_\_\_17,800

(ii) Assets included in Form 990, Part X

**▶**\$\_\_\_\_\_

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

F 5 \_\_\_\_\_

**b** Assets included in Form 990, Part X

**990** Cat No 52283D

Schedule D (Form 990) 2009

Par	<b>Titl</b> Organizations Maintaining Co	<u>illections of Art</u>	, Hist	torical Tre	easures	s, or Oth	<u>ier Simila</u>	<u>ır Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e following th	at are a	sıgnıfıcani	use of its o	ollection	n	
а	Public exhibition		d	Loan or	rexchan	ge prograr	ns			
b	Scholarly research		e	┌ Other						
с	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	they further	the orga	nızatıon's	exempt pur	pose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•			ımılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					swered	"Yes" to Fo	orm 990	),	
	Part IV, line 9, or reported an ar			•						
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ons or of	her asset:	s not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng table						
								A mou	ınt	
C	Beginning balance					10				
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					11	•			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?					Γ	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete	If the organizatior (a)Current Year		wered "Yes' )Prior Year			art IV, lıne (d)Three Yea		NEOUr V	ears Back
la	Beginning of year balance	23,948,313	(6	28,287,988	<del></del>	Cars back	(d)Tillee Teal	3 Dack (e	syr our re	cars back
 b	Contributions	1,106,115		3,526,665						
c	Investment earnings or losses	4,063,280		-6,352,063						
d	Grants or scholarships	844,000								
e	O ther expenditures for facilities			1,363,000						
f	and programs	15,599		151,277						
_	End of year balance	28,258,109		23,948,313						
g 2	Provide the estimated percentage of the year	, , ,	95	23/3/10/313						
a	Board designated or quasi-endowment	62.000 %	13							
Ь	remailent endowment F									
c 3a	Term endowment  4 0 %  Are there endowment funds not in the posse	ssion of the organiz	ation t	hat are held :	and admi	nistered f	orthe			
Ja	organization by	331011 Of the organize	ation t	nat are nera	ana aann	mstereur	or 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		
1	Describe in Part XIV the intended uses of th				0 0 1	V 1 - 4/				
Par	t VI Investments—Land, Building	s, and Equipme	nt. Se			_				
	Description of investment			(a) Cost or other basis (investment)		Cost or othe asis (other)	r (c) Accum deprecia		( <b>d</b> ) Boo	k value
1a	Land		.			1,358,57	79	$\longrightarrow$		1,358,579
b	Buildings		.			143,580,34	10 55,0	070,133	88	3,510,207
c	Leasehold improvements		.					$\longrightarrow$		
d	Equipment		.			274,92	24	$\longrightarrow$		274,924
e	Other		.			13,912,25	53	160,640	13	3,751,613

103,895,323

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		year market value
Financial derivatives			
Closely-held equity interests			
Other			
-			
			_
<b>7.1.</b> (6.1. (1). 1.1. 1.5. 000.0.18. 1(0).1. 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIIII Investments—Program Related. See		12	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. Stion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. Stion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS  REFUNDABLE ADVANCES FOR FEDERAL STUDENT	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability Federal Income Taxes STUDENT DEPOSITS REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS ASSET RETIREMENT OBLIGATION	5.)		(b) Book value

	t XI Reconciliation of C	hange in Net Assets from For	m 990 to Financial Statemer	ıts	Page <b>4</b>
1 2	Total revenue (Form 990, Part	VIII, column (A), line 12)		1 2	93,226,411 88,559,137
3	Total expenses (Form 990, Pa Excess or (deficit) for the year			3	4,667,274
4 5	Net unrealized gains (losses) of Donated services and use of fa			5	3,002,564
6	Investment expenses	entres		6	
7 8	Prior period adjustments Other (Describe in Part XIV)			8	-249,193 -35,272
9	Total adjustments (net) Add li			9	2,718,099
10 Pari		per financial statements Combine line  Revenue per Audited Financia		er Re	7,385,373 <b>turn</b>
1 2		er support per audited financial statem ut not on Form 990, Part VIII, line 12	ents	1	70,566,860
a b	_	tments	2a 3,002,564 . 2b 136,077		
c	Recoveries of prior year grant	s	2c		
d e	Other (Describe in Part XIV)  Add lines <b>2a</b> through <b>2d</b> .		2d -27,046,310	2e	-23,907,669
3 4	Subtract line <b>2e</b> from line <b>1</b> .  A mounts included on Form 99			3	94,474,529
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	. 4a		
b c	Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b>		.   4b   -1,248,118	4c	-1,248,118
5 Part		d <b>4c.</b> (This should equal Form 990, Pa <b>xpenses per Audited Financia</b>		5 per F	93,226,411 <b>Return</b>
1	Total expenses and losses pe		•	1	62,932,294
2 a	A mounts included on line 1 bu Donated services and use of f	it not on Form 990, Part IX, line 25	<b>2a</b>   136,077		
b	Prior year adjustments		2b		
c d	Other losses Other (Describe in Part XIV)		. 2c . 2d 1,248,118		
е 3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1 .</b>			2e 3	1,384,195
4		0, Part IX, line 25, but not on line 1:			01,348,099
a b	Investment expenses not incl Other (Describe in Part XIV)	uded on Form 990, Part VIII, line 7b	4a 27,011,038		
c 5	Add lines <b>4a</b> and <b>4b</b>			4c 5	27,011,038 88,559,137
Par	t XIV Supplemental In	formation		<b>I</b>	· · · · · · · · · · · · · · · · · · ·
Part		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X			
	Ident if ier	Return Reference	Explanati	on	
Part I	II, Line 4		Marywood University Art Galleries s and programs that provide opportun	ities for	· life long learning and
			contribute to the visual literacy of b greater community The Art Gallerie	s comn	nitted to
			complementing and broadening the and historical visual arts for the aca	demic	community with
			outreach and collaborative program receptions, and accompanying even	ts are f	ree of charge and
			open to the Marywood community as Current, future, and past exhibitions	, as we	ll as over 50 objects
			from the permanent collection, can I Galleries' web page at www marywoo Gallery maintains Marywood's perm	d edu/g	galleries The Suraci
			decorative arts The Asian Collection furniture, ivories, tapestries, and ce	n cons	ists of paintings,
			sculptures, furniture, and paintings Collection In addition, European ce	compris	e the 19th Century
			decorative arts are displayed Featuregional, national, and international	re exhı	bitions that showcase
			work by art faculty are highlighted d renovated exhibition space		
Part \	/, Line 4	Description of Intended Use of Endowment Funds	The University's endowment consis		
			endowment includes both donor-res funds designated by the Board of Tri	tricted	endowment funds and
			endowments As required by accour accepted in the United States of Am	tıng prı	ncıples generally
			with endowment funds, including fun of Trustees to function as endowme		
			reported based on the existence or restrictions. The Board of Trustees	of the U	niversity has
			interpreted Pennsylvania law as req fair value of the original gift as of the	gıftda	te of the donor-
			restricted endowment funds absent the contrary As a result of this inte	rpretatı	on, the University
			classifies as permanently restricted value of gifts donated to the perman	ent end	owment, (b) the
			original value of subsequent gifts to and (c) accumulations to the perma accordance with the direction of the	nent en	dowment made in
			instrument at the time the accumula The remaining portion of the donor-i	tion is	added to the fund
			that is not classified in permanently classified as either temporarily rest	restric	ted net assets is
			assets based on the existence of do The University considers the followi	nor res	trictions or by law
			determination to appropriate or acciendowment funds 1 The duration a		
			2 The purposes of the University ai endowment fund 3 General econom	c condi	tions 4 The possible
			effect of inflation and deflation 5 Th	tments	6 Other resources
			of the University 7 The investment The University has adopted investment	ent and	spending policies
			for endowment assets that attempt stream of funding to programs suppo seeking to maintain the purchasing	rted by	its endowment while
			assets Endowment assets include t restricted funds that the University	hose as	ssets of donor-
			a donor-specified period(s) as well a Under this policy, as approved by th	s board	l-designated funds
			endowment assets are invested in a produce results that exceed the price	manne	r that is intended to
			S&P 500 index while assuming a morisk. The University expects its end	derate owment	level of investment funds, over time, to
			provide an average rate of return of annually Actual returns in any give	n year n	nay vary from this
			amount To satisfy its long-term rat University relies on a total return st returns are achieved through both c	rategy	ın which investment
			and unrealized) and current yield (in University targets a diversified asse	terest a	and dividends) The
			greater emphasis on equity-based il long-term return objectives within p	nvestm	ents to achieve its
			University has a policy of appropriation year 3 5 to 5 percent of its endowmin	ing for ent fund	distribution each Is' average fair value
			over the prior 12 quarters through t proceeding the fiscal year in which t	ne caler he disti	ndar year-end ribution is planned In
			establishing this policy, the Universe expected return on its endowment A	ccordi	ngly, over the long
			term, the University expects the cuits endowment to grow at an average is consistent with the University's c	of 4 pe	ercent annually This
			purchasing power of the endowment for a specified term as well as to pro	assets	held in perpetuity or
Part >	<b>(</b>	Description of Uncertain Tax	through new gifts and investment re Part X The University is exempt fro	turn	
, aií)		Positions Under FIN 48	Section 501(c)(3) of the Internal Reno provision for income taxes is inc	venue	Code Accordingly,
			financial statements The University interest related to unrecognized tax	's polic	y is to recognize
			and penalties in operating expenses 990, Return of Organization Exempt	The U	niversity's Form
			years ended June 30, 2010, 2009, subject to examination by the Interi	2008 a	nd 2007 remain
Part >	(I, Line 8 - Other Adjustments		Change in split interest agreements UNREALIZED LOSS ON INTEREST	1205	06 OTHER
	(II, Line 2d - Other tments		SCHOLARSHIPS -27011038 CH AGREEMENTS 120506 UNREALI	ANGEI	N SPLIT INTEREST
	KII, Line 4b - Other		RATE SWAP -155778  COST OF GOODS SOLD -124811		· 
A d jus	tments KIII, Line 2d - Other		COST OF GOODS SOLD 1248118	<b>.</b>	
A djus	tments (III, Line 4b - Other		SCHOLARSHIPS 27011038		
	tments				

**Employer identification number** 

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization MARYWOOD UNIVERSITY

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

24-0795453 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes 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 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 CLEARLY STATED ON MOST ADMISSIONS ADVERTISEMENTS AND PUBLICATIONS ALSO DISCLOSED ON THE SUPPLEMENTAL MATERIAL CREATED BY THE MARKETING AND COMMUNCATIONS OFFICE 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **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? 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) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493133039111

OMB No 1545-0047

2009

**SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

# Statement of Activities Outside the United States

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

Open to Public

Name of the organization **Employer identification number** MARYWOOD UNIVERSITY 24-0795453 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed ) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (i e , fundraising, program services, is a program service, for region offices in the employees or describe specific type of grants to recipients located in region agents in region the region) service(s) in region During the three-year A frican Countries Kenya, 0 10 Program Services 494,845 Tanzania, Uganda, Nigeria, phase of the Sisters and Ghana Leadership Development Initiative ("SLDI") pilot project in Africa, there will be a series of two-week sequential workshops focused on management and leadership capacity building Curriculum specialists at the ASEC colleges will develop the scope and sequence of the offerings. In addition to instructional programs offered by ASEC colleges, SLDI participants will have the opportunity to attend sessions coordinated by such A frıcan-based organizations as CORAT A frica, which facilitates ın-country client determined courses, workshops and seminars Long range plans for SLDI include increased use of technology and the Internet to access distance education This will permit Sisters to remain in their countries while pursuina professional preparation and/or degree work in business and management 494,845 0 10 Totals . . . . ▶

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 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)
2 Enter total nata 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. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009		Page <b>4</b>
Part IV Supplemental Infor Complete this part to	mation provide the information required	ın Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 The program evaluation will be an objectives-oriented evaluation providing both formative and summative information. The program evaluation plan will be developed collaboratively by the principal investigator in collaboration with the project director and project coordinators. The program evaluation will measure the achievement of the desired impact and project objectives by assessing (1) Project Outcomes, (2) Project Outputs, (3) Curriculum Objectives, and (4) Participant Skills and Knowledge (1) Project Outcomes will be assessed by the evaluation of the impact of the project on the Sisters' ministry identified by both the participants and the Major Superiors (2) Program Outputs will be collected during the Sessions and recorded by participants or coordinator (3) Curriculum Objectives will be assessed by syllabus content review and the results of the measures of participant skills and knowledge (4) Participant Skills and Knowledge will be assessed pre- and post-training

As Filed Data -

DLN: 93493133039111

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

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

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

	ne of the organization						Employer idei	ntification number			
MA	RYWOOD UNIVERSITY						24-0795453				
Pa		activities. Comple ers are not require					to Form 990, Part IV	, line 17.			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply											
а	✓ Mail solicitations			e	Γ	Solicitation of non	-government grants				
Ь	✓ Internet and e-mail	solicitations		f	$\Gamma$	Solicitation of gov	ernment grants				
c	Phone solicitations			g	$\vdash$	Special fundraisin	g events				
d	▼ In-person solicitation	ons									
2a b	Did the organization hav or key employees listed If "Yes," list the ten high to be compensated at le	ın Form 990, Part VI nest paid individuals o	I) or entity or entities ganization (iii)	r in conne (fundraise Form 99 Did	ctior ers) p	n with professional foursuant to agreeme	undraising activities? ents under which the fui red to complete this ta				
	(i) Name of individual or entity (fundraiser)	I (III) A CTIVITY I '		dy or ol of	(iv) Gross receipts (		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
			Yes	No							
Ruff	falo Cody	Phonathon Agent		No		233,014	81,675	233,014			
Tota	al					233,014	81,675	233,014			
<b>3</b>	List all states in which licensing	the organization is re	gıstered o	r licensed	d to s	olicit funds or has t	peen notified it is exem	pt from registration or			

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	( <b>d)</b> To	otal Eve ol <b>(a)</b> th ol <b>(c)</b> )	
Revenue	1 2 3	Gross receipts  Less Charitable contributions  Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Direct Expenses	5 6	Non-cash prizes				+		
	7	Food and beverages						
	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			<b>.</b> 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I <b>(a)</b> th ol <b>(c)</b> )	
	1 (	Gross revenue						
Ses	2 (	Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (	Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			<b>.</b>			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> <del>.</del> .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.	
12		ne organization a grantor, beneficia ied to administer charitable gaming				.   .,		

		Yes	No				
13	Indicate the percentage of gaming activity operated in						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name 🟲						
	Address -						
15a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?	.					
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the						
	amount of gaming revenue retained by the third party 🟲 \$						
c	If "Yes," enter name and address						
	Name 🟲						
	Address F						
16	Gaming manager information						
10	Gaining manager miormation						
	Name 🟲						
	Gaming manager compensation 🕨 \$						
	Description of services provided 🗠						
	Director/officer Employee Independent contractor						
	bliectoryolicei i Employee i Independent contractor						
L7	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
	ın the organization's own exempt activities during the tax year 🟲 💲		I				

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DLN: 93493133039111

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

# **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 **Inspection** 

Name of the organization	Employer identifica	24-0795453					
MARYWOOD UNIVERSITY	24-0795453						
Part I General Infor	mation on Gra	nts and Assistance				•	
Part II Grants and Ot Form 990, Part	d to award the graing anization's proceed the description of the descr	substantiate the amount of to ints or assistance? edures for monitoring the use to Governments and my recipient that receive 990) if additional space	e of grant funds in the large of grant funds in the large of grant funds in the large of the lar	United States  the United States Check this box if n		anization answered '	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		d government organizations				•	

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

(a)Type of grant or assistance	( <b>b)</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)	<b>(f)</b> Description of non-cash assistance
SPONSORED SCHOLARSHIPS		968,100		CASH	
NON-SPONSORED SCHOLARSHIPS		26,042,938		CASH	
STUDENT AID		325,466		cash	

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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All students applying for federal funds are required to submit the FAFSA. The office reviews the results of the FAFSA, which dictates what and how much federal funding the individual student is eligible for. If the student is determined to be in compliance with all federal regulations, as determined by the Department of Education, the aid office awards the student the appropriate funding. Student files regarding the eligibility are maintained by the student financial aid office.

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DLN: 93493133039111

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

MAF	RYWOOD UNIVERSITY			•			
			24-	0795453			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropiate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel	୕୲୵					
	Travel for companions		Payments for business use of personal				
	Tax idemnification and gross-up payments		Health or social club dues or initiation f				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur	·, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ				1b	Yes	
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D			17	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		•				
	Compensation committee	<u>                                      </u>	Written employment contract				
	✓ Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation	committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art V I	I, Section A, line 1a with respect to the fi	ling organization			
а	Receive a severance payment or change-of-control pa	aymer	nt?		4a	Yes	
Ь	Participate in, or receive payment from, a supplement	al nor	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov			irt III			
	Only 501(c)(3) and 501(c)(4) organizations only must	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any				
а	The organization?			L	5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any				
а	The organization?			L	6a		Νo
b	Any related organization?			Γ	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			F			
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			∶ed	7		Νo
8	Were any amounts reported in Form 990, Part VII, pa		·	.			
	subject to the initial contract exception described in F in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," desc	rıbe	8		Νo
9	If "Yes" to line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure described in	Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(i) Base (ii) Bonus & Incentive compensation compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dr Peter Cimbolic	(1) (11)	188,848 0	0	0 0	19,073 0	2,077 0	209,998	0 0
Joseph X Garvey Jr	(1) (11)	137,920 0	0	0	14,300 0		162,097 0	0
Dr Clayton N Pheasant	(ı) (ıı)	143,414 0	0	0	15,203 0	l .	168,584 0	0
Dr Raymond P Heath	(1) (11)	139,029 0	0	0	14,002	1,933	154,964 0	0
Terrance E O'Brien	(ı) (ıı)	112,800 0	0	0	11,468 0	l .	129,860	0
		•	•	•			•	·

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		Marywood's president, Sr Anne Munley, lives in housing owned by Marywood, specifically for the president. Because Sister's Congreagation takes a vow of poverty, all of her income related to her work for Marywood goes directly to the Congregation, and is therefore not taxable to Sister Anne
	Part I, Line 4a	Terrance E O'Brien, Director - Project Office

Schedule J (Form 990) 2009

DLN: 93493133039111

OMB No 1545-0047

**Inspection** 

Open to Public

Schedule K (Form 990)

Name of the organization

**Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

Employer identification number

479,988

13,887,085

No

Χ

Χ

2008

Yes

Χ

Χ

24-0795453

(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of	scription of Purpose		(f) Description of Purpose				
							Yes	No	Yes	No		
PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917NU77	02-03-2005		REF'D O/S BAL OF 2000 BONDS			X		X		
PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917N4Q4	04-15-2005	11,447,049	1999 D4 BNDS, FIN CONSTR OF			X		Х		
PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917RAZ8	12-15-2005					х		х		
THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY	23-1708665	003642AH8	01-04-2007		RENOV OF RESIDENCE HALL &			х		х		
rt III Proceeds					_							
			Α	В	С	D			E			
1 Total proceeds of issue			10,268,152	11,466,757	12,590,428	14,	,997,30	3				
2 Gross proceeds in reserve funds			502,964	502,964	542,640		624,58	3				
3 Proceeds in refunding or defeasance escrows												
	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY  Total proceeds of issue Gross proceeds in reserve funds	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY  Total proceeds  Total proceeds of issue  Gross proceeds in reserve funds	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  23-2243852  70917N4Q4  23-2243852  70917RAZ8  THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY  23-1708665  003642AH8  Total proceeds of issue Gross proceeds in reserve funds	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  23-2243852  70917N4Q4  04-15-2005  PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY  23-2243852  70917N4Q4  04-15-2005  THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY  23-1708665  Total proceeds  Total proceeds of issue  Total proceeds in reserve funds  502,964	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY         23-2243852         70917NU77         02-03-2005         9,105,000           PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY         23-2243852         70917N4Q4         04-15-2005         11,447,049           PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY         23-2243852         70917RAZ8         12-15-2005         12,567,509           THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY         23-1708665         003642AH8         01-04-2007         14,991,657           IttII Proceeds           Total proceeds of issue         A         B           Total proceeds in reserve funds         502,964         502,964	PENNSYLVANIA HIGHER	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY         23-2243852         70917NU77         02-03-2005         9,105,000         SERIES A OF 2005 - TO ADVNCREF'D O/S BAL OF 2000 BONDS & TO PAY ISS COSTS           PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY         23-2243852         70917N4Q4         04-15-2005         11,447,049         SERIES B OF 2005 - TO REF'D 1999 D4 BNDS, FIN CONSTR OF ATH FAC, FND DBT SVC           PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY         23-2243852         70917RAZ8         12-15-2005         12,567,509         SERIES C OF 2005 - TO FIN RENOV OF RES HALL, FIN VAR CAP IMP, FND DBT SVC           THE ABINGTON TO WINSHIP MUNICIPAL AUTHORITY         23-1708665         003642AH8         01-04-2007         14,991,657         SERIES OF 2007 - TO FIN RENOV OF RESIDENCE HALL & OTHER CAP IMPROVMENTS           INTELL Proceeds           Total proceeds of Issue         A         B         C         D           Gross proceeds in reserve funds         502,964         502,964         542,640	Color   Colo	PENNSYLVANIA HIGHER   EDUCATION FACILITIES   23-2243852   70917NU77   02-03-2005   9,105,000   SERIES A OF 2005 - TO ADVNC- REF'D O/S BAL OF 2000 BONDS & TO PAY ISS COSTS   X X AUTHORITY   23-2243852   70917N4Q4   04-15-2005   11,447,049   SERIES B OF 2005 - TO REF'D   1999 D4 BNDS, FIN CONSTR OF ATH FAC, FND DBT SVC   X AUTHORITY   23-2243852   70917RAZ8   12-15-2005   12,567,509   SERIES C OF 2005 - TO FIN RENOV OF RESHALL, FIN VAR CAP IMP, FND DBT SVC   X AUTHORITY   23-1708665   003642AH8   01-04-2007   14,991,657   SERIES OF 2007 - TO FIN RENOV OF RESIDENCE HALL & X AUTHORITY   23-1708665   003642AH8   01-04-2007   14,991,657   RENOV OF RESIDENCE HALL & X AUTHORITY   23-1708665   003642AH8   01-04-2007   14,991,657   RENOV OF RESIDENCE HALL & X AUTHORITY   23-1708665   003642AH8   01-04-2007   14,991,657   12,590,428   14,997,303   14,997,303   14,997,303   14,667,57   12,590,428   14,997,303	Ca) Issuer Name   Ca) Issuer Fine   Ca) Issuer Fine   Ca) Issue Price   Ca) Issue Price   Ca) Issue Price   Ca) Issuer Fine   Ca) Issuer		

167,834

60.924

No

2005

Yes

Χ

Х

Χ

Χ

2	Gross proceeds in reserve funds						
3	Proceeds in refunding or defeasance escrows						
4	O ther unspent proceeds						

5	Issuance costs from proceeds
6	Working capital expenditures from proceeds

Has the final allocation of proceeds been made?

working capital expenditures from proceeds	
Capital expenditures from proceeds	

es from proceeds	
l completion	

mpletion		

Were the bonds issued as part of a current refunding issue?	
Were the bonds issued as part of an advance refunding issue?	

11	Has the final allocation of proceeds been made?
12	Does the organization maintain adequate books and records to support
	the final allocation of proceeds?

#### Part III **Private Business Use**

Year of substantia

8

10

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?
2	Are there any lease arrangements with respect to the financed property which may result in private business use?

		4	E	3	•		D		E	
	Yes	No								
,		Х		Х		Х		Х		
Y		х		х		Х		Х		

517,998

11,506,871

No

Х

Χ

2007

Yes

Χ

Χ

484,407

9.759.679

No

Χ

2006

Yes

Х

Χ

Χ

Yes

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		-	4	E	3	(	C	D		E			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х		х		Х		Х				
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		×		х х		×			х		
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?			х		х		х					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 400 %		0 170 %			
6	Total of lines 4 and 5		0 %		0 %		0 400 %		0 170 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х					

Part IV Arbitrage

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

DLN: 93493133039111

**Employer identification number** 

# OMB No 1545-0047

Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization

MARYWOOD UNIVERSITY 24-0795453 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 Yes 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 (e) In Approved (g)Written 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? Τо From Yes No Yes Yes No 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.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Patrick A Fricchione Jr	Former Board Member, President and CEO, SIMPLEX INDUSTRIES, INC	,	Purchase and Finishing Work for Woodlands III, a Marywood dormitory, from Simplex Industries		No
					+
					1

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DLN: 93493133039111

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**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

Name of the organization MARYWOOD UNIVERSITY

**Employer identification number** 

24-0795453

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d rever	etermı	ning	
1	Art-Works of art	Х	2		FMV			
	Art—Historical treasures			27,000				
	Art—Fractional interests							
4	Books and publications	X		14,785	FMV			
	Clothing and household			, ,				
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	7	377,407	FMV			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	COMPUTER Other►( <u>EQUIPMENT</u> )	Х	1	21,347	FMV			
	Plane							
	Other ► ( <u>Equipment</u> )	X	2	16,000	FMV			
	`							
	O ther ▶ ()							
29	Number of Forms 8283 received				29			
	for which the organization comp	ieteu Foiiii (	5265, Part IV, Dollee Acki	iowiedgement			Yes	No No
302	During the year, did the organiza	ation receiv	e hy contribution any prope	arty reported in Part I lines	1-28 that it		165	110
Jou	must hold for at least three year							
	for exempt purposes for the enti				u to be useu			No
						30a		110
о 31	If "Yes," describe the arrangem  Does the organization have a gr			review of any non-standard	contributions?	31		Νo
							i	
32a	Does the organization hire or us contributions?		ies or related organizations		non-casn	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 24-0795453

Name: MARYWOOD UNIVERSITY

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

**SCHEDULE 0** (Form 990)

Name of the organization MARYWOOD UNIVERSITY

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493133039111

**Employer identification number** 

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

24-0795453 **Identifier** Return **Explanation** Reference Form 990, Part VI, Section A, line  $\label{eq:market} \mbox{Maryw ood contracts $w$ ith $C$ hartwells to provide food service to the $U$ niversity}$ campus

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE MEMBERS OF THE MARY WOOD UNIVERSITY CORPORATION ARE SIX MEMBERS OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY ARTICLE I, SECTION 4 OF THE MARY WOOD UNIVERSITY BY LAWS STATES "THE MEMBERS OF THE CORPORATION SHALL HAVE THE RIGHT, BY MAJORITY VOTE, TO ELECT TRUSTEES THEY SHALL HAVE THE RIGHT OF APPROVAL, BY MAJORITY VOTE, OF ACTIONS OF THE BOARD OF TRUSTEES RELATING TO CHANGES IN INSTITUTIONAL PURPOSE AND PHILOSOPHY, APPOINTMENT OF THE PRESIDENT OF THE UNIVERSITY, ACQUISITION, DISPOSITION, ENCUMBRANCE, OR LEASE OF REAL PROPERTY OF THE INSTITUTION, CONSTRUCTION OF NEW BUILDINGS, DISSOLUTION, MERGER, OR CONSOLIDATION OF THE INSTITUTION WITH ANOTHER CORPORATION, AMENDMENTS TO THE BY LAWS, AND DISPOSITION OF PROPERTY UPON DISSOLUTION."

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The President of the Congregation of Sisters Servants of the Immaculate Heart of Mary, Scranton, PA, and her councilors are Members of the Marywood University Corporation with certain reserved powers Additional information is included in Article I, section 4 of the University's Bylaws

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Nominations are made by the Board of Trustees. The Members of the Maryw ood University shall have the right, by majority vote, to elect trustees. They shall have the right of approval, by majority vote, of actions of the Board of Trustees relating to changes in institutional purpose and philosophy, appointment of the President of the University, acquisition, disposition, encumbrance, or lease of real property of the institution, construction of new buildings, dissolution, merger, or consolidation of the institution with another corporation, amendments to the Bylaw's, and disposition of property upon dissolution. For 2006 to 2010, the (six) Members of the Maryw ood University Corporation were Sister Mary Persico, President of the IHM Congregation Sister Mary Jo Gallagher, Vice President of the IHM Congregation Sister Kathryn Clauss, Councilor Sister Susan Hadzima, Councilor Barbara Jablonski, Councilor Amy Zychal, Councilor For 2010 to 2014, the (five) Members of the Maryw ood University Corporation are Sister Therese O'Rourke, President of the IHM Congregation Sister Ellen Carney, Vice President of the IHM Congregation Sister Rosemary Goulet, Councilor Sister Christine Koellhoffer, Councilor Sister Ellen Carney, Councilor

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		For the current fiscal year and going forward, Marywood University will submit the draft of the Form 990 to the Audit Committee for their approval. The Audit Committee will then report to the full Board that they have reviewed the Form 990 prior to its filing with the Internal Revenue Service.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		Conflict of Interest forms are distributed at the annual meeting, in April, of the Board of Trustees. The Secretary of the University assures that a Conflict of Interest Statement is received from each member by the following July 1. The file of forms is kept in the office of the Secretary of the University. Article XIV of the University's Bylaw's requires that the minutes of any meeting in which a trustee may have a conflict of interest must reflect that a disclosure of such conflict was made, and that the trustee having said conflict abstained from voting

Return Reference	Explanation
	After performing due diligence in studying comparative salaries and other economic factors, an independent consulting firm recommends a salary amount for the President of the University to the Executive Officers of the Board of Trustees, this Committee of Executive Officers, after deliberation and consideration, approves the President's salary. The President of the University then sets the salaries of the Senior Administrative Officers,

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy and financial statements available to governmental agencies who require them, and to the Executive Committee of the Board of Trustees Moreover, the Financial Statements are made available through the NACUBO website and through the EMMA system, as required by certain bond documents

ldentifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (V)	Explanation of Fundraising Payments	The University paid Ruffalo Cody to act as our Annual Fund phonathon agents during FY 2009-2010. As such, Ruffalo Cody contacted alumni, parents, and friends of the University soliciting pledges of financial support of our institutional mission. In particular, they sought gifts in support for the Marywood Scholarship Fund to provide resources to underwrite financial aid and scholarship awards made by the University to deserving students. In the course of their work, Ruffalo Cody advised these supporters of new and exciting changes to programs and facilities at Marywood. In addition, they obtained information concerning changes to biographic and demographic information of the individuals called. Ruffalo Cody acted strictly in the role of our agent in securing pledges of support. The processing of all pledge payments and credit card transactions were handled by University employees.

Identifier	Return Reference	Explanation
Form 990, Part VII		Certain Officers ARE NOT DIRECTLY COMPENSATED BY THE UNIVERSITY THE UNIVERSITY PAYS THE CONGREGATION OF THE SISTERS, SERVANTS OF IMMACULATE HEART OF MARY ("IHM") ON BEHALF OF SISTER ANNE MUNLEY, PRESIDENT AND SISTER DOLORES FILICKO, SECRETARY MARYWOOD UNIVERSITY PAID IHM \$242,096 ON BEHALF OF SISTER ANNE MUNLEY for HER ROLE AS PRESIDENT AND \$64,977 ON BEHALF OF SISTER DOLORES FILICKO for her rold as Secretary

ldentifier	Return Reference	Explanation
Schedule K, Part IV, Line 4		The debt service reserve funds were invested in a GIC. The GIC's were terminated due to a downgrade in AIG's investment rating on September 16, 2008. The debt service reserve fund's were subsequently reinvested in certificate's of deposit with M&T Bank.

ldentifier	Return Reference	Explanation
Schedule K, Part IV, Line 6		The proceeds were invested in SLUGS, which earned less than the bond issue interest rate, and therefore no arbitrage was earned

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493133039111

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009

### **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

Name of the organization MARYWOOD UNIVERSITY					fication number
Part I Identification of Disregarded Entities (Complete	if the organization a	unswered "Yes" on	Form 990 Part I		
(a) Name, address, and EIN of disregarded entity	(a) (b) (c) (d)		(d)	(e)	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ions (Complete if that year.)	ne organization an	swered "Yes" on	Form 990, Part I	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(	cus Direct controlling 3)) entity
Congregation of the Sisters Servants of the Immaculate Heart  IHM Center 2300 Adams Avenue  Scranton, PA 18509	Religious	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one ar.)  (b)  (c)  Legal domicile (state or foreign country)  Exempt Code section  (d)  Exempt Code section  Public charity status (if section 501(c)(3))  Public charity status (if section 501(c)(3))  Physical Controlling entity  In N/A			
Marywood Aviation 2300 Adams Ave Scranton, PA 18509	Aviation Education	PA			
27-1573065					

Cat No 50135Y

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets		Share of end-of-year		Share of end-of-year				(h Disprop allocat	ortionate	Code amount II Sched	V—UBI n box 20 of ule K-1	Gener mana	al or Iging
								Yes	No			Yes	No						
									rtionate Code V—UBI General or managing Schedule K-1 (Form 1065)										
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,							
	cause it had one t		ciacca organización.				(f)	)	Ī	(a)	(h)								
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary ad	ctivity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	nare of -of-year	Percentag								
									1										
									1										

Part V	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)			
Not	te. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	<b>,</b>			ł
<b>a</b> Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> Gif	ft, grant, or capital contribution to other organization(s)		1b	Yes	
<b>c</b> Gıf	t, grant, or capital contribution from other organization(s)		<b>1</b> c		No
<b>d</b> Lo	ans or loan guarantees to or for other organization(s)		1d		No
<b>e</b> Lo	ans or loan guarantees by other organization(s)		1e		No
<b>f</b> Sal	le of assets to other organization(s)		<b>1</b> f		No
<b>g</b> Pu	rchase of assets from other organization(s)		<b>1</b> g		No
h Ex	change of assets		1h		No
i Lea	se of facilities, equipment, or other assets to other organization(s)		<b>1</b> i		No
j Lea	ase of facilities, equipment, or other assets from other organization(s)		<b>1</b> j		No
<b>k</b> Pe	rformance of services or membership or fundraising solicitations for other organization(s)		1k		No
<b>I</b> Per	formance of services or membership or fundraising solicitations by other organization(s)		11		No
<b>m</b> Sha	arıng of facılıtıes, equipment, mailing lists, or other assets		1m	ì	No
n Sh	aring of paid employees		1n		No
o Re	imbursement paid to other organization for expenses		10		No
<b>p</b> Re	ımbursement paıd by other organization for expenses		<b>1</b> p		No
					d
<b>q</b> 0 t	her transfer of cash or property to other organization(s)		<b>1</b> q	Yes	
r Oth	her transfer of cash or property from other organization(s)		<b>1</b> r		No
<b>2</b> If t	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	holds		
	(a)	(b)		(c)	
	Name of other organization	Transaction type(a-r)		nt involv	ed
(1)					
(2)					
<del></del>					
(3)					
(4)					
(4)					
(5)					
(5)					
(6)					
			1		

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(state or foreign position pos		all ners ion c)(3) rations?	<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
									+-	╁
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