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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010

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

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

C Name of organization
POINT PARK UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
201 WOOD STREET

City or town, state or country, and ZIP + 4
PITTSBURGH, PA 15222

D Employer identification number
25-1094922

E Telephone number
(412) 392-3992

G Gross receipts $ 95,630,581

F Name and address of principal officer
DR PAUL HENNIGAN
201 WOOD STREET
PITTSBURGH, PA 15222

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW POINTPARK EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1960 | M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
HIGHER EDUCATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of employees (Part V, line 2a)	5	1,854
6	Total number of volunteers (estimate if necessary)	6	31
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	71,013
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-11,625

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,617,249	4,987,616
	9	Program service revenue (Part VIII, line 2g)	76,577,256	82,423,379
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	472,881	882,464
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-54,415	527,068
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,612,971	88,820,527
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,256,723	18,082,095
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,039,116	36,634,850
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	244,041	237,127
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,063,897		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	29,139,149	30,291,051
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	79,679,029	85,245,123
	19	Revenue less expenses Subtract line 18 from line 12	2,933,942	3,575,404

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	131,775,750	134,318,513
	21	Total liabilities (Part X, line 26)	77,372,791	76,341,329
	22	Net assets or fund balances Subtract line 21 from line 20	54,402,959	57,977,184

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer | 2011-07-14 Date

▶ BRIDGET MANCOSH SR VP OF FINANCE & OPERATIONS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Susan M Kirsch	Date	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SCHNEIDER DOWNS & CO INC, 1133 PENN AVENUE, PITTSBURGH, PA 15222			EIN ▶ Phone no ▶ (412) 261-3644

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

POINT PARK UNIVERSITY EDUCATES STUDENTS IN A DIVERSE ENVIRONMENT AND PREPARES GRADUATES TO APPLY KNOWLEDGE TO ACHIEVE THEIR GOALS, ADVANCE THEIR PROFESSIONS AND SERVE THEIR COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 53,010,407 including grants of $ 18,029,595) (Revenue $ 74,221,585)

INSTRUCTION- INCLUDES 4 ACADEMIC SCHOOLS SERVING APPROXIMATELY 3,407 UNDERGRADUATE AND 579 GRADUATE STUDENTS, AS WELL AS CHILDREN'S SCHOOL AND PERFORMING ARTS WHICH PROVIDE APPLIED TRAINING FOR STUDENTS INCLUDES PHYSICAL PLANT ALLOCATION

4b (Code) (Expenses $ 7,101,169 including grants of $) (Revenue $ 7,691,052)

AUXILIARY ENTERPRISES- EXPENSES THAT SUPPORT DORMITORIES, DINING HALL, CAFE, BOOKSTORE AND RECREATION CENTER FOR STUDENTS, FACULTY AND STAFF OF THE UNIVERSITY

4c (Code) (Expenses $ 8,281,862 including grants of $) (Revenue $ 439,729)

STUDENT SERVICES- INCLUDES ADMISSIONS, CAREER DEVELOPMENT, FINANCIAL AID ADMIN, REGISTRAR, STUDENT ACTIVIES, STUDENT AFFAIRS OFFICE, AS WELL AS 9 MEN'S AND WOMEN'S INTERCOLLEGIATE ATHLETIC TEAMS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 6,528,206 including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 74,921,644

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	5,400			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
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	1,854			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 33			
b	Enter the number of voting members that are independent	1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

JAMES HARDT
201 WOOD STREET
PITTSBURGH, PA 15222
(412) 392-3969

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

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

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

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

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

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

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

1b Total . . . . ▶		1,998,004	0	212,654

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶24

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

Section B. Independent Contractors

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

(A) Name and business address	**(B)** Description of services	**(C)** Compensation
MASSARO CORPORATION 120 DELTA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	8,667,522
ARAMARK SERVICES PO BOX 198532 ATLANTA, GA 303848532	FOOD SERVICE	1,589,645
ISS FACILITY SERVICES INC PENN PLACE PITTSBURGH, PA 15219	HOUSEKEEPING	1,486,005
ALLIED BARTON SECURITY SERVICES 500 FIRST AVENUE PITTSBURGH, PA 15219	SECURITY	1,111,340
SMITH BROTHERS AGENCY LP 116 FEDERAL STREET PITTSBURGH, PA 15212	MARKETING	1,019,406

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 ▶18

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a	2,303				
	b	Membership dues 1b					
	c	Fundraising events 1c	316,566				
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	1,469,006				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,199,741				
	g	Noncash contributions included in lines 1a-1f $ 18,310					
	h	**Total.** Add lines 1a-1f . . . . ▶		4,987,616			
Program Service Revenue			Business Code				
	2a	TUITION & EDUC FEES	611,710	73,554,217	73,554,217		
	b	ROOM & BOARD FEES	721,310	7,539,434	7,468,421	71,013	
	c	PERFORMANCES	711,300	651,166	651,166		
	d	BOOKSTORE, CAFE & MISC	451,211	222,630	222,630		
	e	PROGRAM RENTAL	531,390	179,771	179,771		
	f	All other program service revenue		276,161	276,161		
	g	**Total.** Add lines 2a–2f . . . . ▶		82,423,379			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		639,142			639,142
	4	Income from investment of tax-exempt bond proceeds . . ▶		3,210			3,210
	5	Royalties . . . . ▶		176,047			176,047
			(i) Real / (ii) Personal				
	6a	Gross Rents	1,167,775 /				
	b	Less rental expenses	694,490 /				
	c	Rental income or (loss)	473,285 /				
	d	Net rental income or (loss) . . . . ▶		473,285			473,285
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,118,962 /				
	b	Less cost or other basis and sales expenses	5,878,850 /				
	c	Gain or (loss)	240,112 /				
	d	Net gain or (loss) . . . . ▶		240,112			240,112
	8a	Gross income from fundraising events (not including $ 316,566 of contributions reported on line 1c) See Part IV, line 18 . . . a	114,450				
	b	Less direct expenses . . . b	236,714				
	c	Net income or (loss) from fundraising events . . ▶		-122,264			-122,264
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . ▶		88,820,527	82,352,366	71,013	1,409,532

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	52,500	52,500		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	17,989,075	17,989,075		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	40,520	40,520		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,526,048	601,255	695,197	229,596
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	27,425,994	24,511,294	2,289,028	625,672
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,334,073	1,059,472	243,460	31,141
9	Other employee benefits	4,295,764	3,391,644	838,614	65,506
10	Payroll taxes	2,052,971	1,591,833	403,367	57,771
11	Fees for services (non-employees)				
a	Management				
b	Legal	305,654		305,654	
c	Accounting	249,173	18,475	230,698	
d	Lobbying	47,172			47,172
e	Professional fundraising *See Part IV, line 17* . .	237,127			237,127
f	Investment management fees	8,022		8,022	
g	Other	1,468,870	1,232,207	211,373	25,290
12	Advertising and promotion	1,601,913	874,599	654,013	73,301
13	Office expenses	3,002,163	2,802,441	116,803	82,919
14	Information technology	207,142	113,396	80,645	13,101
15	Royalties . .	47,561	47,561		
16	Occupancy	9,699,748	8,171,204	1,234,084	294,460
17	Travel	946,938	814,172	88,982	43,784
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	384,571	322,550	50,640	11,381
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,057,570	4,281,144	621,080	155,346
23	Insurance	71,183	41,817	29,366	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	FOOD SERVICES	2,416,658	2,292,245	82,850	41,563
b	NON CAPITAL EQUIP	1,938,973	1,930,061	7,796	1,116
c	DANCE & THEATER PRODUCT	1,718,288	1,702,758	12,118	3,412
d	BAD DEBT	762,275	762,275		
e	PROFESSIONAL DUES	227,544	163,974	42,340	21,230
f	All other expenses	129,633	113,172	13,452	3,009
25	**Total functional expenses.** Add lines 1 through 24f	85,245,123	74,921,644	8,259,582	2,063,897
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			15,708,837	1	18,457,361
	2	Savings and temporary cash investments			2,668,193	2	2,442,637
	3	Pledges and grants receivable, net			709,445	3	847,379
	4	Accounts receivable, net				4	
	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	
	7	Notes and loans receivable, net			902,322	7	838,701
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,019,826	9	1,103,520
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	138,964,908			
	b	Less accumulated depreciation	10b	47,613,998	90,343,501	10c	91,350,910
	11	Investments—publicly traded securities			15,452,256	11	16,545,803
	12	Investments—other securities See Part IV, line 11			4,554,029	12	2,189,861
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			417,341	15	542,341
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			131,775,750	16	134,318,513
Liabilities	17	Accounts payable and accrued expenses			3,209,334	17	2,839,400
	18	Grants payable				18	
	19	Deferred revenue			7,271,264	19	8,308,768
	20	Tax-exempt bond liabilities			44,328,422	20	50,130,851
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties			19,614,759	23	11,851,883
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,949,012	25	3,210,427
	26	**Total liabilities.** Add lines 17 through 25			77,372,791	26	76,341,329
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			42,482,242	27	44,203,495
	28	Temporarily restricted net assets			3,940,314	28	5,755,010
	29	Permanently restricted net assets			7,980,403	29	8,018,679
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			54,402,959	33	57,977,184
	34	Total liabilities and net assets/fund balances			131,775,750	34	134,318,513

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | 12 |

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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.

OMB No 1545-0047

2009

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
POINT PARK UNIVERSITY	25-1094922

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	47,172	
c	Total lobbying expenditures (add lines 1a and 1b)	47,172	
d	Other exempt purpose expenditures	74,860,975	
e	Total exempt purpose expenditures (add lines 1c and 1d)	74,908,147	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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 Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures		21,139	19,462	47,172	87,773
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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".**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ ______________

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	20,598,888	20,807,467			
b	Contributions	1,064,859	1,067,869			
c	Investment earnings or losses	946,350	-905,198			
d	Grants or scholarships	305,257	302,413			
e	Other expenditures for facilities and programs	68,591	68,837			
f	Administrative expenses					
g	End of year balance	22,236,249	20,598,888			

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

a Board designated or quasi-endowment ▶ **62.820 %**

b Permanent endowment ▶ **36.060 %**

c Term endowment ▶ **1.120 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,998,934	7,926,431		14,925,365
b Buildings	5,423,695	95,546,865	34,362,543	66,608,017
c Leasehold improvements		1,522,745	1,091,983	430,762
d Equipment		15,766,874	12,159,472	3,607,402
e Other		5,779,364		5,779,364
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				91,350,910

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CONDITIONAL ASSET RETIREMENT OBLIGATION	2,280,487
FAIR VALUE DERIVATIVE-INT RATE SWAP	929,940
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,210,427

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	88,820,527
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	85,245,123
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,575,404
4	Net unrealized gains (losses) on investments	4	155,946
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-157,125
9	Total adjustments (net) Add lines 4 - 8	9	-1,179
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,574,225

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	71,796,119
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	155,946		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	774,079		
e	Add lines **2a** through **2d**			2e	930,025
3	Subtract line **2e** from line **1**			3	70,866,094
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,022		
b	Other (Describe in Part XIV)	4b	17,946,411		
c	Add lines **4a** and **4b**			4c	17,954,433
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	88,820,527

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

1	Total expenses and losses per audited financial statements			1	68,221,894
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	931,204		
e	Add lines **2a** through **2d**			2e	931,204
3	Subtract line **2e** from line **1**			3	67,290,690
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,022		
b	Other (Describe in Part XIV)	4b	17,946,411		
c	Add lines **4a** and **4b**			4c	17,954,433
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	85,245,123

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part III, Line 4		THE PRIMARY PIECE OF POINT PARK COLLECTION IS "FREEDOM BOUND", A SCULPTURE BY ARTIST PAIGE BRADLEY, COMMISSIONED AND DONATED BY A BOARD MEMBER IN 2008 IT WAS INSTALLED AS PART OF THE LAWRENCE HALL LOBBY RENOVATION, WHICH INCLUDES A GRANT ENTRANCE TO THE NEWLY BUILT DANCE COMPLEX THE UNIVERSITY HOLDS A FEW PAINTINGS AND PHOTOGRAPHS ON DISPLAY THROUGHOUT THE CAMPUS THAT WERE ALSO DONATED
Part V, Line 4	Description of Intended Use of Endowment Funds	THE TOTAL ENDOWMENT CONSISTS OF TWO COLLECTIVE FUND GROUPS, THE ENDOWMENT FUND AND THE BOARD DESIGNATED RESERVE FUND, THE ENDOWMENT FUND, MADE UP OF BOTH PERMANENT & TEMPORARILY RESTRICTED ASSETS, CONSISTS OF APPROXIMATELY 40 INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT NUMEROUS PURPOSES IT CONSISTS OF 85% RESTRICTED FOR FINANCIAL AID AND 15% FOR OPERATIONS THE PURPOSE OF THE BOARD DESIGNATED RESERVE FUNDS, AN UNRESTRICTED ASSET, IS TO MAINTAIN THE LIQUIDITY NECESSARY TO SUPPORT LONG-TERM FISCAL HEALTH OF THE UNIVERSITY
Part X	Description of Uncertain Tax Positions Under FIN 48	THE UNIVERSITY FOLLOWS STANDARDS ON INCOME TAXES RELATED TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE NEW STANDARD REQUIRES THAT AN UNCERTAIN TAX POSITION SHOULD BE RECOGNIZED ONLY IF IT IS "MORE LIKELY THAN NOT" THAT POSITION IS SUSTAINABLE BASED ON ITS TECHNICAL MERITS RECOGNIZABLE TAX POSITIONS SHOULD THEN BE MEASURED TO DETERMINE THE AMOUNT OF BENEFIT RECOGNIZED IN THE FINANCIAL STATEMENTS THE UNIVERSITY FILES U S FEDERAL, STATE, AND LOCAL INFORMATIONAL RETURNS, AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION THE STATUTE OF LIMITATION ON THE UNIVERSITY'S U S FEDERAL TAX RETURNS REMAINS OPEN FOR THE YEAR ENDED AUGUST 31, 2007 THOUGH THE PRESENT, OTHER RETURNS MAY BE OPEN FOR AN ADDITIONAL YEAR DEPENDING ON JURISDICTION THE UNIVERSITY CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE NEW STANDARD AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS
Part XI, Line 8 - Other Adjustments		LOSS ON DERIVATIVES $(157,125)
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSE $694,490 SPECIAL EVENT EXPENSE $ 236,714 LOSS ON DERIVATIVES $(157,125) TOTAL PART XII LINE 2D $ 774,079
Part XII, Line 4b - Other Adjustments		FINANCIAL AID $17,932,911 DONATED PIANO $13,500 TOTAL PART XII LINE 4B $17,946,411
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE $694,490 SPECIAL EVENT EXPENSE $236,714 TOTAL PART XIII LINE 2D $931,204
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID $17,932,911 DONATED PIANO $13,500 TOTAL PART XIII LINE 4B $17,946,411

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	THE UNIVERSITY INCLUDES IN ITS BYLAWS AND CATALOGS A STATEMENT CONFIRMING ITS OPPOSITION TO ANY PRACTICE WHICH DEPRIVES ANY INDIVIDUAL OF RIGHTS AND PRIVILEGES BASED ON RACE, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP THE UNIVERSITY WILL NOT AFFILIATE NOR EXTEND RECOGNITION TO ANY GROUP WHOSE POLICIES ARE DISCRIMINATORY			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for region
Europe (Including Iceland & Greenland)	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	178,915
Europe (Including Iceland & Greenland)	0	0	PROGRAM SERVICES	MEDIA STUDIES TOUR TO IRELAND	70,190
East Asia and the Pacific	0	0	PROGRAM SERVICES	ADMIN OF ENGLISH AS SECOND LANGUAGE PROGRAM	1,719
Europe (Including Iceland & Greenland)	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	7,049
Middle East and North Africa	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	2,500
South Asia	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	650
Central America and the Caribbean	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	880
North America	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	1,897
Totals . . . . . . ▶	0	0			263,800

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

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

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

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

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
STUDENT FINANCIAL AID	EUROPE	13	40,520	POSTING TO STUDENT'S ACCOUNT			

Part IV Supplemental Information

Complete this part to provide the information required in 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 FINANCIAL AID AWARDS STUDENTS AT POINT PARK UNIVERSITY ARE DETERMINED ON THE BASIS OF ACADEMIC ACHIEVEMENT, COMMUNITY SERVICE, ARTISTIC OR ATHLETIC TALENT AND FINANCIAL NEED ELIGIBILITY GRANTS AND LOANS ARE DISTRIBUTED USING POWERFAIDS APPLICATION AND POSTED TO STUDENT'S ACCOUNTS IN JENZABAR (HIGHER EDUCATION INFORMATION SYSTEM) ANNUALLY THE FINANCIAL AID AREA IS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ADDITIONALLY IN 2009 AN INTERNAL AUDIT WAS CONDUCTED EVALUATING CONTROLS DESIGNED WITHIN THE PROCESS TO AWARD AND ADMINISTER MERIT AND NEED - BASED AID IT WAS FOUND THAT THERE WAS A REASONABLE AMOUNT OF CONTROLS IN PLACE

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
DEE JAY OSHRY	CONSULTANT		No	1,371,206	45,000	1,326,206
KETCHUM	CONSULTANT		No	1,371,206	23,750	1,347,456
WILSON-BENNETT TECHNOLOGY	PHONATHON		No	83,639	101,952	-18,313
MSLDIRECT	DIRECT MAIL		No	50,021	16,421	33,600
DIANA BALCOM	GRANT WRITER		No	23,360	23,297	63
SPENCER MAIL INC	CONSULTANT		No	15,265	19,388	-4,123
PLANNED GIVING COMPANY	DIRECT MAIL		No	0	7,319	-7,319
Total . . . . ▶				2,914,697	237,127	2,677,570

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

PA,NY

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

			(a) Event #1 STARMAKERS (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	301,603	103,426	25,987	431,016
	2	Less Charitable contributions	248,667	50,727	17,172	316,566
	3	Gross income (line 1 minus line 2)	52,936	52,699	8,815	114,450
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	53,364	46,762	1,450	101,576
	7	Food and beverages	67,860	14,783	5,494	88,137
	8	Entertainment	11,847		1,291	13,138
	9	Other direct expenses	17,642	13,532	2,689	33,863
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				236,714
	11	Net income summary Combine lines 3, column d, and line 10 ▶				-122,264

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

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

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

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEED332 FIFTH AVENUE PITTSBURGH,PA 15222	256070821	501(c)(3)	52,500				FINANCIAL AID TO STUDENTS

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 1

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
SCHOLARSHIP AID FOR HIGHER ED FOR UNDERGRADUATE AND GRADUATE STUDENTS	3570	17,892,391		N/A	N/A
SCHOLARSHIP FOR SCHOOL AGE CHILDREN TO ATTEND SUMMER DANCE PROGRAM	130	68,412		N/A	N/A
FAMILY PLAN AID FOR CHILDREN'S SCHOOL ONSITE DAYCARE	14	27,989		N/A	N/A

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

Identifier	**Return Reference**	**Explanation**
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 FINANCIAL AID AWARDS STUDENTS AT POINT PARK UNIVERSITY ARE DETERMINED ON THE BASIS OF ACADEMIC ACHIEVEMENT, COMMUNITY SERVICE, ARTISTIC OR ATHLETIC TALENT AND FINANCIAL NEED ELIGIBILITY GRANTS AND LOANS ARE DISTRIBUTED USING POWERFAIDS APPLICATION AND POSTED TO STUDENT'S ACCOUNTS IN JENZABAR (HIGHER EDUCATION INFORMATION SYSTEM) ANNUALLY THE FINANCIAL AID AREA IS AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ADDITIONALLY IN 2009 AN INTERNAL AUDIT WAS CONDUCTED EVALUATING CONTROLS DESIGNED WITHIN THE PROCESS TO AWARD AND ADMINISTER MERIT AND NEED-BASED AID IT WAS FOUND THAT THERE WAS A REASONABLE AMOUNT OF CONTROLS IN PLACE

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL HENNIGAN EDD	(i)	269,389	100,000	49,568	18,906	16,650	454,513	0
	(ii)	0	0	0	0	0	0	0
BRIDGET MANCOSH	(i)	169,910	30,000	2,110	12,850	4,492	219,362	0
	(ii)	0	0	0	0	0	0	0
MARIANN GEYER	(i)	160,869	25,000	190	12,350	14,098	212,507	0
	(ii)	0	0	0	0	0	0	0
CHARLES PERKINS PHD	(i)	166,920	16,000	2,278	12,600	1,354	199,152	0
	(ii)	0	0	0	0	0	0	0
KAREN MCINTYRE PHD	(i)	147,448	12,000	2,856	4,408	3,000	169,712	0
	(ii)	0	0	0	0	0	0	0
RONALD LINDBLOM	(i)	163,875	12,000	798	12,168	13,840	202,681	0
	(ii)	0	0	0	0	0	0	0
SOREN HOGSGAARD	(i)	131,490	0	12,137	9,828	890	154,345	0
	(ii)	0	0	0	0	0	0	0
WILLIAM CAMERON	(i)	122,435	14,000	698	9,450	13,772	160,355	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	DR PAUL HENNIGAN, PRESIDENT OF THE UNIVERSITY, IS PAID A MONTHLY HOUSING ALLOWANCE IN PLACE OF STAYING IN A HOUSE ON CAMPUS, THE STANDARD FOR COLLEGES AND UNIVERSITIES THIS IS REPORTED AS TAXABLE INCOME THE ONLY PERSONAL SERVICES FOR PAUL HENNIGAN PROVIDED BY THE UNIVERSITY IS BABYSITTING SERVICES FOR HIS CHILDREN IN ORDER TO HELP ACCOMMODATE FOR PAUL'S UNPREDICTABLE WORK SCHEDULE AND FREQUENT OVERNIGHT TRAVEL SPOUSAL TRAVEL IS NOT REIMBURSABLE PER THE UNIVERSITY'S EXPENSE REIMBURSEMENT POLICY, HOWEVER, THE PRESIDENT'S SPOUSES EXPENDITURES ARE REIMBURSED FOR OFFICIAL BUSINESS, ACCORDING TO THE PRESIDENT'S EMPLOYMENT CONTRACT GENERALLY TRAVEL FOR COMPANIONS IS INFREQUENT
	Part I, Line 7	NON-FIXED PAYMENTS ARE LISTED IN COLUMN (B) (II) 'BONUS & INCENTIVES COMPENSATION' THEY ARE DETERMINED ANNUALLY BASED ON PERFORMANCE EVALUATIONS

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	ALLEGHENY CO HIGHER EDU BUILDING AUTHORITY	25-1650137		04-29-2008	25,455,000	SEE SCH O		X		X
B	ALLEGHENY CO HIGHER EDU BUILDING AUTHORITY	25-1650137	01728RGB9	04-29-2008	6,870,000	SEE SCH O		X		X
C	MT LEBANON INDUSTRIAL DEV AUTHORITY	20-5476955		01-19-2007	5,000,000	SEE SCH O		X		X
D	MT LEBANON INDUSTRIAL DEV AUTHORITY	20-5476955		12-27-2006	3,830,000	SEE SCH O		X		X
E	AUTH FOR IMPROV IN MUNICIPALITIES	25-1196358		08-16-2004	7,000,000	SEE SCH O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	25,455,000	6,870,000	5,000,000	3,830,000	7,000,000
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	381,756	133,432			
5	Issuance costs from proceeds	258,987	69,047	7,250	58,500	74,518
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	24,814,257	6,667,521	4,992,750	3,771,500	6,925,482
8	Year of substantial completion	2010	2009	2008	2008	2006

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2 790 %		2 790 %		4 740 %		4 740 %			
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 ▶	0 130 %		0 130 %		0 080 %		0 080 %			
6	Total of lines 4 and 5	2 920 %		2 920 %		4 820 %		4 820 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III **Grants or Assistance Benefitting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
BOARD MEMBERS	FAMILY MEMBERS OF VARIOUS BOARD MEMBERS	FINANCIAL AID Amount $ 14711

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
EMS	FORMER OFFICER - MICHAELITA QUINN - PRESIDENT OF EMS	215,792	SEE SCH O EXECUTIVE MANAGEMENT SERVICES (EMS) PROVIDES ENROLLMENT MANAGEMENT SERVICES TO THE UNIVERSITY		No
GAI CONSULTANTS	BOARD MEMBER AND CEO & PRESIDENT OF GAI CONSULTANTS- GARY M DEJIDAS	320,909	SEE SCH O DESIGN WORK FOR STREETSCAPE PROJECT		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE RETURN IS PREPARED BY THE UNIVERSITY'S BUSINESS OFFICE IT IS REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM THEN THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS A REVIEW ON BEHALF OF THE BOARD THE FINAL COPY IS SENT TO ALL VOTING MEMBERS OF THE BOARD BEFORE IT IS FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		CONTAINED WITHIN THE UNIVERSITY'S WRITTEN CODE OF CONDUCT IS THE CONFLICT OF INTEREST POLICY, WHICH IS DISTRIBUTED ANNUALLY TO THE BOARD OF TRUSTEES, AS WELL AS ALL FULL-TIME AND PART-TIME EMPLOYEES AND IS AVAILABLE ON THE UNIVERSITY'S WEBSITE THE CONFLICT OF INTEREST STATEMENT THAT IS SIGNED BY DIRECTORS AND OFFICERS STATES, "I ACKNOWLEDGE AN ONGOING RESPONSIBILITY TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY MAY ARISE " BOARD MEMBERS COMPLETE A 'CONFLICT OF INTEREST STATEMENT' ANNUALLY THE POLICY MAKES CLEAR THAT NOT ALL CONFLICTING INTERESTS ARE PROHIBITED EACH REPORTED CONFLICT IS EVALUATED TO MAKE CERTAIN THAT DIRECTORS AND OFFICERS PRIMARY OBLIGATION TO THE UNIVERSITY IS NOT COMPROMISED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE BOARD IS RESPONSIBLE FOR HIRING THE CEO, AND THE EXECUTIVE COMMITTEE OF THE BOARD ACTS AS THE COMPENSATION COMMITTEE FOR DETERMINING THE PRESIDENT'S ANNUAL GOALS, OBJECTIVES, PERFORMANCE AND COMPENSATION THE RULES ARE SET FORTH IN THE UNIVERSITY'S BYLAWS, ARTICLE VI, SECTION 2, PARAGRAPH 4 "THE EXECUTIVE COMMITTEE SHALL ALSO ACT AS THE COMPENSATION COMMITTEE FOR PURPOSES OF APPROVING THE PRESIDENT'S ANNUAL GOALS AND OBJECTIVES, EVALUATING THE PRESIDENT'S ANNUAL PERFORMANCE, AND DETERMINING THE PRESIDENT'S ANNUAL COMPENSATION THE EXECUTIVE COMMITTEE IN THIS ROLE SHALL ADHERE TO ALL APPLICABLE STANDARDS PROMULGATED BY THE IRS WITH RESPECT TO COMPENSATION PAYABLE BY EXEMPT ORGANIZATIONS THE PRESIDENT SHALL NOT BE PRESENT WHILE THE EXECUTIVE COMMITTEE DELIBERATES ON THE COMPENSATION, GOALS, AND OBJECTIVE, OR PERFORMANCE OF THE PRESIDENT THE EXECUTIVE COMMITTEE SHALL ALSO PROVIDE ADVICE TO THE PRESIDENT REGARDING THE ANNUAL GOALS AND OBJECTIVES, PERFORMANCE, AND COMPENSATION OF THE PRESIDENT'S EXECUTIVE OFFICERS THE CHAIR OF THE BOARD WILL REPORT TO THE BOARD, AS APPROPRIATE, CONCERNING THE EXECUTIVE COMMITTEE'S DELIBERATIONS AS THE COMPENSATION COMMITTEE FROM TIME TO TIME, THE UNIVERSITY EMPLOYS THE SERVICES OF AN INDEPENDENT FIRM TO DO AN EXECUTIVE BENCHMARKING STUDY AND IMPLEMENT A PEER REVIEW PROCESS FOR THE COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS AND KEY EMPLOYEES IN ORDER TO HELP ADVISE THE COMPENSATION COMMITTEE IN GENERAL THE HUMAN RESOURCES DEPARTMENT USES SURVEYS FROM CUPA-HR [COLLEGE & UNIVERSITY PROFESSIONAL ASSOC] FOR STAFF AND AAUP [AMERICAN ASSOC OF UNIVERSITY PROFESSORS] FOR FACULTY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE CONFLICT OF INTEREST POLICY IS AVAILABLE ONLINE AS A COMPONENT OF THE UNIVERSITY'S CODE OF CONDUCT THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THE FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
FORM 990, PART XI, QUESTION 2c	OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
Schedule K Supplental Information		PART I, LINE A, COLUMN C SERIES A 10,000,000 CUSIP 01728RET2 SERIES B 15,455,000 CUSIP 01728REU9 TOTAL 25,455,000 PART I, LINE A, COLUMN F FOR ACQUISITION AND RENOVATION OF STUDENT APARTMENT HOUSING, RENOVATION OF LOBBY, AND ACQUISITION OF YMCA BUILDING AND RENOVATION INTO STUDENT UNION AND ADDITIONAL CAPITAL PROJECTS PART II, LINE 5, COLUMN A PROCEEDS USED FOR BOND ISSUANCE COSTS WERE $209,512 PROCEEDS USED FOR CREDIT ENHANCEMENT WERE $49,475 PART I, LINE B, COLUMN F FOR ACQUISITION AND RENOVATION OF STUDENT APARTMENT HOUSING, RENOVATION OF LOBBY, AND ACQUISITION OF YMCA BUILDING AND RENOVATION INTO STUDENT UNION AND ADDITIONAL CAPITAL PROJECTS PART I, LINE B, COLUMN E ORIGINAL TAXABLE ISSUE PRICE WAS $6,870,000 A TAX EXEMPT CONVERSION ON JUNE 1, 2010 WAS ISSUED AT OUTSTANDING PRINCIPAL OF $6,770,000 PART I, LINE C, COLUMN F RENOVATION OF A CLASSROOM/ OFFICE BUILDING AND PURCHASE OF AN OFFICE BUILDING, LOBBY RENOVATION AND LIBRARY FURNITURE PART I, LINE D, COLUMN F FOR PURCHASE AND RENOVATION OF A CLASSROOM/ OFFICE BUILDING AND PURCHASE OF AN OFFICE BUILDING, LOBBY RENOVATION AND LIBRARY FURNITURE ORIGINALLY ISSUED WITH A $3,830,000 TAX EXEMPT PORTION OUT OF A TOTAL $10,000,000 THE TAXABLE PORTION WILL BE FULLY CONVERTED TO TAX EXEMPT IN THE FUTURE ORIGINAL $ 3,830,000 12/31/07 $ 1,084,435 10/31/08 $ 946,350 CURRENT TAX EXEMPT AMOUNT $5,860,785 PART I, LINE D, COLUMN F FOR SUPPORT OF DANCE STUDIO, A LIBRARY, A TELEVISION AND FILM STUDIO, MISCELLANEOUS CAPITAL PROJECTS

Identifier	Return Reference	Explanation
FORM 990 PART I, LINE 5	THE NUMBER OF EMPLOYEES IS COMPRISED OF THE FOLLOWING	FULL TIME STAFF 328 FULL TIME FACULTY 120 PART TIME FACULTY 337 PART TIME STAFF 139 PART TIME STUDENTS 930

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
POINT PARK UNIVERSITY

Employer identification number
25-1094922

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PITTSBURGH COUNCIL ON HIGHER EDUCATION 201 WOOD STREET BOX 647 PITTSBURGH, PA 152221912 23-7303727	COLLABORATION OF HIGHER EDUCATION INSTITUTIONS	PA	501(c)(3)	509(a)(3)	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 25-1094922
Name: POINT PARK UNIVERSITY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 6,528,206 including grants of $) (Revenue $ 0)

ACADEMIC SUPPORT- ACADEMIC SUPPORT ARE EXPENSES THAT PROVIDE SUPPORT FOR THE SCHOOL'S PRIMARY ACADEMIC MISSION INCLUDES LIBRARY SERVICES, PROGRAM FOR ACADEMIC SUCCESS, INFORMATION & MEDIA CENTERS & PROVOST OFFICE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DENNIS L ASTORINO BOARD MEMBER	1 50	X						0	0	0
RICHARD W BOYD BOARD MEMBER	1 50	X						0	0	0
E MICHAEL BOYLE BOARD MEMBER	1 50	X						0	0	0
MARK BROADHURST BOARD MEMBER	1 50	X						0	0	0
JAMIE CAMPOLONGO BOARD MEMBER	1 50	X						0	0	0
PAUL COSTA BOARD MEMBER/PART TIME PROFESSOR	1 50	X						4,182	0	0
GARY M DEJIDAS BOARD MEMBER	1 50	X						0	0	0
WAYNE FONTANA BOARD MEMBER	1 50	X						0	0	0
SHAWN FOX BOARD MEMBER (EXIT 01/10)	1 50	X						0	0	0
KISHORE GOPAUL BOARD MEMBER (ENTER 4/10)	1 50	X						0	0	0
ROSE GABBIANELLI BOARD MEMBER	1 50	X						0	0	0
JOSEPH B HAVRILLA BOARD MEMBER	1 50	X						0	0	0
MARILYN HORNER BOARD MEMBER	1 50	X						0	0	0
ERIC K MANN BOARD MEMBER	1 50	X						0	0	0
GARLAND H MCADOO JR BOARD MEMBER	1 50	X						0	0	0
TIMOTHY W MCGUIRE SR PHD BOARD MEMBER	1 50	X						0	0	0
J KEVIN MCMAHON BOARD MEMBER	1 50	X						0	0	0
JAMES MEREDITH BOARD MEMBER	1 50	X						0	0	0
JAMES MILLER BOARD MEMBER	1 50	X						0	0	0
TODD C MOULES BOARD MEMBER	1 50	X						0	0	0
JOSEPH MURIN BOARD MEMBER	1 50	X						0	0	0
LUCAS PIATT BOARD MEMBER	1 50	X						0	0	0
RICHARD E RAUH BOARD MEMBER & PRT, PROFESSOR	1 50	X						12,500	0	0
DR LOREN H ROTH MD BOARD MEMBER	1 50	X						0	0	0
CAROL SAVAGE BOARD MEMBER	1 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH A SCARPO BOARD MEMBER (EXIT 01/10)	1 50	X						0	0	0
CHARLES J STOUT BOARD MEMBER	1 50	X						0	0	0
MARY BETH TAYLOR BOARD MEMBER	1 50	X						0	0	0
JOHN R TOMAYKO PHD BOARD MEMBER	1 50	X						0	0	0
JAKE WHEATLEY BOARD MEMBER	1 50	X						0	0	0
GEORGE R WHITE PHD BOARD MEMBER	1 50	X						0	0	0
NANCY D WASHINGTON PHD CHAIR	3 00	X		X				0	0	0
DAVID S DUNCAN SECRETARY/ TREASURER	3 00	X		X				0	0	0
DONALD J JENKINS BOARD MEMBER/V CHAIR(EXIT 7/29/10)	3 00	X		X				0	0	0
ANNE LEWIS BOARD MEMBER/V CHAIR(ENTER 7/29/10)	3 00	X		X				0	0	0
PAUL HENNIGAN EDD PRESIDENT	40 00			X				418,957	0	35,556
BRIDGET MANCOSH SR VP OF FINANCE & OPERATIONS	40 00			X				202,020	0	17,342
MARIANN GEYER VP UNIV ADVANCEMENT	40 00			X				186,059	0	26,448
CHARLES PERKINS PHD PROVOST	40 00			X				185,198	0	13,954
KAREN MCINTYRE PHD DEAN-ARTS & SCIENCES	40 00			X				162,304	0	7,408
RONALD LINDBLOM DEAN COPA & ASSOC PROF	40 00				X			176,673	0	26,008
SOREN HOGSGAARD DEAN SCHOOL OF BUSINESS	40 00					X		143,627	0	10,718
WILLIAM CAMERON VP FOR OPERATIONS	40 00					X		137,133	0	23,222
FRED JOHNSON DEAN OF PERFORMING ARTS	40 00					X		133,794	0	14,079
TIMOTHY WILSON DIRECTOR - IT	40 00					X		121,412	0	23,428
MARK FARRELL PHD PROF NATURAL SCIENCES/ENGINEERING	40 00					X		114,145	0	14,491

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION & EDUC FEES	611,710	73,554,217	73,554,217		
ROOM & BOARD FEES	721,310	7,539,434	7,468,421	71,013	
PERFORMANCES	711,300	651,166	651,166		
BOOKSTORE, CAFE & MISC	451,211	222,630	222,630		
PROGRAM RENTAL	531,390	179,771	179,771		

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 SERVICES	2,416,658	2,292,245	82,850	41,563
NON CAPITAL EQUIP	1,938,973	1,930,061	7,796	1,116
DANCE & THEATER PRODUCT	1,718,288	1,702,758	12,118	3,412
BAD DEBT	762,275	762,275		
PROFESSIONAL DUES	227,544	163,974	42,340	21,230