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Form 991

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 07/01, 2009, and ending 06/30,20 10 A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization ALLEN UNIVERSITY B Check of applica Doing Business As 57-0341191 label o Number and street (or P O box if mail is not delivered to street address) E Telephone number 1530 HARDEN STREET (803) 376-5708 City or town, state or country, and ZIP + 4 COLUMBIA, SC 29204 G Gross receipts \$ 19,298,482. Name and address of principal officer BRENDA S. WALKER H(a) Is this a group return for Yes 1530 HARDEN STREET COLUMBIA, SC 29204 H(b) Are all affiliates included? Yes If "No " attach a list (see instructions) X 501(c) (3) **(**(insert no) Tax-exempt status Website: ► WWW.ALLENUNIVERSITY.EDU H(c) Group exemption number X Corporation L Year of formation 1870 M State of legal domicile SC Form of organization Trust Part I Summary Bnefly describe the organization's mission or most significant activities ALLEN UNIVERSITY IS AN ACADEMIC COMMUNITY WHICH PROVIDES STUDENTS AN Governance OPPORTUNITY TO OBTAIN A BACCALAUREATE DEGREE IN LIBERAL ARTS AND PROFESSIONAL PROGRAMS. 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) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 161 5 Total number of volunteers (estimate if necessary) 6 O 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . . Current Year 8,447,122. 1,880,299. 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line-2g) 17,165,382. 10,064,490. Investment income (Part-VIII, column (A): lines 3, 4 and 7d) -21,904164,088. Other revenue (Part VIII, column (A), lines-5-6d (8c) 9c, 10c, and 11e)
Total revenue add lines 8 through 11 (must equal) Rart VIII, column (A), line 12) 126,364 88,713. 11 12 18,616,072. 19,298,482. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,061,762. Benefits paid to of for members (Part-IX-column (A) line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,250,747. 6,459,970. 16 a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses, Part IX, column (D), line 25) 12,895,704. 10,528,952. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 19,146,451. 18,050,684. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -530,379. 1,247,798. Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year Assets 1 42,705,141. 42,749,887. Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 33,494,959. 32,291,907. 21 9,210,182. 10,457,980. 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II 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 Granda & Walker Sign Here Signature of officer RENDA NP FOR FISCAL AFFAIRS Type or print name and title Check if Preparer's identifying number Preparer's (see instructions) P01064157 Pald signature employed Preparer's Firm's name (or yours EIN 13-5381590 BDO USA, if self-employed), address, and ZIP + 4 **Use Only** Phone no 404-688-6841 1100 PEACHTREE STREET, SUITE 700 ATLANTA, GA 30309-4516 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Χ_
5	Sections 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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,"			ĺ
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			1
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable	11	X	L
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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			1 1
•	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.			1 1
•	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,"			ш
	complete Schedule D, Parts XI, XII, and XIII.	12	X	<u> </u>
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			igsquare
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	-
14 a		14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			١,,
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			١.,
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			١
4-	to individuals located outside the United States? If "Yes, "complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا _ ا		۱
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ۔۔ ا		,,
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			(2000)
		rom	930	(2009)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
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		Х
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 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	Х	
24 a	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 lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a	l x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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		Х
h	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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u></u>		
	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		Х
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		х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
-	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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		Х
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		Х
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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_ -	-	
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(2009)

Par	Statements Regarding Other IKS Fillings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable		:	ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 161			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			ĺ
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ju	this return?	3a		x
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		х
_	account)?	40		<u> </u>
D	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_^
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		ĺ
	Prohibited Tax Shelter Transaction?	5c		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			1
	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	_	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			_
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or Schedule O. See instructions.	bel cha	ow, a nges	and s in
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 17			
b	Enter the number of voting members that are independent 15			
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		X
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_		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		v
	of the governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	_	v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9a		х
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
	r		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	,,,	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
		12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?			
	· · · · · · · · · · · · · · · · · · ·	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	
a	, , ,	15a	X	
ь	, , ,	<u>15b</u>	Х	
	If "Yes" to line 15a or 15b, 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			v
	, , , , , , , , , , , , , , , , , , , ,	16a		Х
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	401		
Sect	the organization's exempt status with respect to such arrangements?	OOL		
		·· · ·		
17 18	List the states with which a copy of this Form 990 is required to be filed ► SC, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ALLEN UNIVERSITY BUS. OFFICE, 1530 HARDEN STREET COLUMBIA, SC 29204 803-376-5708	!		

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

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

- 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. 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, and 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

L	Check this box if the organization	did not compensate any current officer, director, or trustee	
---	------------------------------------	--	--

(A)			(E)	(F)						
Name and Title	Average hours per week	Individual trustee Por director	institutional trustee	Officer	Mey employee	Highest compensated a employee	(y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BISHOP PRESTON WARREN WILLIAMS, II										
CHAIRMAN	1.00	Х						0.	0	0.
JAMES E. CLYBURN										
TRUSTEE	1.00	Х						0.	0.	0.
ALFRED R. BERKELEY, III										
TRUSTEE	1.00	Х						0.	0.	0.
RONNIE E. BRAILSFORD, SR.										
TRUSTEE	1.00	Х						0.	0	<u>0</u> .
ROBERT B. COOPER, SR.										
TRUSTEE	1.00	Х						0.	0	0.
TAMARA C. CURRY										
TRUSTEE	1.00	Х						0.	0	0.
JOHN H. GILLISON	ļ									
TRUSTEE	1.00	Х						0.	0	0.
DON HERRIOTT										
TRUSTEE	1.00	Х						0.	0	0.
RALPH JAMES										
TRUSTEE	1.00	Х						0.	0.	0.
WILLIE F. JOHNSON										
TRUSTEE	1.00	Х						0.	0.	0.
HENRY "HANK" JOHNSTON										
TRUSTEE	1.00	X			_			0.	0.	0.
ROBERT L. MCCANTS, SR.										
TRUSTEE	1.00	Х	Ш		_			0.	0.	0.
ALONZO MIDDLETON										
TRUSTEE	1.00	X				ļ		0.	0.	0.
CAESAR R. RICHBURG										
TRUSTEE	1.00	Х	Ш		L			0.	0.	0.
G. LARRY WILSON										
TRUSTEE	1.00	X	Ш		<u> </u>	<u> </u>	L.	0.	0	0.
NORMAN L. DEAS										
TRUSTEE	1.00	Х						0.	0.	0.
JSA										Form 990 (2009)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)													
(A)	(A) (B) (C) (D) (E)							(F)					
Name and title	Average					hat app	ly)	Reportable	Reportable			bmate	
	hours per week	Individual or director	Inst	Officer	¥ e	혈	Former	compensation from	compensation from relate			ount o	of
	WEEK	ire du	Į į	월	en a	nest	ᅙ	the	organization			ensa	bon
		Q =	ă		Key employee	8 8		organization	(W-2)1099-MI	SC)		om the	
		Individual trustee or director	Institutional trustee		8	pg		(W-2/1099-MISC)				ınızatı Frelate	
		"	8			Highest compensated employee						nızatı	
RICKY BROWN	-	ļ	-	<u> </u>									
TRUSTEE	1.00	٦						0.		_			0
CHARLES YOUNG	1.00	X	\vdash			<u>- </u>		0.		0.			0
PRESIDENT	60.00			Х				100,057.		0.		36	000
WALTER HOWARD	00.00		┢	 		 		100,037.		- i		30,	000
VP FOR ACADEMIC AFFAIRS	50.00	ļ		x				83,545.		0.			0
MARILYN YOUNG								30,010.		Ť			<u>-</u>
REGISTRAR	50.00			x				49,238.		ο.			0
MELVIN MILLER		1	┢	 									
VP OF FISCAL AFFAIRS	50.00			x				74,337.		ο.			0
PATRICK INYANGETOR	1		f	Ť	<u> </u>		 	12,007.					
EXECUTIVE GRANTS MANAGER	40.00				Х			151,105.		ο.			0
	1		i										
								· -					
	<u></u>	Ì											
											-		
			L.		L		<u> </u>	<u> </u>					
	1				ļ								
	1												
	<u> </u>	<u>!</u>	<u>L</u>			<u> </u>							
1b Total							<u> </u>	458,282.		0.		36,	000
2 Total number of individuals (including but not lin	nited to thos			bov	e) w	ho re	ceiv	ed more than \$100	,000 in				
reportable compensation from the organization		-	2										T
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched													X
											3		 ^
4 For any individual listed on line 1a, is the													1
the organization and related organizations individual						If "Y	es,	" complete Sched	ule J for su	ch	4	 X	
							• •			•	4		+
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr "complete :	ue c Sched	omp lule :	ens ./ fo	atio r su	n tro	om rsor	any unrelated d	rganization i	for	5		Х
Section B. Independent Contractors	Jonnpiole (2.0	0		<u> per</u>	. 501	· · · · · · · · · · · · · · · · · · ·		•		L	
1 Complete this table for your five highest	compensat	ed in	iden	end	lent	cont	tract	tors that received	d more than	\$10	0.000	of	
compensation from the organization			,							•.•	-,	•	
(A)								(B)			(C)		
Name and business add	ress							Description of ser	vices	C	compens	ation	
ATTACHMENT 3							$oxed{oxed}$						
2 Total number of independent contractors (iii				nited	d to	thos	se l	isted above) who	received				
more than \$100,000 in compensation from the	e organizat	ion)	<u> </u>			2							
												aan	(000

Part VIII		Statement of Reve	nue		57-0341191						
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
s s	1a	Federated campaigns	<u>1a</u>								
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b					ł			
8, g	С	Fundraising events	1c				:				
gift lar	d	Related organizations	1d	_ .							
E S	е	Government grants (contribut	ions) . 1e								
utic er s	f	All other contributions, gifts, grant	s,								
trip		and similar amounts not included	above . 1f	1,880,299.							
Con	g	Noncash contributions included in									
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>		1,880,299						
)nu				Business Code 611310		a a secondaria e a com com com					
Seve	2a	TUITION AND FEES			8,075,654	8,075,654					
Se F	b	AUXILIARY ENTERPRISES		611310	3,736,179.	3,736,179		 			
Program Service Revenue	С	GOVERNMENT FUNDS		011310	5,353,549.	5, 353, 549		 -			
	d		-		-						
Jran	e										
roc	T q	All other program service reversed. Add lines 2a-2f	enue		17, 165, 200			 			
					17,165,382.			 			
	3	Investment income (including other similar amounts)			32,021			22 021			
	4	Income from investment of tax			32,021			32,021.			
	5	Royalties · · · · · · · ·		_	0						
	,	Royalues	(ı) Real	(ii) Personal	<u> </u>						
	6a	Gross Rents	88,713			/					
	ь	Less rental expenses			,			, ;			
	c	Rental income or (loss)									
	d	Net rental income or (loss) .			88,713.			88,713.			
	7a	Gross amount from sales of	(ı) Securities	(II) Other							
	1 a	assets other than inventory	27,117.	104,950.				,			
	ь	Less cost or other basis	ĺ								
		and sales expenses						1			
	С	Gain or (loss)	27,117.	104,950	*						
	đ	Net gain or (loss)		. <u></u>	132,067.			132,067.			
nue	8a	Gross income from f	undraising		:						
		events (not including \$	<u> </u>								
Other Reve		of contributions reported on lin	ne 1c)								
r R		See Part IV, line 18	а								
the	b	Less direct expenses			The state of the s			<u></u>			
ō	С	Net income or (loss) from fund		· · · · · · · · •	0			 -			
	9a	Gross income from gaming ac									
		See Part IV, line 19		1							
		Less direct expenses Net income or (loss) from gan						 			
	C				0			 			
	10a	Gross sales of inventor returns and allowances	a	I							
		Less cost of goods sold									
	С	Net income or (loss) from sale Miscellaneous Reven			0			 			
	<u> </u>	iviiscellaneous Reven	iuc	Business Code		- •					
	11a							 			
	b						<u> </u>	 			
	C			,				 			
	d	All other revenue			_			 			
	12	Total Revenue Securetristic			0			 			
	12	Total Revenue. See instruction	ons	<u> ▶</u>	19,298,482.	17,165,382.		252,801.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and		-		<u> </u>
organizations in the U.S. See Part IV, line 21	0.			
Grants and other assistance to individuals in				
the U S See Part IV, line 22	1,061,762.	1,061,762.		
Grants and other assistance to governments,				
organizations, and individuals outside the				
U S See Part IV, lines 15 and 16	0.			
Benefits paid to or for members	0.			
Compensation of current officers, directors,				
trustees, and key employees	551,810.	489,744.	62,066.	
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			2.
Other salanes and wages	4,923,111.	4,904,092.	19,019.	
Pension plan contributions (include section 401(k)				
and section 403(b) employer contributions)	450.	450.		
Other employee benefits	601,077.	601,077.		
Payroll taxes	383,522.	383,522.		
Fees for services (non-employees)	110 -0.			
a Management	118,784.	89,088.	29,696.	
b Legal	73,321.	73,321.		
c Accounting	145,225.	145,225.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.	22.000		
f Investment management fees	23,808.	23,808.		
g Other	2,868,647.	2,868,647.		
Advertising and promotion	11,942.	11,942.		
Office expenses	1,302,511.	1,302,511.		
Information technology	0.	844,837.		
Royalties	1,031,407.	1,031,407.		
Occupancy	164,562.	164,562.		
Travel	104,302.	104, 302.		
Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	15,597.	15,597.		
Conferences, conventions, and meetings	986,552.	986,552.		
	980,332.	700,332.		
Payments to affiliates	1,674,569.	1,674,569.		
	60,515.	60,515.		
Insurance	00,313.	00,313.		
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)				
ATHLETIC ACTIVITIES	103,374.	103,374.		
b BUILDING & EQUIPMENT REPAIRS	210,189.	210,189.		,
BAD DEBT EXPENSE	53,990.	53,990.		
d TEXTBOOK AND BOOKSTORE EXP.	331,199.	331,199.		
BANK FEES	66,766.	66,766.		
f All other expenses	441,157.	441,157.		
Total functional expenses. Add lines 1 through 24f	18,050,684.	17,939,903.	110,781.	
Joint Costs. Check here ▶ If following	20,000,001.	1.,555,565.	110,701.	
SOP 98-2 Complete this line only if the				
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet	-		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,119,647.	1	1,816,216.
	2	Savings and temporary cash investments	103,900.	2	70,253.
	3	Pledges and grants receivable, net		3	608,516.
	4	Accounts receivable, net		4	122,073.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of Schedule L		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 Schedule L		6	
ţ	7	Notes and loans receivable, net	982.		0.
Assets	8	Inventories for sale or use		8	
×	9	Prepaid expenses and deferred charges	133,743.	9	54,953.
		Land, buildings, and equipment cost or 10a 48,467,687.	155,745.	-	31,333.
	10 a				
	_	other basis Complete Part VI of Schedule D Less accumulated depreciation	37,730,482.	100	37,506,529.
			2,173,501.	\rightarrow	374,922.
	11	Investments - publicly traded securities	2,1/3,301.	_	3/4,322.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	440.006	14	2 106 425
	15	Other assets See Part IV, line 11	442,886.	1 1	2,196,425.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	42,705,141.	16	42,749,887.
	17	Accounts payable and accrued expenses	4,324,248.	17	2,022,681.
	18	Grants payable		18	101 010
	19	Deferred revenue		19	191,819.
	20	Tax-exempt bond liabilities		20	7,654,895.
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab		employees, highest compensated employees, and disqualified			
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	19,585,973.
	24	Unsecured notes and loans payable to unrelated third parties		24	2,836,539.
	25	Other liabilities. Complete Part X of Schedule D	29,170,711.	25	0.
	26	Total liabilities. Add lines 17 through 25	33,494,959.	26	32,291,907.
es		Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	5,886,789.	27	8,695,310.
ala	28	Temporarily restricted net assets	842,570.	28	1,239,799.
<u>Б</u>	29	Permanently restricted net assets	2,480,823.	29	522,871.
or Fund Balance		Organizations that do not follow SFAS 117, check here ■ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,210,182.	33	10,457,980.
_	34	Total liabilities and net assets/fund balances	42,705,141.	34	42,749,887.
	7.54	Total natinues and net assessing balances	72,100,141.	_ -	72,749,007.

Page **12**

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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			
	X Separate basis	1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	i		}
	the Single Audit Act and OMB Circular A-133?	3a	Х	1
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	Х	
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ALLE	N UNIVERS	ITY							57-03	41191
Part	Reason	for Public Char	ity Status (All organi	zations m	ust comple	ete this p	oart) Se	e instruc	tions.	
The or	ganization is r	ot a private founda	ation because it is (For	lines 1 thro	ugh 11, che	eck only o	ne box.)			
1	A church,	convention of chur	ches, or association of	churches d	escribed in	section	n 170(b)(1)(A)(i).		
2	X A school o	lescribed in section	on 170(b)(1)(A)(ii). (Att	ach Schedi	ule E)					
3	_		ospital service organiza			ction 170	(b)(1)(A)(iii).		
4		•	zation operated in coi						170(b)(1)((A)(iii). Enter the
٠ ـ		name, city, and sta	•	•		•				, ,, ,
5 F			or the benefit of a coll	lege or un	versity ow	ned or o	perated I	ov a gove	emmental	unit described in
		70(b)(1)(A)(iv). (C			,			,		
6			ernment or government	al unit desc	nbed in s	section 17	70(b)(1)(A	.)(v).		
7	_	_	lly receives a substant						or from t	he general public
			1)(A)(vi). (Complete P	•			,		***************************************	9
8 [_		in section 170(b)(1)(/	•	molete Pari	t II)				
9		•	lly receives (1) more		•	•	m contrib	utions. m	nembershi	p fees, and gross
• ∟			ted to its exempt fun-							
			ment income and uni							
			after June 30, 1975						,	
10	_	-	nd operated exclusively							
11	_	-	and operated exclusi						ns of or	to carry out the
		_	ublicly supported orga	-		-				-
		•	at describes the type of					•	-	
	<u> </u>	ypel b			e III - Func					pe III - Other
еГ			ertify that the organiz					rectly by		•
• _		-	on managers and oth							
	•	or section 509(a)(•			, , , , ,		· 3 - · · · - ·		
f			-, I a written determinat	on from t	the IRS tha	atıtisa	Type I. 1	Type II. o	r Type III	supporting
•	-	on, check this box							71	
g	•	•	the organization accept						· · · · ·	
3	following			, ,			•			
	•		or indirectly controls.	, either ald	one or tog	ether wit	h person	s describ	ed in (ii)	Yes No
			erning body of the supp				•		• • • • • • • • • • • • • • • • • • • •	11g(i)
		-	erson described in (i) ab	_						11g(ii)
		-	of a person described ii		bove?		• • • • •			11g(iii)
h		•	ition about the supporte		•					•
	me of supported	T	(iii) Type of organization	1	rganization	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
	organization	(, , _ , , _ , , , , , , , , , , , , ,	(described on lines 1-9	in col (i) h	sted in your		ization in	organizat	ion in col	support
		ĺ	above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?	
				Yes	No	Yes	No	Yes	No	
							i			
				Ì		1		Î		
						1				
						_		1		
								1		
Tatal		1	I	I	I		İ	1	1	

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

Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you chec	ganizations D ked the box or	Described in Son line 5, 7, or	Sections 170(8 of Part I)	(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		-				
5	The portion of total contributions by each					1	
	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)				<u> </u>	 	
6	Public support. Subtract line 5 from line 4			<u> </u>		<u> </u>	<u> </u>
	tion B. Total Support	(-) 000r	1 43 0000	T 4 10007	1 (1) 2000	1 () 0000	1 (5.7.1
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			 	 		+
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	tion's first, seco	nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2009 (line	e 6, column (f) d	ivided by line 11	l, column (f))		14	%
15	Public support percentage from 2008 S					15	%
16a	33 1/3 % support test - 2009. If the o	rganization did	not check the	box on line 13	s, and line 14 is	s 33 1/3 % or mo	ore, check
	this box and stop here. The organization	on qualifies as a	a publicly suppo	rted organization	on		▶□
b	33 1/3 % support test - 2008. If the	_					
	check this box and stop here. The orga	anızatıon qualıfi	es as a publicly	supported orga	anization		▶ 🗀
17a	10%-facts-and-circumstances test - 2	-			•	•	
	or more, and if the organization me					•	•
	Part IV how the organization meets			-	•		
b	organization						
	15 is 10% or more, and if the orga	anization meets	the "facts-an	d-circumstances	" test, check	this box and s	top here.
	Explain in Part IV how the organization						
	supported organization				~	-	
18	Private foundation. If the organization	n did not ched	k a box on lin	e 13, 16a, 16t	o, 17a, or 17b,	check this box	x and see
	instructions	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	· · · · · · · · · · · · ·	<u></u> . ▶ ⊔
					:	Schedule A (Form 9	990 or 990-EZ) 2009

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)

Sect	ion A. Public Support						
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities	 -					
•	furnished by a governmental unit to the			,			
	organization without charge						
6	Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of					1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
8	Add lines 7a and 7b Public support (Subtract line 7c from						i
Ü	line 6)						1
Sec	tion B. Total Support				·	I	<u>.,</u>
	llendar year (or fiscal year beginning ın)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					•	
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						
12	Other income Do not include gain or					1	1
14	loss from the sale of capital assets						
	(Explain in Part IV)					1	1
13	Total support. (Add lines 9, 10c, 11,			1			
•	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax vear a	as a section 501	(c)(3)
-	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2009 (line 8, c			(f)		15	%
16	Public support percentage from 2008 Sched	ule A, Part III, line	15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (In	•	-	3, column (f))		17	%
18	Investment income percentage from 2008					18	%
19 a	33 1/3 % support tests - 2009. If the o	rganization did n				re than 331/3 %,	and line
	17 is not more than 33 1/3 %, check to						. —
b	33 1/3 % support tests - 2008. If the org	janization did not	check a box on	line 14 or line 1	9a, and line 16 i	s more than 33 1/	3 %, and
	line 18 is not more than 331/3 %, check	this box and si	top here The or	ganızatıon qualıfi	es as a publicly	supported organ	ization 🕨 🔲
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	o, check this bo	ox and see instr	nuctions ►

Schedule A (Form 990 or 990-EZ) 2009

Page 4

Part IV 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 D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

57-0341191

ALI	EN UNIVERSITY			57-0341191
Pai			nds or A	ccountsComplete if
	the organization answered "Yes" to For			
		(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 (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	usors in writing that the assets held in	donor adv	rised
	funds are the organization's property, subject to the	•		Yes No
6	Did the organization inform all grantees, donors, and	•		
	used only for charitable purposes and not for the bei			
	purpose conferring impermissible private benefit?			
Par	Conservation Easements. Complete if	the organization answered "Yes"	to Form	990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).		·
	Preservation of land for public use (e.g., recrea	ition or pleasure) Preserva	ation of an	historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·		ertified historic structure
	Preservation of open space	11636174	20011 01 0 0	Crimed motorio structure
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution	in the form	n of a conservation
_	easement on the last day of the tax year	a qualifica conscivation contribution	in the torn	ii oi a conscivation
	, , , , , , , , , , , , , , , , , , , ,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified his		I	
d	Number of conservation easements included in (c) a	• • •		
3	Number of conservation easements modified, transfe	-		
	the tax year ▶	on ear, reneased, extensioned, er tenni		no organization during
4	Number of states where property subject to conserve	ation easement is located		
5	Does the organization have a written policy regardin		handling o	 f
	violations, and enforcement of the conservation ease		_	
6	Staff and volunteer hours devoted to monitoring, insp			
	▶	,		
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easem	nents dunn	o the vear
	> \$	· 3 ,		3 ,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• •		Yes No
9	In Part XIV, describe how the organization reports of			
	balance sheet, and include, if applicable, the text of		•	
	the organization's accounting for conservation easer			
Pai	t III Organizations Maintaining Collection	s of Art, Historical Treasures, or		imilar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8	3.	
1a	If the organization elected, as permitted under S	FAS 116. not to report in its rever	nue stater	ment and balance sheet works of
	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	ld for public exhibition, education, of	or researc	h in furtherance of public service,
_				
þ	If the organization elected, as permitted under S historical treasures, or other similar assets held			
	provide the following amounts relating to these ite	ns	research	in lutilerance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
-	following amounts required to be reported under S		0330	in manda gam, provide the
а	Revenues included in Form 990, Part VIII, line 1 .			▶ \$
b	Assets included in Form 990, Part X			
	, access in outdoor in a contract of the contr			· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2009

Par	Organizations Maintaini	ng Collections	of Art, Histor	rical Treasure	es, or	Other Similar A	Assets(C	continued	1)
3	Using the organization's acquisition,	acces sion, and	other records, o	heck any of the	e follov	ving that are a sigr	nificant u	se of its	
	collection items (check all that apply			•		•			
а	Public exhibition		d 🗌	Loan or ex	chang	e programs			
b	Scholarly research		e	Other	_				
С	Preservation for future gen	erations							
4	Provide a description of the organiza		s and explain hi	ow they further	the or	ganization's exemp	ot purpos	se in	
	Part XIV		•	·					
5	During the year, did the organization	solici tor receive	e donations of a	art, historical tre	easure	s, or other similar			
	assets to be sold to raise funds rath	er than to be mai	ntained as part	of the organiza	ation's	collection?	• • • [Yes	No
Par	t IV Escrow and Custodial A IV, line 9, or reported an				n ansv	wered "Yes" to F	orm 99	0, Part	
1a	Is the organization an agent, trustee	, custo dian or otl	ner intermedian	y for contribution	ns or o	other assets not			
	included on Form 990, Part X?						[Yes	No No
b	If "Yes," explain the arrangement in	Part XI V and con	plete the follow	ving table					
						Ar	nount		
	Beginning balance								
d	Additions during the year				1d				
е	Distributions during the year				-			·	
f	Ending balance								
2a	•), Part X, line 2	1?			L	Yes	∐ No
	If "Yes," explain the arrangement in								
Par	t V Endowment Funds. Con		T						
	Barrier of a substance	(a) Current Year	(b) Prior yea	r (c) Two y	ears bad	ck (d) Three yea	rs back	(e) Four ye	ears back
1a	Beginning of year balance	307,322	350,0	40					
b	Contributions								
С	Net investment earnings, gains, and losses								
4		30,258	-42,7	18					
	Grants or scholarships Other expenditures for facilities .		+						
е	and programs								
	Administrative expenses							<u>.</u>	
_	End of year balance	25.,000.	307, 3	22					
2	Provide the estimated percentage o	-							
a	Board designated or quasi-endowm		<u>00</u> %						
	Permanent endowment ► 100.0 Term endowment ► 0.0000								
	Are there endowment funds not in the	-	f the organization	on that are held	l and a	dministered for the	•		
- Ou	organization by	ie pos session o	i tile organizati	on that are net	aliua	administered for the	-	[v	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related organization							3b	+
4	Describe in Part XIV the intended us		-					L!_	
Par	t VI Investments - Land, Bui				rt X. I	ine 10.			
	Description of investment	(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	i i	(c) Accumulated depreciation	(6	d) Book value	e
1a	Land			411,9	20.			411	,920.
ь	Buildings			39,719,5		6,512,437.		33,207	
	Leasehold improvements					, -,			
	Equipment			5,242,2	49.	3,565,641.		1,676	,608.
е	Other			3,093,9		883,080			,856.
Tota	I. Add lines 1a through 1e (Column	(d) must equal Fo	orm 990, Part X			c))		37,506	
	· · · · · · · · · · · · · · · · · · ·	•	·		•		Sched	ule D (Form	

Part VII	Investments - Other Securities. Securities.	<u>e Form 990, Part X, line 12</u>	••	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
Financial d	lerivatives		· · ·	
	Id equity interests			
				
				
				
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments - Program Related. Se	<u>e Form 990, Part X, line 13</u>	3	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
			· · · · · · · · · · · · · · · · · · ·	
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part >			
		(a) Description		(b) Book value
REAL ES	TATE INVESTMENTS	(a) Decempeon		2,053,500
	SUANCE COST			142,925
DOND 15	SOUNCE COST			192, 525
				
	 			
	··			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		.	2,196,425
Part X	Other Liabilities. See Form 990, Par			
1.	(a) Description of liability	(b) Amount		
Federal inc	come taxes			
Total (Colum	on (h) must equal Form 990. Part Y. col. (R) line 25.1			

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

57-0341191 Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 19,298,482. 2 Total expenses (Form 990, Part IX, column (A), line 25) 18,050,684. Excess or (deficit) for the year Subtract line 2 from line 1 3 3 1,247,798. Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 7 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 1,247,798. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 18,043,057. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities e Add lines 2a through 2d 2e 18,043,057. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) c Add lines 4a and 4b 1,255,425. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . 19,298,482. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 16,988,922. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities **b** Prior year adjustments 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 16,988,922. Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 1,061,762. c Add lines 4a and 4b 1,061,762. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 18,050,684. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information (continued)

ENDOWMENT FUND

PART V, LINE 4

THE OBJECTIVE OF THE USE OF THE ENDOWMENT FUND IS TO SUPPORT THE UNIVERSITY'S OPERATIONS.

ASC 740 (FIN 48) FOOTNOTE

PART X, LINE 2

MANAGEMENT EVALUATES ANY UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX

BENEFITS OR LIABILITIES THAT MAY EXIST. MANAGEMENT DOES NOT BELIEVE THAT

ANY MATERIAL UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS OR

LIABILITIES EXIST FOR THE YEAR ENDED JUNE 30, 2010. THE UNIVERSITY'S

POLICY IS TO REPORT ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX

BENEFITS, WHEN APPLICABLE, AS INTEREST EXPENSE AND TO REPORT PENALTIES AS

OTHER EXPENSE.

RECONCILIATION OF REVENUE

PART XII, LINE 4B

SCHOLARSHIPS SHOWN AS DEDUCTION FROM REVENUE ON F/S:

\$1,061,762

NET RENTAL INCOME SHOWN AS NONOPERATING ACTIVITY ON F/S:

\$88,713

GAIN ON DISPOSAL OF ASSETS SHOWN AS NONOPERATING ACTIVITY:

\$104,950

TOTAL

\$1,255,425

Part XIV Supplemental Information (continued)

RECONCILIATION OF EXPENSES

PART XIII, LINE 4B

SCHOLARSHIPS SHOWN AS DEDUCTION FROM REVENUE ON F/S: \$1,061,762

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047
2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

57-0341191 ALLEN UNIVERSITY 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? Х 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, Х programs, and scholarships? 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 Х describe If "No," please explain If you need more space, use Schedule O (Form 990) . 3 THE UNIVERSITY PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY ON ITS WEBSITE AND ITS STUDENT AND EMPLOYEE HANDBOOKS. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Х Records documenting that scholarships and other financial assistance are awarded on a racially Х nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c X 4d 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 Students' rights or privileges? Χ Х Admissions policies? Employment of faculty or administrative staff? X Х X X Use of facilities? Х Athletic programs? Х 5h If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . ATCH .6 . . . 6a Х b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O

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

Schedule E (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

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

2 T × Employer Identification number 57-0341191 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance ALLEN UNIVERSITY Name of the organization

						,		
Part II	Part II Grants and Other Assistance to Governm. Form 990, Part IV, line 21, for any recipient	Sovernmen by recipient that	ts and Organ at received m	izations in the Unione than \$5,000. C	ited States. Comp heck this box if no	lete if the organiza	ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	s" to 000. Use
	Part IV and Schedule I-1 (Form 990) It additional space is needed	990) IT addition	nai space is n	eeded				
1 (a	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of vatuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter	Enter total number of section 501(c)(3) and government		organizations				•	
3 Enter	Enter total number of other organizations	• • •					A	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 9E1288 2 000 5251EE 571L 2/8/2013 δ

Schedule I (Form 990) 2009

Schedule I (F	Schedule I (Form 990) 2009			57-0341191			Page 2
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	lividuals in th	ne United States	s. Complete if the	organization answered	"Yes" on Form 990, Part IV, line 22.	
•	Use Part IV and Schedule I-1 (Form 990)	990) if additio	if additional space is needed.	eded.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(d) Amount of (e) Method of valuation (book,	(f) Description of non-cash assistance	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
GENERAL SCHOLARSHIPS AND GRANTS	812	1,061,762.				
Part IV Supplemental Information. Complete this		provide the infor	mation required i	n Part I, line 2, and any o	part to provide the information required in Part I, line 2, and any other additional information.	
PROCEDURES FOR MONITORING THE USE O	OF GRANT FU	FUNDS				
PART I, LINE 2						
SCHOLARSHIPS ARE AWARDED BY ALLEN UNIVERSITY TO STUDENTS	NIVERSITY	TO STUDENTS	BASED ON THEIR	IR		
ACADEMIC ACHIEVEMENT, SPECIFIC TALENTS AND PARTICIPATION IN	NTS AND PA	RTICIPATION	ZH			
INTERCOLLEGIATE ATHLETICS WITH AWARDS	DS BASED C	N THEIR PERF	BASED ON THEIR PERFORMANCE LEVELS.	LS.		
STUDENTS ARE ALSO AWARDED NEED-BASED SCHOLARSHIPS AND GRANTS BASED ON	D SCHOLARS	HIPS AND GRA	NTS_BASED_ON			
THEIR NEED AS ESTABLISHED BY COMPLETING		REE APPLICAT	THE FREE APPLICATION FOR FEDERAL	<u> </u>		
STUDENT AID (FAESA) AND LIE APPLICABLE.	į,	<u>BY SPECIFIC CRITERIA AND</u>	RIA_AND			
GUIDELINES FOR OTHER FEDERAL AND STATE	AIE PROGRAMS.	<u>MS.</u>				
					Schedule I (Form 980) 2009	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Internal Revenue Service Name of the organization

ALLEN UNIVERSITY

Department of the Treasury

Inspection Employer identification number

57-0341191

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			ĺ
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	l		
_	explain	1b	X.	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	_	.,	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which if any of the following the erganization uses to establish the componentian of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply	1		
	The semination committee that the semination committee the semination c			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
•	Receive a severance payment or change-of-control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	70		
	The feet to diff of lines 4d of list the persons and provide the applicable amounts for each term in fact in			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			ł
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			i
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			1
	compensation contingent on the net earnings of:			1
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			1
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2009

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			0000					
	(B) Breakdown of v	TO LIWOD	W-Z and/or 1099-MISC compensation	ompensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	-	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	Denefits	(a)-(i)(a)	reported in prior Form 990 or Form 990-EZ
	1	05.	0	0	0	0	151,105.	0
PATRICK INYANGETOR		 				0.		
	(i)		1			1		
				: : : : : : : : : : : : : : : : : : :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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)								
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	(ii)							1
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<u> </u>	(ii)	-						
	(I)	-					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1)							
	(1)						1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(i)	\dashv						
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)								
	(1)	+	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(II)							
	(1)	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
)	(ii)	\dashv						
							Sch	Schedule J (Form 990) 2009

ধ্

9E12911000 5251EE 571L 2/8/2013

Page 3 5a, 5b, 6a, 6b, 7, and 8. Also complete this part Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, for any additional information. 57-0341191 THE PRESIDENT IS PROVIDED WITH A MONTHLY HOUSING ALLOWANCE. Part III Supplemental Information HOUSING ALLOWANCE PART I, LINE 1A Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

SCHEDULE K (Form 990)

ALLEN UNIVERSITY

Department of the Treasury Internal Revenue Service 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 on Schedule O (Form 990).

OMB No 1545-0047

2009 Open to Public Inspection

Employer Identification number

► Attach to Form 990. See separate instructions.

57-0341191

Part Bond Issues					-					
(a) Issuer name (1	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	eg .	(J) De	(f) Description of purpose	rpose	(g) Defeased	(h) On behalf of issuer
									Yes No	Yes No
A EDUCATIONAL FACILITIES AUTHORITY FOR PIHL	8688600-06	281901BE7	11/23/2005	8,015,000		TUND PRIOR	TAX-EXEMPT	REFUND PRIOR TAX-EXEMPT BOND ISSUE	X	×
•										
U										
٥					-					
ш										
Part II Proceeds					_					
		4	8			ပ	٥		ш	
1 Total proceeds of issue		015,000								
2 Gross proceeds in reserve funds	•	356,222.	-							
	5,	468,383								
Other unspent proceeds										
ואי	•	160,300.								
6 Working capital expenditures from proceeds		95,690	•							
7 Capital expenditures from proceeds	1,	934,405								
8 Year of substantial completion	20	2006					•			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?	×									
10 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										
		4	6		O		٥		Ш	
1 Was the organization a partner in a partnership, or a	Yes	S N	Yes	N _o	Yes	S.	Yes	8 S	Yes	S S
tax-exempt bonds?		×								

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

financed property which may result in private business use?

2 Are there any lease arrangements with respect to the

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Schedule K (Form 990) 2009

Schedule K (Form 990) 2009
Part III Private Business Use (Continued)

a Are there any management or service contracts with respect to the financed property which may result in private business use? b Are there any research agreements with respect to the financed property which may result in private business use? c 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? 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 5 Enter the percentage of financed property used in a	Yes	× × × × 00000°.	Yes	No	Yes	N _O	Yes	ON.	Yes	-14
private business use?		× × × × 00000°							- 100	2
b Are there any research agreements with respect to the financed property which may result in private business use? c 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? 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 Enter the percentage of financed property used in a		× × × 00000%						_		
c 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? 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 Enter the percentage of financed property used in a		× × 00000°C								
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		%0000.0								
				%		%		%		%
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		0.0000%		%		%		%		%
6 Total of lines 4 and 5		0.0000%		%		%		%		6
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	×	:								
Part IV Arbitrage		•								
	¥		_	8		ပ		a	_	ш
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction	Yes	No	Yes	No	Yes	No	Yes	Š	Yes	N _o
with respect to the bond issue?		×								
2 is the bond issue a variable rate issue?	×									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		×								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		×								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										_
Were any gross proceeds invested beyond an available temporary pened?		×								
6. Did the hand issue auralify for an exception to rehate?		×								

SCHEDULE O (Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ALLEN UNIVERSITY

Employer identification number

57-0341191

ATTACHMENT 1

EXECUTIVE COMMITTEE

PART VI, SECTION A

THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, OFFICERS
OF THE BOARD OF TRUSTEES, COMMITTEE CHAIRS, AND THE PRESIDENT
(EX-OFFICIO). THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO ACT FOR
THE BOARD OF TRUSTEES ON ALL MATTERS EXCEPT FOR THE FOLLOWING, WHICH
SHALL BE RESERVED FOR THE FULL BOARD:

- * PRESIDENTIAL SELECTION AND TERMINATION;
- * TRUSTEE AND BOARD OFFICER SELECTION;
- * CHANGES IN INSTITUTIONAL MISSION AND PURPOSES;
- * CHANGES TO THE CHARTER OR ARTICLES OF INCORPORATION;
- * SALE OF COLLEGE ASSETS OR TANGIBLE PROPERTY;
- * ADOPTION OF THE ANNUAL BUDGET; AND
- * CONFERRAL OF DEGREES.

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11

THE DRAFT FORM 990 WAS REVIEWED WITH THE PRESIDENT OF ALLEN UNIVERSITY.

THE BUDGET AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED THE

DRAFT FORM 990 IN DETAIL AND THE PERSONNEL COMMITTEE OF THE BOARD OF

TRUSTEES REVIEWED THE COMPENSATION-RELATED SECTIONS OF THE DRAFT FORM

990. ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES WERE PROVIDED WITH A

DRAFT FOR THEIR REVIEW. ALL OF THESE REVIEWS OCCURRED PRIOR TO FILING

FORM 990.

Schedule O (Form 990) 2009

Page 2

Name of the organization

ALLEN UNIVERSITY

Employer identification number

57-0341191

ATTACHMENT 1 (CONT'D)

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

AT LEAST ANNUALLY, EMPLOYEES AND VOLUNTEERS ARE REMINDED OF THE
UNIVERSITY'S CONFLICT OF INTEREST POLICY AND ALL NEW EMPLOYEES ARE
EDUCATED ABOUT THE POLICY DURING THE HIRING PROCESS. SUPERVISORS LOOK FOR
POTENTIAL CONFLICTS OF INTEREST FOR EMPLOYEES UNDER THEIR SUPERVISION AND
DISCLOSE SUCH POTENTIAL CONFLICTS AS NECESSARY.

COMPENSATION DETERMINATION PROCESS

PART VI, SECTION B, LINE 15A & 15B

THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION.

DOCUMENTS FOR PUBLIC INSPECTION

PART VI, SECTION C, LINE 19

THE UNIVERSITY WILL REVIEW ANY REQUESTS AND MAKE A DETERMINATION WHETHER OR NOT TO MAKE THE REQUESTED DOCUMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ALLEN UNIVERSITY IS AN ACADEMIC COMMUNITY WHICH PROVIDES STUDENTS AN OPPORTUNITY TO OBTAIN A BACCALAUREATE DEGREE IN LIBERAL ARTS AND PROFESSIONAL PROGRAMS. THE UNIVERSITY HAS A STRONG UNALTERABLE COMMITMENT TO TEACHING IN DELIVERY OF ITS BACCALAUREATE PROGRAMS.

ATTACHMENT 3

Schedule O (Form 990) 2009 Page 2 Employer identification number Name of the organization ALLEN UNIVERSITY 57-0341191 ATTACHMENT 3 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION JIM CONSTRUCTION CO CLEANING SERVICES 340,377. P. O. BOX 642 EASTOVER, SC 29044 WANDA CHARPING, CPA CONSULTING SERVICES 118,784. 1502 MAIN ST., KRESS BUILDING, SUITE 103 COLUMBIA, SC 29202 TOTAL COMPENSATION 459,161 ATTACHMENT 4 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED EXEMPT REVENUE BUSINESS REV. DESCRIPTION REVENUE REVENUE DIVIDENDS AND INTEREST 32,021 32,021 TOTALS 32,021 32,021 ATTACHMENT 5 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING BOOK VALUE DESCRIPTION MUTUAL FUNDS 369,979. 4,943. EQUITIES TOTALS 374,922. ATTACHMENT 6

Page 2

Name of the organization ALLEN UNIVERSITY Employer identification number

57-0341191

ATTACHMENT 6 (CONT'D)

SCHEDULE E - EXPLANATION FOR LINE 6A

THE UNIVERSITY RECEIVES STUDENT AID FUNDS THROUGH THE DEPARTMENT OF EDUCATION FOR PELL GRANTS, FEDERAL WORK STUDY GRANTS, NATIONAL SCIENCE AND MATH ACCESS TO RETAIN TALENT GRANTS, FAMILY EDUCATIONAL LOANS, ACADEMIC COMPETITIVENESS GRANTS, AND SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS (SEOG).