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Form 990  
No statute issueDepartment 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

2010

Open to Public  
Inspection

Amended

X2

A For the 2010 calendar year, or tax year beginning JUN 1, 2010 and ending MAY 31, 2011

B Check if applicable	C Name of organization  ROBERT MORRIS UNIVERSITY		D Employer identification number  25-1120678
<input type="checkbox"/> Address change	Doing Business As		E Telephone number 412-397-5277
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 6001 UNIVERSITY BLVD. REVERE CENTER		F Gross receipts \$ 151,533,719.
<input type="checkbox"/> Initial return	Room/suite		G
<input type="checkbox"/> Terminated return	City or town, state or country, and ZIP + 4 MOON TOWNSHIP, PA 15108		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Amended return	F Name and address of principal officer: GREGORY G. DELL'OMO SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►
J Website: ► www.RMU.EDU		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation: 1921 M State of legal domicile: PA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EDUCATIONAL INSTITUTION		
	2 Check this box ► <input type="checkbox"/> 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)		
	4 Number of independent voting members of the governing body (Part VI, line 1b)		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	DEC 18 2014	
	6 Total number of volunteers (estimate if necessary)		
	7a Total unrelated business revenue from Part VIII, column (C), line 12		
b Net unrelated business taxable income from Form 990-T, line 34	ODDEN, UT		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,408,256.	11,516,610.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,378,392.	118,477,408.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,727,801.	2,282,177.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,050.	87,266.
		112,604,499.	132,363,461.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,072,124.	23,024,818.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,473,533.	54,810,702.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 2,075,412.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	40,265,611.	46,376,997.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	109,811,268.	124,212,517.	
19 Revenue less expenses. Subtract line 18 from line 12	2,793,231.	8,150,944.	
Expenses	RECEIVED	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	161,902,879.	192,878,875.
	21 Total liabilities (Part X, line 26)	87,945,851.	107,750,838.
	22 Net assets or fund balances. Subtract line 21 from line 20	73,957,028.	85,128,037.

## 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 due, 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 GREGORY G. DELL'OMO, PRESIDENT	Date 12/5/14			
Paid	Print/Type preparer's name JEFFREY FRANK	Preparer's signature Jeffrey D. Frank	Date 12/5/14	Check if self-employed	PTIN P00287234
Preparer	Firm's name ► DELOITTE TAX LLP	Firm's EIN ►			
Use Only	Firm's address ► 2600 ONE PPG PLACE PITTSBURGH, PA 15222-5433				Phone no. (412) 338-7200

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

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

AMENDED

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### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**AMENDED**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b 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

c 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

d 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f 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 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year?  
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

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 United States? If "Yes," complete Schedule F, Parts II and IV

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 United States? If "Yes," complete Schedule F, Parts III and IV

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

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a	X	
12b		X
13	X	
14a		X
14b	X	
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

**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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

**1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **1a** 304 **1b** 0 **1c**

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **2a** 1652

**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

**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. (see instructions)

**3a** Did the organization have unrelated business gross income of \$1,000 or more during the year?

**b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

**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)?

**b** If "Yes," enter the name of the foreign country: ► See instructions for 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?

**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

**c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

**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?

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

**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?

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided?

**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

**d** If "Yes," indicate the number of Forms 8282 filed during the year **7d**

**e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

**f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

**g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

**h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

**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?

**9 Sponsoring organizations maintaining donor advised funds.**

**a** Did the organization make any taxable distributions under section 4966?

**b** Did the organization make a distribution to a donor, donor advisor, or related person?

**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**

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

**a** Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**

**c** Enter the amount of reserves on hand **13c**

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14a** **14b**

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 1a 36  
 b Enter the number of voting members included in line 1a, above, who are independent 1b 36

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2

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

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5

6 Does the organization have members or stockholders? 6

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X

a The governing body? 8b X

b Each committee with authority to act on behalf of the governing body? 9 X

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

	Yes	No
1a		
1b		
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

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

10a Does the organization have local chapters, branches, or affiliates? 10a

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

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b X

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c X

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 X

13 Does the organization have a written whistleblower policy? 14 X

14 Does the organization have a written document retention and destruction policy? 15a X

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? 15b X

a The organization's CEO, Executive Director, or top management official 16a

b Other officers or key employees of the organization 16b X

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website  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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JEFFREY A. LISTWAK - 412-397-5277

6001 UNIVERSITY BLVD, MOON TOWNSHIP, PA 15108

**AMENDED**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response to any question in this Part VII

**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.

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

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
GARY R. CLAUS CHAIRMAN	5.00	X					0.	0.	0.
DAVID J. MALONE VICE CHAIR	2.00	X					0.	0.	0.
RICHARD J. HARSHMAN VICE CHAIR	2.00	X					0.	0.	0.
MICHAEL BARBARITA TRUSTEE	2.00	X					0.	0.	0.
JEFFREY S. BROADHURST TRUSTEE	2.00	X					0.	0.	0.
RENEE CAVALOVITCH TRUSTEE	2.00	X					0.	0.	0.
CARRIE COGHILL TRUSTEE	2.00	X					0.	0.	0.
KEVIN COLBERT TRUSTEE (FROM 12/10)	2.00	X					0.	0.	0.
CHARLES L. COST TRUSTEE	2.00	X					0.	0.	0.
MARGARET DICUCCIO TRUSTEE (FROM 5/11)	2.00	X					0.	0.	0.
WELLING W. FRUEHAUF TRUSTEE	2.00	X					0.	0.	0.
PATRICK A. GALLAGHER TRUSTEE (TO 7/2010)	2.00	X					0.	0.	0.
VICTOR GREGOVITS TRUSTEE	2.00	X					0.	0.	0.
CHARLES I. HOMAN TRUSTEE	2.00	X					0.	0.	0.
THOMAS A. HUNLEY TRUSTEE - ALUMNI REP.	2.00	X					0.	0.	0.
OLA JACKSON TRUSTEE (TO 10/2010)	2.00	X					0.	0.	0.
STEPHEN W. KLEMASH TRUSTEE	2.00	X					0.	0.	0.

**AMENDED**

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
DAVID LANCIA									
TRUSTEE	2.00	X					0.	0.	0.
MARGARET LARKINS-PETTIGREW									
TRUSTEE (FROM 5/11)	2.00	X					0.	0.	0.
VINCENT W. LOCHER									
TRUSTEE	2.00	X					0.	0.	0.
TERRI L. MARTS									
TRUSTEE (TO 9/2010)	2.00	X					0.	0.	0.
BARBARA A. MCNEES									
TRUSTEE	2.00	X					0.	0.	0.
NORMAN MITRY									
TRUSTEE	2.00	X					0.	0.	0.
FRANK A. MOLINERO									
TRUSTEE	2.00	X					0.	0.	0.
GERD D. MUELLER									
TRUSTEE	2.00	X					0.	0.	0.
JOSEPH W. NOCITO									
TRUSTEE	2.00	X					0.	0.	0.
<b>1b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							4,158,008.	0.	638,932.
<b>d Total (add lines 1b and 1c)</b>							4,158,008.	0.	638,932.

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 ►

21

	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	X
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	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**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
PREMIER TECHNOLOGY SYSTEMS		
FOUR COINS DRIVE, CANONSBURG, PA 15317	VOICE & DATA CABLING	248,558.
DELOITTE & TOUCHE LLP		
2500 ONE PPG PLACE, PITTSBURGH, PA 15222	ACCOUNTING & AUDITING	195,931.
DQE COMMUNICATIONS LLC		
411 7TH AVENUE, PITTSBURGH, PA 15219	INTERNET FIBER CONNECTION LEASE	115,200.
BIG SAVE HOCKEY LLC, 4122 VALLEYVUE DRIVE, STE 100, GIBSONIA, PA 15044	ATHLETIC REFEREES	108,120.

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 ►

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SEE PART VII, SECTION A CONTINUATION SHEETS

**AMENDED**

## 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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,224,292.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,292,318.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		► 11,516,610.			
Program Service Revenue	2 a TUITION AND FEES	Business Code				
	b AUXILIARY ENTERPRISES	611710	94,257,110.	94,257,110.		
	c ISLAND SPORTS CENTER	611710	15,006,972.	15,006,972.		
	d OTHER REVENUES	713940	5,478,421.	905,870.	4,572,551.	
	e CONFERENCE CENTER RENT	611710	2,280,523.	2,280,523.		
	f All other program service revenue	611710	458,505.		458,505.	
	g Total. Add lines 2a-2f	812930	995,877.	836,210.	159,667.	
	h Total. Add lines 1a-1f		► 118,477,408.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		590,736.			590,736.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		►			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	17,462,595.	3,336,854.			
	c Gain or (loss)	17,123,425.	1,984,583.			
	d Net gain or (loss)	339,170.	1,352,271.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 149,516.				
b Less: direct expenses	b 62,250.					
c Net income or (loss) from fundraising events		► 87,266.			87,266.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		►				
10 a 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					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►				
12 Total revenue. See instructions.		► 132,363,461.	113,286,685.	5,190,723.	2,369,443.	

AMENDED

**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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,024,818.	23,024,818.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,729,028.	2,289,858.	1,135,554.	303,616.
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	38,150,165.	37,013,765.	527,050.	609,350.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,850,339.	2,720,933.	73,539.	55,867.
9 Other employee benefits	7,176,054.	6,850,261.	185,142.	140,651.
10 Payroll taxes	2,905,116.	2,773,224.	74,952.	56,940.
11 Fees for services (non-employees):				
a Management				
b Legal	37,925.	36,204.	978.	743.
c Accounting	195,931.	187,036.	5,055.	3,840.
d Lobbying	62,831.		62,831.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	19,348,895.	18,530,433.	437,992.	380,470.
12 Advertising and promotion	336,173.	320,911.	8,673.	6,589.
13 Office expenses	1,373,661.	1,311,297.	35,440.	26,924.
14 Information technology	2,952,389.	2,818,350.	76,172.	57,867.
15 Royalties				
16 Occupancy	3,267,837.	3,119,477.	84,310.	64,050.
17 Travel	3,876,341.	3,700,355.	100,010.	75,976.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,434,308.	3,278,391.	88,605.	67,312.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,467,102.	8,082,696.	218,451.	165,955.
23 Insurance	702,214.	670,334.	18,117.	13,763.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER COSTS	1,291,412.	1,232,782.	33,318.	25,312.
b DUES AND SUBSCRIPTIONS	422,504.	403,322.	10,901.	8,281.
c RECRUITMENT	394,617.	376,702.	10,181.	7,734.
d PROFESSIONAL DEVELOP.	212,857.	203,193.	5,492.	4,172.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	124,212,517.	118,944,342.	3,192,763.	2,075,412.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AMENDED**

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	65,715.	1	238,549.
	2 Savings and temporary cash investments	16,696,396.	2	19,122,044.
	3 Pledges and grants receivable, net	2,575,047.	3	3,063,978.
	4 Accounts receivable, net	616,569.	4	822,383.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	1,417,099.	7	1,132,621.
	8 Inventories for sale or use	118,824.	8	171,229.
	9 Prepaid expenses and deferred charges	1,914,847.	9	2,488,554.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	197,988,018.		
	b Less: accumulated depreciation	10b 71,168,793.	10c 113,859,398.	126,819,225.
	11 Investments - publicly traded securities	19,460,459.	11	26,421,920.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,178,525.	15	12,598,372.
16 Total assets. Add lines 1 through 15 (must equal line 34)	161,902,879.	16	192,878,875.	
Liabilities	17 Accounts payable and accrued expenses	14,740,237.	17	20,660,226.
	18 Grants payable		18	
	19 Deferred revenue	6,033,328.	19	6,112,391.
	20 Tax-exempt bond liabilities	46,480,853.	20	61,001,450.
	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	18,964,658.	23	18,297,115.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,726,775.	25	1,679,656.
	26 Total liabilities. Add lines 17 through 25	87,945,851.	26	107,750,838.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	61,019,253.	27	66,968,568.
	28 Temporarily restricted net assets	7,475,148.	28	9,267,600.
	29 Permanently restricted net assets	5,462,627.	29	8,891,869.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	73,957,028.	33	85,128,037.
	34 Total liabilities and net assets/fund balances	161,902,879.	34	192,878,875.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

- 1 Total revenue (must equal Part VIII, column (A), line 12)
- 2 Total expenses (must equal Part IX, column (A), line 25)
- 3 Revenue less expenses. Subtract line 2 from line 1
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
- 5 Other changes in net assets or fund balances (explain in Schedule O)
- 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))

1	132,363,461.
2	124,212,517.
3	8,150,944.
4	73,957,028.
5	3,020,065.
6	85,128,037.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

- 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?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate 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?  
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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

**2010**

Open to Public  
Inspection

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

**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 described in 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 33 1/3% 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 33 1/3% 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?

(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 supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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									

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> 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 section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2010.</b> 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 ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a 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 ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> 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 ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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 section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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 ►

**AMENDED**

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

## Political Campaign and Lobbying Activities

## For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**Employer identification number**

25-1120678

**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?  
4a Was a correction made?  
    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 function 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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-

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

**Schedule C (Form 990 or 990-EZ) 2010**

I HA

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	62,831.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	62,831.													
<b>d</b>	Other exempt purpose expenditures	124,149,686.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	124,212,517.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left; padding: 2px;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Not over \$500,000</td> <td style="padding: 2px;">20% of the amount on line 1e.</td> </tr> <tr> <td style="padding: 2px;">Over \$500,000 but not over \$1,000,000</td> <td style="padding: 2px;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,000,000 but not over \$1,500,000</td> <td style="padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,500,000 but not over \$17,000,000</td> <td style="padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$17,000,000</td> <td style="padding: 2px;">\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
<b>c</b> Total lobbying expenditures		58,163.	73,005.	62,831.	193,999.
<b>d</b> Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
<b>f</b> Grassroots lobbying expenditures					

**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)		(b)
	Yes	No	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. Add 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) nondeductible 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?		
5 Taxable amount of lobbying and political expenditures (see instructions)	4	
	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.

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**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

**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?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	<input type="checkbox"/>	Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
2a	
2b	
2c	
2d	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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

d  Loan or exchange programs

b  Scholarly research

e  Other \_\_\_\_\_

c  Preservation for future generations

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
1c	
1d	
1e	
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	19,491,552.	17,253,506.	21,445,763.		
b Contributions	4,153,189.	831,255.	1,345,584.		
c Net investment earnings, gains, and losses	3,932,311.	2,580,924.	-4,634,074.		
d Grants or scholarships					
e Other expenditures for facilities and programs	880,238.	1,174,133.	903,767.		
f Administrative expenses					
g End of year balance	26,696,814.	19,491,552.	17,253,506.		

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

a Board designated or quasi-endowment ► 48.00 %

b Permanent endowment ► 33.00 %

c Term endowment ► 19.00 %

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

(i) unrelated organizations

Yes  No

(ii) related organizations

Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes  No

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

Yes  No

**Part VI 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		2,869,400.		2,869,400.
b Buildings		112,859,951.	36,787,497.	76,072,454.
c Leasehold improvements				
d Equipment		43,842,686.	25,691,970.	18,150,716.
e Other		38,415,981.	8,689,326.	29,726,655.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 126,819,225.

Schedule D (Form 990) 2010

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must 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
(1) RECEIVABLES FROM VENDORS, CLIENTS AND AGENCIES	1,012,101.
(2) ASSETS HELD BY TRUSTEES UNDER DEBT COVENANTS	11,586,271.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FEDERAL GOVT ADVANCES FOR STUDENT LOANS	1,146,151.
(3) FUNDS HELD IN CUSTODY FOR OTHERS	533,505.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

1,679,656

FIN 48 (ASC 740) 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 (ASC 740)

2. FIN 48 (ASC 740)

032053  
12-20-10

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

1	132,363,461.
2	124,212,517.
3	8,150,944.
4	3,107,331.
5	
6	
7	
8	-87,266.
9	3,020,065.
10	11,171,009.

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

1	112,358,708.
2	
2a	3,107,331.
2b	
2c	
2d	
2e	3,107,331.
3	109,251,377.
4	
4a	
4b	23,112,084.
4c	23,112,084.
5	132,363,461.

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

1	101,187,699.
2	
2a	
2b	
2c	
2d	
2e	0.
3	101,187,699.
4	
4a	
4b	23,024,818.
4c	23,024,818.
5	124,212,517.

**Part XIV Supplemental Information**

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

PART V, LINE 4: THE PRIMARY INTENDED USE OF THE ENDOWMENT IS TO FUND

SCHOLARSHIPS FOR STUDENTS AND TO SUPPLEMENT SOME OPERATIONS. THE ANNUAL

SPENDING IS ALLOCATED APPROXIMATELY 90% TOWARDS SCHOLARSHIPS AND 10%

TOWARDS OPERATIONS. IN ADDITION, WE INVEST WITH THE OBJECTIVE OF

PRESERVING THE REAL VALUE, OR PURCHASING POWER, OF THE ENDOWMENT AGAINST

THE IMPACT OF INFLATION.

PART X, LINE 2: FIN 48 (ASC 740) FOOTNOTE: THE UNIVERSITY ADOPTED

**Part XIV Supplemental Information (continued)**

GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES CRITERIA FOR THE RECOGNITION AND MEASUREMENT OF CERTAIN TAX POSITIONS. THIS GUIDANCE REQUIRES THAT AN UNCERTAIN TAX POSITION SHOULD BE RECOGNIZED ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE 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 INFORMATION RETURNS, AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION. THE STATUTE OF LIMITATIONS ON THE UNIVERSITY'S U.S. FEDERAL TAX RETURNS REMAINS OPEN FOR THE YEARS ENDED MAY 31, 2008 THROUGH THE PRESENT. THE UNIVERSITY CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE PRINCIPLES OF SUCH GUIDANCE AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE UNIVERSITY'S FINANCIAL STATEMENTS.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

ESTIMATED PROFIT FROM FUNDRAISING EVENT	-87,266.
---	----------

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

SCHOLARSHIP ALLOWANCES	23,024,818.
NET PROFIT FROM FUNDRAISING EVENTS	87,266.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	23,112,084.

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

SCHOLARSHIP ALLOWANCES	23,024,818.
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**SCHEDULE E**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Schools**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

**Part I**

- 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?
- 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?
- 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.

If you need more space, use Part II

**A STATEMENT CONCERNING THE UNIVERSITY'S NON-DISCRIMINATORY  
POLICY IS INCLUDED IN ALL ADVERTISING.**

- 4 Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a	X	
5b	X	
5c	X	
5d	X	
5e	X	
5f	X	
5g	X	
5h	X	
6a	X	
6b	X	
7	X	

- 5 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

- 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 Part II

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

Schedule E (Form 990 or 990-EZ) 2010

## Part II

**Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY ANNUALLY RECEIVES INSTITUTIONAL ASSISTANCE GRANT (IAG)

FUNDS FROM THE COMMONWEALTH OF PENNSYLVANIA. THIS IS A STANDARD FUNDING

STREAM FOR PRIVATE UNIVERSITY PHEAA RECIPIENTS

## **AMENDED**

**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

**2010**Open to Public  
Inspection

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

**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 V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAMS, 76 STUDENT PARTICIPANTS	285,736.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAMS, 4 STUDENT PARTICIPANTS	22,506.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAMS, 1 STUDENT PARTICIPANTS	4,451.
<b>3 a Sub-total</b>	0	0			312,693.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	0	0			312,693.

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

Schedule F (Form 990) 2010

**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.

▶

**Part II can be duplicated if additional space is needed**

Part II can be duplicated if additional space is needed.

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

2

**3 Enter total number of other organizations or entities**

---

Schedule E (Form 990) 2010

032072  
12-20-10

**AMENDED**

**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  
Part III can be duplicated if additional space is needed

Part III can be duplicated if additional space is needed.

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**Schedule F (Form 990) 2010**

**AMENDED**

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**SCHEDULE F, PART I, LINE 2: THE UNIVERSITY DOES NOT ISSUE GRANTS OUTSIDE**

**THE US, BUT IT DOES INCUR EXPENSES FOR STUDENTS STUDYING ABROAD. STUDENTS**

**PAY THEIR REGULAR RMU TUITION, AND THE UNIVERSITY IN TURN PAYS THEIR**

**TUITION TO THE FOREIGN INSTITUTION THAT THEY WILL BE ATTENDING. THOSE**

**EXPENSES ARE TRACKED IN THE STUDY ABROAD OFFICE AND IN THE GENERAL**

**LEDGER.**

**AMENDED**

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

## ROBERT MORRIS UNIVERSITY

**Employer identification number**  
25-1120678

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

2 a 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 services?  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.

**Total**

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

## **AMENDED**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 WALTON GOLF TOURN.	(b) Event #2 ALUMNI GOLF OUTING	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
		96,386.	41,750.	11,380.	
1	Gross receipts	96,386.	41,750.	11,380.	149,516.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	96,386.	41,750.	11,380.	149,516.
4	Cash prizes				
5	Noncash prizes	2,265.			2,265.
6	Rent/facility costs	10,000.	11,880.	2,500.	24,380.
7	Food and beverages	17,304.	5,574.	2,359.	25,237.
8	Entertainment				
9	Other direct expenses	6,741.	3,627.		10,368.
10	Direct expense summary. Add lines 4 through 9 in column (d)			►	( 62,250 )
11	Net income summary. Combine line 3, column (d), and line 10			►	87,266.

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)			►	( )
8	Net gaming income summary. Combine line 1, column d, and line 7			►	

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?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

**AMENDED**

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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?  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?  Yes  No

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 of the third party:

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?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number  
25-1120678

**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. Part II can be duplicated if additional space is needed ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N.E.E.D 332 FIFTH AVENUE PITTSBURGH, PA 15222-2411	25-6070821	501(c)(3)	43,200.	0.			FINANCIAL AID TO MINORITY STUDENTS

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

► 1.

3 Enter total number of other organizations

► 0

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) (2010)

032101 01-13-11

**AMENDED**

**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  
 Part III can be duplicated 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
INTERNAL SCHOLARSHIPS AND GRANTS	3311	24,625,865.	0.		
EXTERNAL SCHOLARSHIPS AND GRANTS	275	581,508.	0.		

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

SCHEDULE I, PART I, LINE 2 GRANTS (FEDERAL/STATE) PASSED THROUGH TO

STUDENTS ARE MONITORED USING OUR INTERNAL APPLICATION (POWERFAIDS), THE

STATE(PHEAA) AND FEDERAL (COD- COMMON ORIGINATION AND DISBURSEMENT)

ELECTRONIC SYSTEMS. A VALIDATION OF RECORDS AMONG ALL THREE SYSTEMS IS

CONDUCTED PERIODICALLY THROUGHOUT THE ACADEMIC YEAR AND FOR SEMESTER END

RECONCILIATIONS. THOSE SYSTEMS VERIFY THE CRITERIA FOR THE GRANTS HAVE

BEEN MET AND THE DOLLAR AMOUNTS RECEIVED HAVE BEEN DISTRIBUTED

APPROPRIATELY.

**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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**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.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations 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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

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

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

(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				
1 GREGORY G. DELL'OMO	(i) 294,130.	82,500.	88,335.	23,030.	24,191.	512,186.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 DAN W. KIENER	(i) 241,622.	62,083.	1,207.	23,030.	20,608.	348,550.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 SIDNEY ZONN	(i) 220,754.	33,949.	2,206.	21,401.	17,163.	295,473.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 DAVID L. JAMISON	(i) 202,742.	50,638.	2,566.	19,384.	16,291.	291,621.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 JAY T. CARSON	(i) 187,839.	29,071.	4,182.	18,326.	28,801.	268,219.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 LYNDA J. DAVIDSON	(i) 200,640.	0.	965.	18,939.	5,182.	225,726.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 PETER K. FAIX	(i) 169,495.	25,627.	689.	16,154.	13,970.	225,935.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 JEFFREY A. LISTWAK	(i) 168,846.	26,230.	497.	16,534.	18,664.	230,771.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 ELLEN G. WIECKOWSKI	(i) 155,779.	33,752.	1,647.	14,972.	13,548.	219,698.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 DERYA A. JACOBS	(i) 187,823.	0.	443.	18,297.	18,101.	224,664.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 MICHAEL J. PRANTZ	(i) 161,513.	24,721.	1,887.	15,583.	19,089.	222,793.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 JOHN E. GRAHAM	(i) 178,296.	0.	2,247.	17,400.	16,857.	214,800.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 PERRY F. ROOPNER	(i) 133,390.	30,753.	1,499.	12,929.	18,969.	197,540.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 DARCY B. TANNEHILL	(i) 128,301.	26,475.	393.	10,152.	4,665.	169,986.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 JOHN MICHALENKO	(i) 136,606.	14,500.	327.	13,399.	17,544.	182,376.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16 SAL M. BUSCAGLIA	(i) 122,558.	56,678.	4,414.	11,648.	6,137.	201,435.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

AMENDED

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

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

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

(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				
1 MICHAEL T. RICE	(i) 75,716.	105,985.	694.	7,199.	6,244.	195,838.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 PEGGY M. OUTON	(i) 150,511.	10,000.	1,908.	14,474.	16,291.	193,184.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 YUDIRIM OMURTAG	(i) 144,102.	10,000.	6,063.	14,334.	17,114.	191,613.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 CARL A. ROSS	(i) 125,815.	25,878.	521.	12,553.	19,765.	184,532.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5	(i)						
6	(i)						
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

Schedule J (Form 990) 2010

032112 12-21-10

**AMENDED**

**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.

**PART I, LINE 1A THE UNIVERSITY PRESIDENT RECEIVES A HOUSING ALLOWANCE**

IN PLACE OF HAVING A RESIDENCE ON CAMPUS WHICH IS THE STANDARD FOR MANY

COLLEGES AND UNIVERSITIES. THE UNIVERSITY PRESIDENT AND VP OF FUNDRAISING

ARE ALSO REIMBURSED FOR SOCIAL CLUB DUES USED FOR ENTERTAINMENT OF BUSINESS

PARTNERS, DONORS, AND POTENTIAL DONORS. THERE ARE ALSO OCCASIONAL BOARD

RETREATS WHERE SPOUSES OF TRUSTEES AND EXECUTIVE MANAGEMENT ARE INVITED TO

PARTICIPATE IN SELECT BUSINESS/SOCIAL FUNCTIONS.

**PART I, LINE 7.**

CERTAIN EMPLOYEES HAVE VARIABLE COMPENSATION ARRANGEMENTS WHICH ARE

DEPENDENT ON PERFORMANCE EVALUATIONS.

**AMENDED**

**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 Part V.  
 ► Attach to Form 990. ► See separate instructions.

ENTITY 1

OMB No. 1545-0047  
**2010**  
 Open to Public  
 Inspection

Name of the organization ROBERT MORRIS UNIVERSITY		Employer identification number 25-1120678									
<b>Part I Bond Issues</b> SEE PART V FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		(g) Defeased	(h) On behalf of issuer	(i) Pooled financing	
								Yes	No	Yes	No
ALLEGHENY CO HIGHER EDUCATION						REFINANCE 96 BONDS					
<b>A</b>	BUILDING AUTH	25-1425398	01728RED7	04/01/06	755,000.	REFINANCE 96 BONDS		X	X		X
ALLEGHENY CO HIGHER EDUCATION						REFINANCE 96 BONDS		X	X		X
<b>B</b>	BUILDING AUTH	25-1425398	01728REE5	04/01/06	785,000.	REFINANCE 96 BONDS					
ALLEGHENY CO HIGHER EDUCATION						REFINANCE 96 BONDS		X	X		X
<b>C</b>	BUILDING AUTH	25-1425398	01728REF2	04/01/06	1,480,000.	REFINANCE 96 BONDS					
ALLEGHENY CO HIGHER EDUCATION						REFINANCE 96 BONDS		X	X		X
<b>D</b>	BUILDING AUTH	25-1425398	01728REG0	04/01/06	1,270,000.	REFINANCE 96 BONDS		X	X		X
<b>Part II Proceeds</b>								A	B	C	D
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue		755,000.		785,000.		1,480,000.		1,270,000.		
4	Gross proceeds in reserve funds		71,677.		74,525.		140,506.		120,570.		
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds		6,129.		6,373.		12,015.		10,310.		
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds		677,193.		704,102.		1,327,478.		1,139,120.		
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion		1997		1997		1997		1997		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X				X
16	Has the final allocation of proceeds been made?	X		X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			X
<b>Part III Private Business Use</b>								A	B	C	D
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No		
		X		X		X		X			X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X		X

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**AMENDED**

Schedule K (Form 990) 2010

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 2

OMB No. 1545-0047  
**2010**  
 Open to Public  
 Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.

► Attach to Form 990.

► See separate instructions.

Name of the organization		Employer identification number									
ROBERT MORRIS UNIVERSITY		25-1120678									
<b>Part I Bond Issues</b>		SEE PART V FOR COLUMN (F) CONTINUATIONS									
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		(g) Defeased	(h) On behalf of issuer	(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
ALLEGHENY CO HIGHER EDUCATION											
<b>A</b>	BUILDING AUTH	25-1425398	01728REH8	04/01/06	8,410,000	REFINANCE 96 BONDS		X	X		X
ALLEGHENY CO HIGHER EDUCATION						CAMPUS BUILDING					
<b>B</b>	BUILDING AUTH	25-1425398	01728RFP6	08/01/08	320,000	CONSTRUCTION		X	X		X
ALLEGHENY CO HIGHER EDUCATION						CAMPUS BUILDING					
<b>C</b>	BUILDING AUTH	25-1425398	01728RFP4	08/01/08	330,000	CONSTRUCTION		X	X		X
ALLEGHENY CO HIGHER EDUCATION						CAMPUS BUILDING					
<b>D</b>	BUILDING AUTH	25-1425398	01728RFP9	08/01/08	345,000	CONSTRUCTION		X	X		X
<b>Part II Proceeds</b>						A	B	C	D		
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue				8,410,000		320,000		330,000		345,000
4	Gross proceeds in reserve funds				798,419		23,744		24,486		25,599
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds				68,275		2,182		2,250		2,352
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds				7,543,307		294,074		303,264		317,049
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion				1997		2009		2009		2009
		Yes	No		Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?	X				X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X			X		X			X
16	Has the final allocation of proceeds been made?	X		X			X			X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	
<b>Part III: Private Business Use</b>					A	B	C	D			
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X		

**SCHEDULE K**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 3

OMB No 1545-0047  
**2010**  
 Open to Public  
 Inspection

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

Name of the organization ROBERT MORRIS UNIVERSITY Employer identification number 25-1120678

Part I Bond Issues SEE PART V FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
A BUILDING AUTH	25-1425398	01728RFQ7	08/01/08	360,000.	CONSTRUCTION		X		X		X
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
B BUILDING AUTH	25-1425398	01728RPR5	08/01/08	380,000.	CONSTRUCTION		X		X		X
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
C BUILDING AUTH	25-1425398	01728RPT1	08/01/08	820,000.	CONSTRUCTION		X		X		X
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
D BUILDING AUTH	25-1425398	01728RFW4	08/01/08	7,500,000.	CONSTRUCTION		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	360,000.	380,000.	820,000.	7,500,000.
4 Gross proceeds in reserve funds	26,712.	28,196.	60,844.	556,500.
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	2,455.	2,591.	5,591.	51,136.
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	330,833.	349,213.	753,565.	6,892,364.
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2009	2009	2009	2009
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X
15 Were the bonds issued as part of an advance refunding issue?	X		X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

**Part III Private Business Use**

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

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**AMENDED**

Schedule K (Form 990) 2010

**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 Part V.  
► Attach to Form 990 ► See separate instructions.

ENTITY 4

OMB No 1545-0047  
**2010**  
Open to Public  
Inspection

Name of the organization ROBERT MORRIS UNIVERSITY Employer identification number 25-1120678

Part I Bond Issues SEE PART V FOR COLUMN (F) CONTINUATIONS						(g) Defeased	(h) On behalf of issuer	(i) Pooled financing			
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	Yes	No	Yes	No	Yes	No
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
<b>A</b> BUILDING AUTH	25-1425398	01728RFX2	08/01/08	11,945,000	CONSTRUCTION		x		x		x
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
<b>B</b> BUILDING AUTH	25-1425398	01728RGC7	06/17/10	190,000	CONSTRUCTION		x		x		x
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
<b>C</b> BUILDING AUTH	25-1425398	01728RGD5	06/17/10	255,000	CONSTRUCTION		x		x		x
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
<b>D</b> BUILDING AUTH	25-1425398	01728RGE3	06/17/10	265,000	CONSTRUCTION		x		x		x

Part II Proceeds		A	B	C	D						
		Yes	No	Yes	No	Yes	No				
1 Amount of bonds retired											
2 Amount of bonds legally defeased											
3 Total proceeds of issue		11,945,000		190,000		255,000		265,000			
4 Gross proceeds in reserve funds		886,319		13,103		17,586		18,276			
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds		81,443		1,612		2,164		2,248			
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds		10,977,238		175,285		235,250		244,476			
11 Other spent proceeds											
12 Other unspent proceeds											
13 Year of substantial completion		2009		2011		2011		2011			
		Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a current refunding issue?		x		x		x				x	
15 Were the bonds issued as part of an advance refunding issue?		x		x		x				x	
16 Has the final allocation of proceeds been made?		x		x		x				x	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		x		x		x				x	

Part III Private Business Use		A	B	C	D		
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?							
2 Are there any lease arrangements that may result in private business use of bond-financed property?		x		x		x	

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Schedule K (Form 990) 2010

**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 Part V.  
 ► Attach to Form 990. ► See separate instructions.

ENTITY 5

OMB No. 1545-0047  
**2010**  
 Open to Public  
 Inspection

Name of the organization ROBERT MORRIS UNIVERSITY						Employer identification number 25-1120678			
<b>Part I Bond Issues</b> SEE PART V FOR COLUMN (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing	
						Yes	No	Yes	No
ALLEGHENY CO HIGHER EDUCATION A BUILDING AUTH	25-1425398	01728RGF0	06/17/10	270,000	CAMPUS BUILDING CONSTRUCTION		X		X
ALLEGHENY CO HIGHER EDUCATION B BUILDING AUTH	25-1425398	01728RGG8	06/17/10	280,000	CAMPUS BUILDING CONSTRUCTION		X		X
ALLEGHENY CO HIGHER EDUCATION C BUILDING AUTH	25-1425398	01728RGH6	06/17/10	290,000	CAMPUS BUILDING CONSTRUCTION		X		X
ALLEGHENY CO HIGHER EDUCATION D BUILDING AUTH	25-1425398	01728RGJ2	06/17/10	305,000	CAMPUS BUILDING CONSTRUCTION		X		X
<b>Part II Proceeds</b>						A	B	C	D
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue		270,000		280,000		290,000		305,000	
4 Gross proceeds in reserve funds		18,621		19,310		20,000		21,034	
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds		2,291		2,376		2,461		2,588	
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds		249,089		258,314		267,540		281,378	
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion		2011		2011		2011		2011	
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?		X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X	
16 Has the final allocation of proceeds been made?		X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	
<b>Part III Private Business Use</b>						A	B	C	D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Yes	No	Yes	No	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of bond financed property?			X		X		X		X

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Schedule K (Form 990) 2010

**AMENDED**

**SCHEDULE K**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 6

OMB No. 1545-0047

**2010**  
**Open to Public**  
**Inspection**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.

► Attach to Form 990. ► See separate instructions.

Name of the organization ROBERT MORRIS UNIVERSITY	Employer identification number 25-1120678
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<b>Part I Bond Issues</b>		SEE PART V FOR COLUMN (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing			
						Yes	No	Yes	No	Yes	No
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
A BUILDING AUTH	25-1425398	01728RGK9	06/17/10	320,000	CONSTRUCTION		x		x		x
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
B BUILDING AUTH	25-1425398	01728RGL7	06/17/10	335,000	CONSTRUCTION		x		x		x
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
C BUILDING AUTH	25-1425398	01728RGM5	06/17/10	350,000	CONSTRUCTION		x		x		x
ALLEGHENY CO HIGHER EDUCATION					CAMPUS BUILDING						
D BUILDING AUTH	25-1425398	01728RGN3	06/17/10	4,775,000	CONSTRUCTION		x		x		x

**Part II Proceeds**

		A	B	C	D		
		Yes	No	Yes	No	Yes	No
1 Amount of bonds retired							
2 Amount of bonds legally defeased							
3 Total proceeds of issue		320,000		335,000		350,000	
4 Gross proceeds in reserve funds		22,069		23,103		24,138	
5 Capitalized interest from proceeds							
6 Proceeds in refunding escrows							
7 Issuance costs from proceeds		2,715		2,842		2,970	
8 Credit enhancement from proceeds							
9 Working capital expenditures from proceeds							
10 Capital expenditures from proceeds		295,216		309,054		322,893	
11 Other spent proceeds							
12 Other unspent proceeds							
13 Year of substantial completion		2011		2011		2011	
		Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		x		x		x	
15 Were the bonds issued as part of an advance refunding issue?		x		x		x	
16 Has the final allocation of proceeds been made?		x		x		x	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		x		x		x	

**Part III Private Business Use**

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

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**AMENDED**

Schedule K (Form 990) 2010

**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 Part V.

► Attach to Form 990. ► See separate instructions.

ENTITY

7

OMB No. 1545-0047  
**2010**  
 Open to Public  
 Inspection

Name of the organization ROBERT MORRIS UNIVERSITY		Employer identification number 25-1120678										
<b>Part I Bond Issues</b>		SEE PART V FOR COLUMN (F) CONTINUATIONS										
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		(g) Defeased	(h) On behalf of issuer	(i) Pooled financing		
						Yes	No	Yes	No	Yes	No	
ALLEGHENY CO HIGHER EDUCATION						CAMPUS BUILDING						
<b>A</b>	BUILDING AUTH	25-1425298	01728RGP8	06/17/10	8,365,000	CONSTRUCTION			x	x	x	
<b>B</b>	MOON INDUSTRIAL DEVELOPMENT AUTH	25-1398575	NONE	08/29/03	9,100,000	CAMPUS BUILDING & GROUNDS			x	x	x	
<b>C</b>	MOON INDUSTRIAL DEVELOPMENT AUTH	25-1398575	NONE	01/09/04	3,100,000	CONSTRUCTION			x	x	x	
<b>D</b>	MCCANDLESS INDUSTRIAL DEV AUTH	25-1349346	NONE	04/22/05	10,000,000	CAMPUS BUILDING			x	x	x	
<b>Part II Proceeds</b>						A	B	C	D			
1	Amount of bonds retired											
2	Amount of bonds legally defeased											
3	Total proceeds of issue				8,365,000		9,100,000		3,100,000		10,000,000	
4	Gross proceeds in reserve funds				576,891							
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				70,976		177,596		60,500		107,900	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				7,717,133		8,922,404		3,039,500		9,892,100	
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion					2011	2004	2004	2006			
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					x		x		x		x
15	Were the bonds issued as part of an advance refunding issue?					x		x		x		x
16	Has the final allocation of proceeds been made?					x	x		x		x	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?					x		x		x		x
<b>Part III Private Business Use</b>						A	B	C	D			
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					Yes	No	Yes	No	Yes	No	
					x		x		x		x	
2	Are there any lease arrangements that may result in private business use of bond financed property?					x		x		x		x

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**AMENDED**

Schedule K (Form 990) 2010

## Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	.00 %		.00 %		.00 %		.00 %
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	►	.00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		.00 %
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

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038 T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?	X		X		X		X	
b Name of provider	WESTLE		WESTLE		WESTLE		WESTLE	
c Term of GIC	20.000000		20.000000		20.000000		20.000000	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X	
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X

## Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

## Part III Private Business Use (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		x		x		x		x	
b Are there any research agreements that may result in private business use of bond-financed property?		x		x		x		x	
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	.00	%	.00	%	.00	%	.00	%
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	►	.00	%	.00	%	.00	%	.00	%
6 Total of lines 4 and 5		.00	%	.00	%	.00	%	.00	%
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		

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x		x		x
2 Is the bond issue a variable rate issue?		x		x		x		x
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x		x		x		x
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?	x			x		x		x
b Name of provider	WESTLE							
c Term of GIC	20,000000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x							
5 Were any gross proceeds invested beyond an available temporary period?		x		x		x		x
6 Did the bond issue qualify for an exception to rebate?	x		x		x		x	

## Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

AMENDED

## Part III Private Business Use (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond financed property?		X		X		X		X	
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X	
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	.00	%	.00	%	.00	%	.00	%
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	►	.00	%	.00	%	.00	%	.00	%
6 Total of lines 4 and 5		.00	%	.00	%	.00	%	.00	%
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		

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		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
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X

## Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

AMENDED

## Part III Private Business Use (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X	
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X	
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	.00	%	.00	%	.00	%	.00	%
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	►	.00	%	.00	%	.00	%	.00	%
6 Total of lines 4 and 5		.00	%	.00	%	.00	%	.00	%
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		

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038 T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		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
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X

## Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

## Part III Private Business Use (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond financed property?		X		X		X		X	
b Are there any research agreements that may result in private business use of bond financed property?		X		X		X		X	
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	.00	%	.00	%	.00	%	.00	%
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	►	.00	%	.00	%	.00	%	.00	%
6 Total of lines 4 and 5		.00	%	.00	%	.00	%	.00	%
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		

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038 T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		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
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X

## Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

**Part III Private Business Use (Continued)**

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X	
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X	
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	.00	%	.00	%	.00	%	.00	%
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	►	.00	%	.00	%	.00	%	.00	%
6 Total of lines 4 and 5		.00	%	.00	%	.00	%	.00	%
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		

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038 T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		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
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K

## Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		x		x		x		x
b Are there any research agreements that may result in private business use of bond-financed property?		x		x		x		x
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	.00	%	.00	%	.00	%	%
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	►	.00	%	.00	%	.00	%	%
6 Total of lines 4 and 5		.00	%	.00	%	.00	%	%
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	

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038 T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x		x		x
2 Is the bond issue a variable rate issue?		x	x		x			x
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x		x		x		x
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		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
6 Did the bond issue qualify for an exception to rebate?		x		x		x		x

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K  
SCHEDULE K, PART I, BOND ISSUES

**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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

---

**Name of the organization**

ROBERT MORRIS UNIVERSITY

**Employer identification number**  
25-1120678

**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.

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.

**Part III Grants or Assistance Benefiting 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 and type of assistance
OFFICERS	DEPENDENTS	TUITION - \$32,076

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

**Schedule L (Form 990 or 990-EZ) 2010**

## AMENDED

**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
JEFFREY BROADHURST	TRUSTEE	6,320,103.	FOOD SERV.	X	
SCOTT BRANVOLD	FAMILY OF KEY EE	101,383.	EMPLOYMENT	X	
ANDREA FRANTZ	FAMILY OF KEY EE	82,624.	EMPLOYMENT	X	
ADAM SULLIVAN	FAMILY OF KEY EE	52,879.	EMPLOYMENT	X	
JULIANNE MICHALENKO	FAMILY OF KEY EE	31,453.	EMPLOYMENT	X	
ELLEN ZONN	FAMILY OF OFFICER	10,700.	EMPLOYMENT	X	

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:(A) NAME OF PERSON: JEFFREY BROADHURST(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:TRUSTEE(C) AMOUNT OF TRANSACTION \$ 6,320,103.(D) DESCRIPTION OF TRANSACTION: FOOD SERV.TRUSTEE IS PART OWNER OF A BUSINESS PROVIDING DINING SERVICES TO THEUNIVERSITY(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: SCOTT BRANVOLD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:FAMILY OF KEY EE(C) AMOUNT OF TRANSACTION \$ 101,383.(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: ANDREA FRANTZ(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:FAMILY OF KEY EE

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 82,624.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ADAM SULLIVAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY OF KEY EE

(C) AMOUNT OF TRANSACTION \$ 52,879.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JULIANNE MICHALENKO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY OF KEY EE

(C) AMOUNT OF TRANSACTION \$ 31,453.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ELLEN ZONN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY OF OFFICER

(C) AMOUNT OF TRANSACTION \$ 10,700.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AUXILIARY ENTERPRISES: RESIDENCE HALLS, DINING HALLS, RECREATIONAL

EXPENSES \$ 49,630,440. INCLUDING GRANTS OF \$ 0. REVENUE \$ 957,968.

ACADEMIC SUPPORT: THESE ARE NOT DIRECT COSTS OF INSTRUCTION BUT COSTS

THAT SUPPORT THE SCHOOLS BUT IN AND OF THEMSELVES GENERATE NO REVENUE.

COSTS INCLUDE ACADEMIC SUPPORT COSTS SUCH AS THE DEANS OF THE SCHOOLS,

IT, THE LIBRARY AND A LARGE PERCENTAGE OF INSTITUTIONAL SUPPORT

(INSTITUTIONAL ADVANCEMENT, PUBLIC RELATIONS, HR, OFFICE OF PROVOST,

FINANCIAL ADMINISTRATION, PUBLIC SAFETY, OFFICE OF PRESIDENT, GENERAL

UNIVERSITY ADMIN #3250) AND AUXILIARY (FOOD SERVICE, GROUNDS AND

BUILDING COSTS, CONFERENCE CENTERS, ISC OPERATIONS).

PUBLIC SERVICES: INCLUDES EXPENSES FOR ACTIVITIES THAT ARE ESTABLISHED

PRIMARILY TO PROVIDE NON-INSTRUCTIONAL SERVICES BENEFICIAL TO

INDIVIDUAL AND GROUPS EXTERNAL TO THE UNIVERSITY (CONFERENCES,

INSTITUTES AND HIGH SCHOOL PROGRAMS)

FORM 990, PART VI, SECTION B, LINE 11: THE FORM IS COMPLETED BY THE

ACCOUNTING STAFF/CHIEF ACCOUNTING OFFICER AND CONTROLLER'S GROUP AND IS

REVIEWED IN DETAIL BY BOTH THE CHIEF ACCOUNTING OFFICER AND CONTROLLER AND

THE VP OF FINANCE. ANOTHER INTERNAL REVIEW IS CONDUCTED BY THE GENERAL

COUNSEL, SENIOR VP AND THE PRESIDENT OF THE UNIVERSITY. THE RETURN IS THEN

REVIEWED AND APPROVED BY THE AUDIT AND RISK COMMITTEE WITH A COPY PROVIDED

TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING.

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES- THE POLICY IS DISCUSSED

ANNUALLY AT A BOARD OF TRUSTEE MEETING AND THE POLICY AND DISCLOSURE

STATEMENTS ARE MAILED TO EACH TRUSTEE SHORTLY AFTER THE REVIEW. ANY

TRUSTEES NOT RETURNING THEIR DISCLOSURES ARE CONTACTED A SECOND TIME WITH A

REQUEST TO COMPLETE THE DISCLOSURE. RESPONSES ARE SENT TO THE UNIVERSITY'S

GENERAL COUNSEL AND EVALUATED FOR POTENTIAL CONFLICTS OF INTEREST.

CONFLICTS ARE HANDLED IN ACCORDANCE WITH OUR CONFLICT OF INTEREST POLICY

FOR TRUSTEES, AND THE TRUSTEE SHALL REMOVE THEMSELVES FROM ANY DISCUSSIONS

OR VOTING PERTAINING TO THEIR CONFLICT.

EMPLOYEES- OFFICERS AND KEY EMPLOYEES ARE IDENTIFIED ANNUALLY SHORTLY

AFTER EACH CALENDAR YEAR END WHEN W-2 WAGE AMOUNTS ARE CALCULATED AND KEY

EMPLOYEES CAN BE IDENTIFIED. EACH OFFICER AND KEY EMPLOYEE IS CONTACTED

INDIVIDUALLY REFERENCING THE OFFICER AND KEY EMPLOYEE CONFLICT OF INTEREST

PORTION OF THE POLICY OF ETHICAL PRACTICES. A COPY OF THE OFFICER AND KEY

EMPLOYEE CONFLICT OF INTEREST FORM IS SENT TO THAT GROUP WITH A REQUEST TO

COMPLETE AND SEND RESPONSES TO THE CHIEF ACCOUNTING OFFICER AND CONTROLLER.

SHE AND THE DIRECTOR OF INTERNAL AUDIT REVIEW AND EVALUATE THE RESPONSES.

EXCEPTIONS ARE DISCLOSED TO THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: ALL SALARY INCREASES AND

COMPENSATION PAYMENTS MUST HAVE TWO LEVELS OF APPROVAL. IF TWO LEVELS OF

APPROVAL ARE NOT AVAILABLE INTERNALLY, THE COMPENSATION COMMITTEE MEETS

ANNUALLY (OR MORE FREQUENTLY IF NEEDED FOR NEW EMPLOYEES OR OUT OF CYCLE

AMENDMENTS TO EXISTING ARRANGEMENTS) TO APPROVE IN ADVANCE ANY PAYMENTS.

THE COMMITTEE WILL ONLY HAVE MEMBERS WITHOUT A CONFLICT OF INTEREST WITH

RESPECT TO THE COMPENSATION ARRANGEMENTS BEING DISCUSSED. THE COMMITTEE

CONSIDERS DUTIES AND EXTERNAL BENCHMARK DATA TO CONSIDER WAGES AND

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

**AMENDED**

Name of the organization

ROBERT MORRIS UNIVERSITY

Employer identification number

25-1120678

BENEFITS, INCLUDING NON-STANDARD FRINGES, AND WILL CONTEMPORANEOUSLY

DOCUMENT IN WRITING HOW ITS DECISIONS WERE REACHED (INCLUDING DATE, TERMS,

DATA USED, MEMBERS OF COMMITTEE PRESENT AND VOTING, AND THE RECUSAL OF ANY

MEMBERS DUE TO A CONFLICT AND NATURE OF THE CONFLICT).

FORM 990, PART VI, SECTION C, LINE 19: OUR FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST AND WE PLACE OUR 990 IS ON GUIDESTAR SO IT IS

AVAILABLE TO THE PUBLIC ON ANOTHER'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 3,107,331.

ESTIMATED PROFIT FROM FUNDRAISING EVENT -87,266.

TOTAL TO FORM 990, PART XI, LINE 5 3,020,065.

THE ORGANIZATION IS AMENDING ITS FORM 990 FOR THE PERIOD JUNE 1, 2010-

MAY 31, 2011 TO UPDATE REPORTED AMOUNTS ON SCHEDULE J (FORM 990) PART

II FOR COMPENSATION TO OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES,

AND HIGHEST COMPENSATED EMPLOYEES.

THE ORGANIZATION IS AMENDING ITS FORM 990 FOR THE PERIOD JUNE 1, 2010-

MAY 31, 2011 TO UPDATE REPORTED AMOUNTS ON SCHEDULE L (FORM 990) PART

IV FOR COMPENSATION PAID TO FAMILY MEMBERS OF OFFICERS, KEY

EMPLOYEES, AND TRUSTEES.

Name of the organization

ROBERT MORRIS UNIVERSITY

**Employer identification number**  
25-1120678

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

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

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

Schedule R (Form 990) 2010

032161  
12-21-10 LHA

**AMENDED**

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

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

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

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

1 During the tax year, did the organization 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 or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a	x	
1b	x	
1c	x	
1d	x	
1e	x	
1f	x	
1g	x	
1h	x	
1i	x	
1j	x	
1k	x	
1l	x	
1m	x	
1n	x	
1o	x	
1p	x	
1q	x	
1r	x	

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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

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**Schedule R (Form 990) 2010**

## **AMENDED**

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

## 2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

028102  
05-01-10

(D) - Asset disposed

• ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

**AMENDED**

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
MORGAN O'BRIEN									
TRUSTEE	2.00	X					0.	0.	0.
KOLIA O'CONNOR									
TRUSTEE	2.00	X					0.	0.	0.
ROBERT W. ROGERS									
TRUSTEE	2.00	X					0.	0.	0.
PATRICIA R. ROONEY									
TRUSTEE	2.00	X					0.	0.	0.
JAMES A. RUDOLPH									
TRUSTEE	2.00	X					0.	0.	0.
ROBIN SANDERS									
TRUSTEE (FROM 5/11)	2.00	X					0.	0.	0.
WILLY SCHERF									
TRUSTEE	2.00	X					0.	0.	0.
GARY SOKULSKI									
TRUSTEE (FROM 9/10)	2.00	X					0.	0.	0.
GREGORY SPENCER									
TRUSTEE	2.00	X					0.	0.	0.
THOMAS W. STERLING									
TRUSTEE	2.00	X					0.	0.	0.
STEPHEN A. VAN OSS									
TRUSTEE	2.00	X					0.	0.	0.
JOHN WALDRON									
TRUSTEE (FROM 9/10)	2.00	X					0.	0.	0.
THOMAS K. WHITFORD									
TRUSTEE	2.00	X					0.	0.	0.
WILLIAM COPELAND									
TRUSTEE EMERITUS	2.00	X					0.	0.	0.
ELIZABETH DICKEY									
TRUSTEE EMERITA	2.00	X					0.	0.	0.
CAESAR GAROFOLI									
TRUSTEE EMERITUS (TO 10/2010)	2.00	X					0.	0.	0.
NICK PRATER									
TRUSTEE EMERITUS	2.00	X					0.	0.	0.
THERESA SCHEETZ									
TRUSTEE EMERITA	2.00	X					0.	0.	0.
JOHN VIEHMAN									
TRUSTEE EMERITUS	2.00	X					0.	0.	0.
GREGORY G. DELL'OMO									
PRESIDENT	50.00		X				464,965.	0.	47,221.

Total to Part VII, Section A, line 1c

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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	
DAN W. KIENER								
SR VP, BUSINESS AFFAIRS	50.00			X			304,912.	0. 43,638.
SIDNEY ZONN								
VP & GEN COUNSEL, SECRETARY	50.00			X			256,909.	0. 38,564.
DAVID L. JAMISON								
PROVOST, SR. VP ACAD.	50.00			X			255,946.	0. 35,675.
JAY T. CARSON								
VP, INST. ADVANCEMENT	50.00			X			221,092.	0. 47,127.
LYNDA J. DAVIDSON								
DEAN, SN & HEALTH	50.00				X		201,605.	0. 24,121.
PETER K. FAIX								
VP, HUMAN RESOURCES	50.00				X		195,811.	0. 30,124.
JEFFREY A. LISTWAK								
VP, FINANCIAL OPERATIONS	50.00				X		195,573.	0. 35,198.
ELLEN G. WIECKOWSKI								
VP, INFO TECHNOLOGIES	50.00				X		191,178.	0. 28,520.
DERYA A. JACOBS								
DEAN, SCH BUSINESS	50.00				X		188,266.	0. 36,398.
MICHAEL J. FRANTZ								
VP ENROLLMENT	50.00				X		188,121.	0. 34,672.
JOHN E. GRAHAM								
DEAN, SCH EDU.	50.00				X		180,543.	0. 34,257.
PERRY F. ROOFNER								
VP FOR FACILITIES	50.00				X		165,642.	0. 31,898.
DARCY B. TANNEHILL								
VP, ONLINE AND OFF-CAMPUS PROGRAMS	50.00				X		155,169.	0. 14,817.
JOHN MICHALENKO								
VP, STUDENT LIFE	50.00				X		151,433.	0. 30,943.
SAL M. BUSCAGLIA								
WOMEN'S BASKETBALL COACH	40.00					X	183,650.	0. 17,785.
MICHAEL T. RICE								
MEN'S BASKETBALL COACH (TO 5/10)	40.00					X	182,395.	0. 13,443.
PEGGY M. OUTON								
DIR BAYER CTR FOR NP MGT	40.00					X	162,419.	0. 30,765.
YUDIRIM OMURTAG								
PROFESSOR OF ENGINEERING	40.00					X	160,165.	0. 31,448.
CARL A. ROSS								
COORDINATOR, NCLEX: INTL NURSING	40.00					X	152,214.	0. 32,318.
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Total to Part VII, Section A, line 1c							4,158,008.	638,932.

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

(A) ISSUER NAME: MOON INDUSTRIAL DEVELOPMENT AUTH

(F) DESCRIPTION OF PURPOSE: CAMPUS BUILDING & GROUNDS CONSTRUCTION

(A) ISSUER NAME: MOON INDUSTRIAL DEVELOPMENT AUTH

(E) DESCRIPTION OF PURPOSE: CAMPUS BUILDING & GROUNDS CONSTRUCTION