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DLN: 93493135003072

Form **990**

Return of Organization Exempt From Income Tax

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

| 2010

2010

OMB No 1545-0047

Department of the Treasury ·The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 A For the 2010 D Employer identification number B Check if applicable Bucknell University 24-0772407 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (570) 577-3811 Terminated **G** Gross receipts \$ 371,711,279 City or town, state or country, and ZIP + 4 Lewisburg, PA 17837 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes John C Bravman 219 Marts Hall Bucknell Univ H(b) Are all affiliates included? Γ Yes **Γ** No Lewisburg, PA 17837 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **┌** ☐ 4947(a)(1) or ☐ 527 501(c) () ◀ (insert no) **Website: ►** www bucknell edu K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1846 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities Bucknell is a unique national university where liberal arts and professional programs complement each other Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 38 Number of independent voting members of the governing body (Part VI, line 1b) . 4 37 5 3,517 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 2,398 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -707,054 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b -1,872,081 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 28,029,520 35,722,614 Rayenue Program service revenue (Part VIII, line 2g) . 171,248,728 177,094,258 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 13,356,104 16,075,968 3,790,097 4,110,744 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 216,424,449 233,003,584 13 43,455,629 44,725,357 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 109,227,854 108,367,079 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) -7,614,660**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 64,750,297 65,572,392 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 217,433,780 218,664,828 19 Revenue less expenses Subtract line 18 from line 12 . -1,009,331 14,338,756 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 855,811,466 974,417,285 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 137,635,598 136,024,605 22 718,175,868 838,392,680 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-05-11 Signature of officer Sign Here David J Surgala VP-Finance & Admin Type or print name and title Print/Type preparer's name Check if self-Preparer's signature Date PTIN employed ▶ [Paid Firm's name Fım's EIN **Preparer** Fırm's address 🕨

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

Use Only

Phone no

Yes ┌ No

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()	Paranti Statement of Program Service Accomplishments	Check if Schedule O contains a response to any question in this Part III

women for a lifetime of critical thinking and strong leadership characterized by continued intellectual exploration, creativity, and imagination Bucknell is a unique national university where liberal arts and professional programs complement each other. Bucknell educates men and Briefly describe the organization's mission

scholarship Bucknell fosters a residential, co-curricular environment in which students develop intellectual maturity, personal conviction and A Bucknell education enables students to interact daily with faculty who exemplify a passion for learning and a dedication to teaching and

students to serve the common good and to promote justice in ways sensitive to the moral and ethical dimensions of life Bucknells rich history and heritage will influence its planning for the future. Bucknells potential as an institution of higher learning extends beyond that of a traditional liberal a

strength of character, informed by a deep understanding of different cultures and diverse perspectives. Bucknell seeks to educate our

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

Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these new services on Schedule O

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T Yes ₹ № If "Yes," describe these changes on Schedule O services?

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

147,845,669) 44,725,357) (Revenue \$ allocations to others, the total expenses, and revenue, if any, for each program service reported including grants of \$ Instruction - the expenses of instructional departments and programs 113,361,423 (Expenses \$

2,469,959 (Revenue \$ including grants of \$ 30,821,741 (Expenses \$

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\$

Student Services - the expenses of activities and services that indirectly support the educational programs such as library services and athletics/recreation 30,024,508 (Revenue \$ Auxiliary Enterprises - the expenses of room, board, and other services primarily for the University's students including grants of \$ 24,900,817) (Expenses \$ (Code

) (Revenue \$ including grants of \$ 191,236,254 Other program services(Describe in Schedule O) 22,152,273 Total program service expenses►\$ (Expenses \$

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Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
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	4	Yes	
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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b	Yes	
С	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.	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	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	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	30	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

га	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,033	,		
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>'</u>		
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return	<u>,</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		100	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	_	,, , ,	
ь	year?	3a 3b	Yes Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK			
	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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		No
7	were not tax deductible?	ОВ		NO
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
L	services provided to the payor?	76	V	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b	Yes	
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	2		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
f	contract?	7e 7f		No No
	If the organization, during the year, pay premiums, directly of marrectly, on a personal benefit contract.			NO
_	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		No
	Note. See the instructions for additional information the organization must report on Schedule O	134		'\
h	Enter the amount of reserves the organization is required to maintain by the states	<u> </u>		
O	in which the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Vac " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule O	14b		No

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

Check if Schedule O contains a response to any question in this Part VI										. ~
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_Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	\vdash		110
	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	venue coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		103	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15-	V	
		15a	Yes	
D	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		No
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed►WA , VA , UT , SC , OR , OH , NY , NJ , I MA , KY , HI , CT , AZ , AL	NH , MI	N,MI,	MD,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization David J Surgala
 209 Marts Hall Bucknell University

Lewisburg, PA 17837 (570) 577-3811

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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 organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
See Additional Data Table										

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

	(A) Name and Title	(B) Average hours	1	(tion that a			II		(D) Reportable compensation	(E) Reportable compensation		(F) Estima imount o	ited f other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	o	compens from t rganizati relati organiza	the on and ed
See A	Addıtıonal Data Table												
1b	Sub-Total				٠.	•		>					
С	Total from continuation sheet	s to Part VII, Sec	ction A				Þ						
d	Total (add lines 1b and 1c) .							F	4,790,939			Ġ	958,158
2	Total number of individuals (in \$100,000 in reportable compe						above) who	received more tha	n			
										. F		Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S						mploy •			ated employee	3	Yes	
4	For any individual listed on line	e 1a, is the sum o	f report	able	com	pens	atıon	and (other compensation	from the			

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
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		No

Section B. Independent Contractors

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

+ γ · · · · · · · · · · · · ·		
(A) Name and business address	(B) Description of services	(C) Compensation
Silvertip Inc 600 St Mary St PO Box 50 Lewisburg, PA 17837	Construction	831,386
Parkhurst Dining Service PO BOX 644091 Pittsburgh, PA 15264	Food Management	9,290,274
Intercon Automation Inc 4501 Chambers Hill Rd Harrisburg, PA 17111	Construction/Design	992,464
Hepco Construction Inc PO Box 443 Selinsgrove, PA 17870	Construction	2,693,253
Burton F Clark Inc PO Box 427 Dehli, NY 13753	Construction	965,394
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►33) who received more than	

		(2010) Statement of Revenue				Pag	e 9
Part	·	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d					514
Contributions and other sin	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	4,795,087 30,927,527 4,650,404	35,722,614			
Program Service Revenue	2a b c d e f	Tutton & Fees Residence Halls & Dining Related Auxiliary Svcs All other program service revenue	611710 611710 611710		147,845,669 27,294,178 1,954,411		
Pr	g 3 4 5	Total. Add lines 2a-2f		177,094,258 6,945,800 0			6,945,80
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(II) Personal	0			
Other Revenue	b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) (I) Securities 147,837,863 138,707,695 9,130,168	(II) O ther	9,130,168	9,130,168		
	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b Net income or (loss) from fundraising events		0			
	b c	Gross income from gaming activities See Part IV, line 19 . a Less direct expenses		0			
	C	Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code 611710	0	4,817,798		
	i c	Other Revenue Golf course revenue Development Fee All other revenue	713910 541900	4,817,798 728,288 124,062 -1,559,404		728,288 124,062 -1,559,404	
		Total. Add lines 11a-11d		4,110,744 233,003,584	191,042,224		6,945,800

Part IX Statement of Functional Expenses

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

A	ll other organizations must complete column (A) but are not required to c				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the US See Part IV, line 22	38,089,957	38,089,957		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	6,635,400	6,635,400		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,123,843	1,198,338	2,925,505	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	733,349	172,838	560,511	
7	Other salaries and wages	74,936,732	64,964,679	5,879,817	4,092,236
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,405,121	5,503,455	554,268	347,398
9	Other employee benefits	16,659,706	14,043,115	1,736,676	879,915
10	Payroll taxes	5,508,328	4,599,197	624,483	284,648
а	Fees for services (non-employees) Management	0			
b	Legal	146,935	34,762	108,323	3,850
C	Accounting	144,057		144,057	
d	Lobbying	121,185		121,185	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	1,333,166		1,333,166	
g	Other	15,113,626	13,045,616	1,842,725	225,285
12	Advertising and promotion	152,441	83,334	68,457	650
13	Office expenses	10,712,141	8,878,866	1,296,128	537,147
14	Information technology	1,904,274	1,768,862	108,499	26,913
15	Royalties	0			
16	Occupancy	275,836	16,310	11,110	248,416
17	Travel	5,919,544	4,555,221	819,905	544,418
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,196,024	1,196,024		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,404,499	13,995,997	364,902	43,600
23	Insurance	1,016,714	982,044	23,689	10,981
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	Utilities & fuel	8,716,592	8,667,381	49,211	
b	Real Estate Taxes	129,113	118,056	11,057	
c	Other Repair and Maintenance	3,833,380	3,455,536	355,857	21,987
d	Miscellanous	452,865	381,034	67,866	3,965
e	Alloc operation & maintenance	0	-1,149,768	806,517	343,251
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	218,664,828	191,236,254	19,813,914	7,614,660
26	Joint costs. Check here ► ☐ 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				000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
-	1	Cash—non-interest-bearing	ı		630,846	1	332,294
	2	Savings and temporary cash investments			46,546,242	2	66,685,973
	3	Pledges and grants receivable, net			20,930,666	3	32,346,618
	4	Accounts receivable, net			3,150,035	4	2,697,510
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			96,316	5	85,614
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
ste		Schedule L				6	0
Assets	7	Notes and loans receivable, net			8,287,532	7	18,114,842
4	8	Inventories for sale or use		152,715	8	165,291	
	9	Prepaid expenses and deferred charges		2,048,198	9	1,911,968	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	456,108,693			
	b	Less accumulated depreciation	10b	229,371,282	222,993,952	10 c	226,737,411
	11	Investments—publicly traded securities	233,092,193	11	248,665,974		
	12	Investments—other securities See Part IV, line 11	317,323,634	12	376,015,833		
	13	Investments—program-related See Part IV, line 11	559,137	13	657,957		
	14	Intangible assets			14	0	
	15	Other assets See Part IV, line 11			15	0	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			855,811,466	16	974,417,285
	17	Accounts payable and accrued expenses .	86,770,807	17	87,165,450		
	18	Grants payable		18			
	19	Deferred revenue		8,178,521	19	8,849,833	
	20	Tax-exempt bond liabilities	ı		37,576,834	20	34,892,239
es	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .		222,174	23	222,174
	24	Unsecured notes and loans payable to unrelated third parties			945,999	24	903,719
	25	Other liabilities Complete Part X of Schedule D			3,941,263	25	3,991,190
	26	Total liabilities. Add lines 17 through 25			137,635,598	26	136,024,605
-A		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete l	ines 27			
Ð		through 29, and lines 33 and 34.					
Balances	27	Unrestricted net assets			323,221,064	27	369,639,298
Ba	28	Temporarily restricted net assets		202,398,293	28	260,760,546	
Fund	29	Permanently restricted net assets			192,556,511	29	207,992,836
Fu		Organizations that do not follow SFAS 117, check here ► a	nd con	nplete			
è		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			718,175,868	33	838,392,680
	34	Total liabilities and net assets/fund balances			855,811,466	34	974,417,285

Part X

Page 1.)	e 1 Z
I Reconcilliation of Net Assets	
Check if Schedule O contains a response to any question in this Part XI	

233,003,584 Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

218,664,828

14,338,756

718,175,868

105,878,056

2 ო Revenue less expenses Subtract line 2 from line 1 m

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

4

Ŋ Other changes in net assets or fund balances (explain in Schedule O)

Ŋ

4

838,392,680 ဖ Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column Financial Statements and Reporting Part XII (B)

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

ž Yes Accounting method used to prepare the Form 990

ŝ **2**p **2a** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the lf the organization changed its method of accounting from a prior year or checked "Other," explain in Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?

م

2a

U

T

3a

Δ

ŝ 20 If the organization changed either its oversight process or selection process during the tax year, explain in audit, review, or compilation of its financial statements and selection of an independent accountant?

If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Both consolidated and separated basis ✓ Consolidated basis on a separate basis, consolidated basis, or both Separate basis

Yes Yes ä 36 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 Single Audit Act and OMB Circular A-133?

Form **990** (2010)

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As Filed Data -

DLN: 93493135003072

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Bucknell University

Name of the organization

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

Public Charity Status and Public Support

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

Inspection

		24-0772407			
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
he o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental university of the operated of the ope	t describe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.			
7	Г	An organization that normally receives a substantial part of its support from a governmental unit or from the described in	e general	public	
_	_	section 170(b)(1)(A)(vi) (Complete Part II)			
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)	_		
9	ı	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh		_	SS
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine	esses	
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
0		An organization organized and operated exclusively to test for public safety See section 509(a)(4).			
.1	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carrone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a	•	a)(3).	Checl
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	ection 50	9(a)(1	.) or
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supplies this box	oporting o	rganız	ation,
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)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
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	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
									-
Total									

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.)

S	ection A. Public Support		and to quanty t			out complete				
	endar year (or fiscal year beginning									
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual									
	grants ")									
2	Tax revenues levied for the									
	organization's benefit and either									
	paid to or expended on its									
_	behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
_	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11, column									
	(f)									
6	Public Support. Subtract line 5 from									
Ū	line 4									
S	ection B. Total Support		<u> </u>	I I.						
	endar year (or fiscal year beginning									
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	A mounts from line 4									
8	Gross income from interest,									
Ū	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
	sources									
9	Net income from unrelated									
	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)									
11	Total support (Add lines 7									
	through 10)									
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12				
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı				
	check this box and stop here						►			
	-tiC Ct-tiC D-l	L'a Carana at B								
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))						
	· ·		•	II Column (1))		14				
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15				
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check				
_	and stop here. The organization qua						▶ □			
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -			
	box and stop here. The organization				45.46		►			
1/a	10%-facts-and-circumstances test—2010. 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 programization. ▶ ☐									
L	· · · · · · · · · · · · · · · · · · ·									
D	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line									
	15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly									
	supported organization									
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1			
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □			

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000105 **Software Version:** 2010v3.2

EIN: 24-0772407

Name: Bucknell University

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
William D Dearstyne Jr Trustee	0 00	Х						0	0	0
William B Morrow Trustee	0 00	Х						0	0	0
William A Graham IV Trustee	0 00	Х						0	0	0
Wayne Bromfield General Counsel	40 00			х				207,555	0	21,120
Warren G Abrahamson Professor	40 00					х		167,893	0	26,017
Susan M Baird Trustee	0 00	Х						0	0	0
Susan Crawford Trustee	0 00	Х						0	0	0
Stuart E Berelson Trustee	0 00	Х						0	0	0
Stephen P Holmes Trustee	0 00	Х						0	0	0
Scott G Rosevear VP Dev & Alum	40 00			х				194,361	0	35,003
Scott G Nichols Trustee	0 00	Х						0	0	0
Ronald L Benjamin Trustee	0 00	Х						0	0	0
Robert J Gamgort Trustee	0 00	Х						0	0	0
Richard D Myers Secretary	40 00			х				192,520	0	17,235
Peter F Mackey VP-Comm	40 00			х				173,380	0	40,800
Peter C Gerhard Trustee	0 00	Х						0	0	0
Param S Bedi Information Off	40 00			х				177,188	0	32,410
Nancy B Prial Trustee	0 00	Х						0	0	0
Michael S Cover Treas/Controll	40 00			х				154,518	0	62,844
Mıchael E Flowers Trustee	0 00	Х						0	0	0
Michael A Smyer Provost	40 00			х				287,478	0	44,410
Marlene A Hurd Trustee	0 00	Х						0	0	0
Lında G Greenberg Trustee	0 00	Х						0	0	0
Lawrence S Klock Trustee	0 00	Х						0	0	0
Laura A Kınney Trustee	0 00	Х						0	0	0

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

Compensated Employees, ar	 	ient C			LOFS			(5)	(=)	(=)
(A) Name and Title	(B) Average hours		tion (/)			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Kurt M Thiede VP Enroll Mgmt	40 00			х				159,299	0	31,385
Kenneth W Freeman Chairman	0 00	Х						0	0	0
Keith W Buffinton Dean of Engineering	40 00				х			154,536	0	62,322
Juanita O L Brown Trustee	0 00	Х						0	0	0
Joseph A Ciffolillo Trustee	0 00	Х						0	0	0
John P Hardt Director of Athletics	40 00				х			191,049	0	87,447
John H Mathias Trustee	0 00	Х						0	0	0
John E Bachman Vice Chair	0 00	Х						0	0	0
John C Bravman President	40 00	Х		х				446,376	0	33,152
Jeffery C Evans Professor	40 00					Х		156,343	0	25,411
Jane Taylor Elfers Trustee	0 00	Х						0	0	0
James P Rice Assoc Provost	40 00					х		162,605	0	26,584
James H DeGraffenreidt Jr Trustee	0 00	Х						0	0	0
James G Orbison Former Dean Engineering	40 00						х	132,578	0	46,534
James F Bennett Jr Trustee	0 00	Х						0	0	0
J Randall MacDonald Vice Chair	0 00	Х						0	0	0
Glenn Steele Jr Trustee	0 00	Х						0	0	0
George C Shields Dean-Arts and Sciences	40 00				х			86,940	0	42,535
Gene Gorab Trustee	0 00	Х						0	0	0
Gay J Huey Evans Trustee	0 00	Х						0	0	0
Ellen Q Bush Trustee	0 00	Х						0	0	0
Donald W Stechschulte Jr Dir Stdt Health	40 00					Х		157,638	0	30,068
Dennis W Swank Assc VP-Finance	40 00			х				166,868	0	34,069
David T Scadden Trustee	0 00	Х						0	0	0
Davıd R Paulsen Coach Men's Basket	40 00					х		185,980	0	36,409

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
David J Surgala VP Fin & Adm	40 00			Х				267,499	0	38,115
David J Maurrasse Trustee	0 00	Х						0	0	0
Daniel R Richards Trustee	0 00	Х						0	0	0
Craig D Mills Board Secretary	0 00	Х						0	0	0
Christopher J Zappe Former Dean Arts & Sciences	0 00						х	120,427	0	20,109
Christopher D Brown Investment Off	40 00			х				245,854	0	36,078
Charles W Berger Trustee	0 00	Х						0	0	0
C Alan Walker Trustee	0 00	Х						0	0	0
Brian C Mitchell Former President	0 00						х	602,054	0	128,101
Bently T Elliott Trustee	0 00	Х						0	0	0

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DLN: 93493135003072

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Open to Public Inspection

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

◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	, , ,	01(c)(3)) organizations Complete Part	ts I-A and C below	Do not complete Pa	art I-B			
If the Selection	ection 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under have NOT filed Form 5768 (election uis," to Form 990, Part IV, Line 5 (Pro	section 501(h)) Conder section 501(l	omplete Part II-A Do h)) Complete Part II-I	not co B Do	mplete	e Part II-B mplete Part I	II-A
	me of the organization knell University			Employ 24-077			tıon numbeı	r
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c				anizatior	n.
1	<u> </u>	ganization's direct and indirect politic	-	-				<u></u>
2	Political expenditures	·			.	\$		
3	Volunteer hours					Ť <u> </u>		
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).				
1		e tax incurred by the organization und			 	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	F	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?				┌ Yes	√ No
4a	Was a correction made?						┌ Yes	√ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c) except sectio	n 50	1(c)(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	ction 527 exempt	t function activities	►	\$		
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contrıbuted to otl	ner organizations	for section 527	.	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b	►	¢		
4	Did the filing organization file F	Form 1120-POL for this year?				Ψ	┌ Yes	┌ No
5	organization made payments F amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fror rectly delivered t	n the filing organiza o a separate politic	tion's al org	funds anızatı	Also enter on, such as	the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization funds If none, ent	on's	con a dire	Amount of atributions rand promptlectly delives	received y and red to a

(a) Name	(b) Address	(c) EIN	(d) A mount 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-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	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		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and ha (election under section 501(h)).				
			a)	(b)	
		Yes	No	Amoun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		l No l		
b		Yes			
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		12	21,185
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			12	21,185
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
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?		No		
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or	sectio	n
	Were substantially all (000), or mare) dues reserved pendeductible by members?			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	L 2	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
	The conversal of the approximation is approximation in approximation for the prior year.			<u>, </u>	

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

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

Part IV Supplemental Information

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

Identifier | Return Reference | Explanation

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DLN: 93493135003072

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ema	l Revenue Service	► Attach to Fe	orm 990. F See separate instructions.			Inspect	ion
	me of the organ	ization		Emp	loyer ident if ica	tion numbe	er
Buc	knell University			24-0	0772407		
Pa			dvised Funds or Other Similar Fu			Complet	te if the
	organiz	zation answered "Yes" to Form 99	•				
	T - 4 - 1	h - m d - 6	(a) Donor advised funds	((b) Funds and o	ther accou	nts
•	Total number a	•					
<u>'</u>		tributions to (during year)					
•		nts from (during year)					
		ue at end of year					
•			sors in writing that the assets held in don organization's exclusive legal control?	or advi	sed	┌ Yes	┌ No
,	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar			┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV	, lıne 7.	
<u>2</u>	Preservation Protection Preservation Complete lines	of natural habitat ion of open space	rganization (check all that apply) on or pleasure)	certifie	d historic struct	ure	
					Held at the	End of the	Year
а		of conservation easements		2a			
b		restricted by conservation easements	ŀ	2b			
C		servation easements on a certified his	` '	2c			
d	Number of con	servation easements included in (c) a	equired after 8/17/06	2d			
	the taxable yea	ar ▶	rred, released, extinguished, or terminate	d by th	ne organization (during	
ŀ		tes where property subject to conserva					
•		nization have a written policy regarding fthe conservation easements it holds	g the periodic monitoring, inspection, hand	dling of	violations, and	┌ Yes	┌ No
•		5, .	ecting and enforcing conservation easem		,		
'			ng, and enforcing conservation easements		g the year ► \$ _		
i		nservation easement reported on line 2) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
•	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents				
ar			ns of Art, Historical Treasures, ' 'Yes" to Form 990, Part IV, line 8.	or Otl	her Similar <i>I</i>	Assets.	
la.	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in fu			<u>2</u> ,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ii ;				
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets Inc	luded in Form 990, Part X			► \$		
<u> </u>	If the organiza	·	orical treasures, or other similar assets fo S 116 relating to these items	r finan			
а		uded in Form 990, Part VIII, line 1			► \$		
		, ,			т		

b Assets included in Form 990, Part X

Pari	III Organizations Maintaining Co	llections of Art,	His	torical	Treas	ures, or Ot	he	r Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne followi	ng that a	are a significai	nt u	se of its coll	ection	1	
а	Public exhibition		d	┌ Lo	an or ex	change progra	ms				
b	Scholarly research		e	Г o	ther						
С	▼ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w they fu	rther the	organızatıon's	sex	empt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							ular	Г	Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answered	"Y	es" to Forr	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed	dıary	for cont	rıbutıons	or other asse	ts i	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	ollow	ıng table	<u>:</u>	Г			Amou	ınt	
С	Beginning balance					-	Lc		7		
d	Additions during the year					—	Ld				
e	Distributions during the year						Le				
f	Ending balance					<u> </u>	Lf				
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?			_			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\								•		,
	rt V Endowment Funds. Complete		ans	wered '	'Yes" to	Form 990,	Par	t IV, line 1	0.		
		(a)Current Year)Prior Yea) Two Years Back	\neg	(d)Three Yea	rc	e)Four Y	ears Back
1a	Beginning of year balance	491,465,001	`	442,825	5,991	554,592,84	1	Back	+		
b	Contributions	11,988,657		12,053		10,134,05	+				
c	Investment earnings or losses	101,254,368		65,662		-91,127,87	+				
d	Grants or scholarships	10,168,719		9,243	3,533	9,830,05	3				
e	Other expenditures for facilities and programs	17,662,912		18,438	3,702	18,088,27	7				
f	Administrative expenses	1,538,899		1,364	1,645	2,854,70	4				
g	End of year balance	575,367,497		491,495	5,001	442,825,99	1				
2	Provide the estimated percentage of the yea	r end balance held a	s								
а	Board designated or quasi-endowment	31 000 %									
ь	Permanent endowment ► 69 000 %										
c	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion	that are	held and	administered	for	the			
	organization by							_		Yes	No
	(i) unrelated organizations						٠	—	3a(i)	Yes	N -
b	(ii) related organizations						•	· · · Ի	3a(ii) 3b	<u> </u>	No No
4	Describe in Part XIV the intended uses of the	•					•		30		<u> </u>
	t VI Investments—Land, Building					Part X, line 1	.0.				
	Description of investment	, ,		(a) Cost	t or other vestment)	(b)Cost or oth	er	(c) Accumula		(d) Boo	ok value
	Land					5,204,3	386				5,204,386
	Buildings					289,509,7		96,989	,261		2,520,534
	Leasehold improvements					4,257,2					4,257,293
	Equipment					111,371,4		97,392	,345		3,979,093
е	Other					45,765,7		34,989	,676		0,776,105
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	n (B)), line 10((c).) .		Ξ	🕨		22	6,737,411
								Schedu	le D (I	orm 9	90) 2010

Part VIII Investments—Other Securities. See F	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	od of valuation f-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests	346,394,337	F
Other	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	376,015,833	
Part VIII Investments—Program Related. See	Form 990, Part X, line	1 - 6 1 1
(a) Description of investment type	(b) Book value	od of valuation f-year market value
(1) Bucknell Real Estate, Inc	238,981	F
(2) Fraternity Mortgages	164,867	C
(3) Shared Services Consortium	10,000	
(4) Bison Ventures, Inc	244,109	<u>.</u> F
(4) BISON VENCUIES, THE	244,109	<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Funds held for student organizations	1,144,295	
Funds held for others	1,022,025	
Capital Lease Payable	1,824,870	
ı		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,991,190	

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

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

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

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The University records income tax liabilities and assets using a theshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The University does not believe that there are any unrecognized tax benefits or costs that should be recorded in the financial statements.
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Postretirement charges other than period expense \$663187 Increase in Pledges Receivable \$11524435
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The university's endowment fund provides a relatively stable investment income stream to the university's operations. As noted in Schedule D, Part V, Line 1(d), a significant portion of that investment income is restricted by endowment donors for student scholarships. The remaining endowment investment income provides annual support to various programs of the university.
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The University has obtained certain art work, rare books, and historical artifacts that are held in safekeeping at the University's library and art gallery. These items are used for educational purposes as the University is a private institution of higher education.
Part III, Line 1a	Part III, Line 1a If organization elected under SFAS 116 to not report are, historical treasures, o	As permitted by generally accepted accounting principles, the University does not capitalize works of art, historical artifacts, and collectibles, which are principally acquired by donation

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As Filed Data -

DLN: 93493135003072

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Name of the organization **Bucknell University**

Employer identification number 24-0772407 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo 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? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on 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

Yes

luired by Part I, lines 3, 4d, 5h	Schedule E (Form 990 or 990EZ) 2010 Partii Supplemental Information Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h any other additional information (see instructions)
	any other additional information (see instructions)
luired by Part I, lines 3, 4d, 5h	Complete this part to provide the explanations requ
	Partit Supplemental Information
	Schedule E (Form 990 or 990EZ) 2010

Complete this part to provide the explanations requany other additional information (see instructions)	uired by Part I, lir	xplanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide se instructions)
Identifier	Return	Explanation

Identifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		The University's racially nondiscriminatory policy is available on the university's website and is printed in University publications
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency		Bucknell University receives research grants and contracts from various governmental agencies as well as funds for student aid

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135003072

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization **Bucknell University**

Employer identification number

24-0772407

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

Pa	General Information "Yes" to Form 990, Page 1990, Page	on on Activiti art IV, line 14b	es Outside t	he United States. C	omplete if the organiza	ation answered
1	For grantmakers. Does the assistance, the grantees' el the grants or assistance? .	organization n igibility for the	naıntaın record grants or assı	stance, and the select	ion criteria used to awa	rd
2	For grantmakers. Describe in P United States	art V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside th	e
3	Activites per Region (Use Part	t V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
	Central America	0	0	Investments		148,205,889
	Central America	0	0	Program Services	Student Philanthropy	54,360
	Europe	3	3	Program Services	Study Abroad Prg	1,931,359
	Central America	0	0	Program Services	Study Abroad Prg	119,58
	Sub-Saharan Africa	0	0	Scholarships		905,280
	South Asia	0	0	Scholarships		569,884
	South America	0	0	Scholarships		281,90
	Russia and Ind States	0	0	Scholarships		369,200
	North America	0	0	Scholarships		250,696
	Middle East/Nrth Africa	0	0	Scholarships		88,004
	Europe	0	0	Scholarships		2,462,416
	East Asia/Pacific	0	0	Scholarships		1,445,64!
	Central America	0	0	Scholarships		262,370
За	Sub-total	3	3			156,946,59
	b Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

156,946,591

Schedule F	Schedule F (Form 990) 2010
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ▶
	Use Part V if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)																	
(h) Description of non-cash assistance																	St.
(g) Amount of of non-cash assistance																	ountry, recognized as
(f) Manner of cash dısbursement																	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
(e) Amount of cash grant																	ecognized as charit vided a section 501
(d) Purpose of grant																	ed above that are r
(c) Region																	nt organizations list r which the grantee
(b) IRS code section and EIN (if applicable)																	iber of recipier the IRS, or fo
(a) Name of organization																	2 Enter total num tax-exempt by
	(b) IRS code(c) Region(d) Purpose of grant(e) Amount of cash grant(f) Manner of cash grant(g) Amount of of non-cash of non-cash of non-cash and EIN (if applicable)	(a) Name of organization applicable)(b) IRS code applicable)(c) Region grant organization applicable)(e) Amount of cash grant cash grant applicable)(e) Amount of cash grant cash grant cash grant disbursement assistance assistance	(a) Name of section organization applicable) (b) IRS code ascription (cash grant organization applicable) (cash grant organization applicable) (cash grant organization applicable) (disbursement assistance a	(a) Name of section organization applicable) (c) Region applicable) (d) Purpose of assistance organization applicable) (e) Amount of cash grant cash grant assistance assistance assistance assistance (f) Manner of cash grant cash of non-cash of non-cash assistance assistance assistance assistance	(a) Name of section organization and EIN (if applicable) Applicable (c) Region (d) Purpose of grant cash grant cash grant applicable) Applicable (e) Amount of (f) Manner of of non-cash of non-cash assistance	(a) Name of section organization and EIN (if applicable) Organization of non-cash of non-cash of non-cash assistance assis	(a) Name of section organization and EIN (if applicable) Organization of non-cash of non-ca	(a) Name of section organization and EIN (if any Purpose of section organization and EIN (if applicable) Author of section and EIN (if applicable) Author of section and EIN (if applicable) Author of section and EIN (if applicable) Author of section and EIN (if applicable) Author of section and EIN (if applicable) Author of section of non-cash of non-cash assistance assistance assistance Author of section of non-cash of non-cash of non-cash assistance Author of section of non-cash of non-cash of non-cash of non-cash and EIN (if any EIN (if	(a) Name of section organization and EIN (if and EIN ((a) Name of section organization and Elifa papilicable) Section organization organization applicable) Section organization organization and Elifa papilicable) Section organization organization organization assistance assista	(a) Name of section and EIN (if and EIN (c) Region (d) Purpose of cash grant organization applicable) Applicable (c) Region (d) Purpose of cash grant cas	(a) Name of saction organization organization organization organization and EIN (if a policable) (b) IRS code section organization and EIN (if a policable) (c) Region organization organization organization organization applicable) (d) Amount of cash grant cash of non-cash of non-cash of non-cash of non-cash of non-cash organization organization assistance assistan	(a) Name of grant organization (b) TRS code section (c) Region organization (d) Purpose of grant cash grant dispursement (e) Amount of cash grant cash grant dispursement (f) Manner of of non-cash dispursement Applicable Applicabl	(a) Name of section Section Section (apair) (c) Region (d) Purpose of Section (d) Purpose of Section (d) Amount of Section (d)	(a) Name of Section organization organization organization organization organization organization and EIM (f) Region graft cash graft disbursement assistance assistance applicable)	(a) Name of section (b) Purpose of cash grant of action organization organization organization organization of action (c) Region (d) Purpose of cash grant organization organization organization organization organization (d) Purpose of cash grant of control cash organization organizatio	(a) Name of section of section of cash grant organization applicable organizat

Schedule F (Form 990) 2010

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

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Part V if additional space is needed.

	Ose rait v II additional space is necued	deu.					
(a) I ype or grant or	(a) Kegion	(c) Number or	(d) Amount of	(e) Manner or cash	(T) Amount or	(g) Description	(n) Method of
מססוסנפוונע		اجرالباهاادي	כמאון שומוונ	מואסמואפווני	assistance	assistance	(book, FMV, appraisal, other)
Scholarships-BU Su Students Abroad	Sub-Saharan Afrıca	7			45,772	Financial Aid	FMV
Scholarships-BU So Students Abroad	South America	3			34,000	Financial Aid	FMV
Scholarships-BU Ru Students Abroad	Russia/Ind States	1			10,000	Financial Aid	FМV
	Mid East/Nrth Africa	3			28,455	Financial Aid	FMV
Scholarships-BU Eu Students Abroad	Europe	113			1,293,913	Financial Aid	FMV
Scholarships-BU Ea	East Asıa/Pacıfıc	11			117,112	Financial Aid	FMV
Von-US	Sub-Saharan Afrıca	16			859,508	Financial Aid	FMV
Scholarships to Non-US So Citizens	South Asıa	14			569,884	Financial Aid	FMV
Scholarships to Non-US So Citizens	South America	2			247,905	Financial Aid	FMV
Scholarships to Non-US Ru Citizens	Russia/Ind States	8			359,200	Financial Aid	FMV
Scholarships to Non-US North America Citizens	orth America	9			250,696	Financial Aid	FMV
Scholarships to Non-US MI Citizens	Mid East/Nrth Africa	2			59,549	Financial Aid	FMV
Scholarships to Non-US Eu Citizens	Europe	34			1,168,503	Financial Aid	FMV
Scholarships to Non-US Ea Citizens	East Asıa/Pacıfic	47			1,328,533	Financial Aid	FMV
Scholarships to Non-US Ce Citizens	entral America	9			262,370	Financial Aid	FMV

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 (see instructions for Form 926)	\ \ <u>\</u>	ջ L	
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Yes	° ≥	

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)

Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the

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Yes

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<u>></u>

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified

Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a

Yes Yes <u>></u> 7 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes, organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the(see instructions for Form 8865)

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the organization may be required to file Form 5713, International Boycott Report (see instructions for Form

5713).

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Schedule F (Form 990) 2010

Part V

Supplemental Information Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		The University provides grants in the form of University scholarship for certain non-US citizens attending the University These scholarships are posted directly to the recipient's University billing account and, thus, reduce tuition, room and/or board fees billed to the recipient. The University also provides grants in the form of University scholarship for certain Bucknell University students to study abroad. These scholarships are posted directly to the recipient's University billing account and, thus, reduces tuition, room and/or board fees billed to the recipient. The majority of these scholarships are need-based financial aid.

Schedule F (Form 990) 2010

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493135003072 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Inspection

Name of the organization Employer identification number Bucknell University 24-0772407 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance

Enter total number of other organizations

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

(a)Type of grant or assistance	(b) Number of recipients	(c)Amount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to Attend BU			38,089,957	FMV	Account Credit
VITERALLY Simplemental Information Complete this part to provide the information required in Dart I line 2 and any other additional information	tion Complete this	art to provide the	rmation required in Pai	+1 line 2 and any other	additional information

Partity Suppleme	ental Intormation. Complete t	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
Identifier	Return Reference	Explanation
Grantmaker's Description		The University provides grants in the form of University scholarship for certain individuals attending the University These
of How Grants are Used		scholarships are posted directly to the recipient's University billing account and, thus, reduces tuition, room and/or board
		fees billed to the to the recipient. The majority of these scholarships are need-based financial aid

Schedule I (Form 990) 2010

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DLN: 93493135003072

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Internal Revenue Service

Department of the Treasury

Schedule J (Form 990)

Name of the organization Bucknell University

Employer identification number

			[24-0//240/			
Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	<u>~</u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	고	Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			<u> </u>
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D			2	Yes	
	, , , , , , , , , , , , , , , , , , , ,		, 3	-	163	<u> </u>
3	Indicate which if any of the following the organization	nc.c.	to actablish the companyation of the			
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha					
	Compensation committee	<u> </u>				
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VI	I , Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymer	nt from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplement	tal nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	t com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, Incompensation contingent on the revenues of	ine 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, list compensation contingent on the net earnings of		, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in F in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," describe	8		No
0		rahutt	able procumption procedure described in Descriptions	 		110
9	If "Yes" to line 8, did the organization also follow the is section 53 4958-6(c)?	reputt	able presumption procedure described in Regulations	9		l _{No}

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

For each individual whose compensation must be reported in Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (II) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(c) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Schedule J (Form 990) 2010

Page 3

Partition Supplemental Information

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

Identifier	Return Reference	Explanation
Sch J, Part I, Part I, Line Line 1a 1a Relevan information regards to selections of 1a	Part I, Line 1a Relevant information in regards to selections on 1a	FIRST CLASS OR CHARTER TRAVEL - the president is permitted to travel by first class airfare in limited circumstances per university policy First class travel 1a Relevant costs is not considered taxable compensation TRAVEL FOR COMPANIONS - Travel costs of companions of university policy employees are included in selections on schedule 1, part II, column (B)(III) TAX INDEMNIFICATION & GROSS UP PAYMENTS - Tax gross-up payments, considered taxable compensation, were provided to 3 officers and key employees listed in Part II of Schedule 1 for one or more of the following items (a) taxable tution remission benefits, or (b) years of service recognition awards HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - By contract with the president, the university requires the president to reside in a specific campus building The estimated fair rental value of the personal living space, included in Schedule 1 HEALTH OR SOCIAL CLUB DUES OR INITIATION REES - Certain employees have golf memberships at the university owned golf course In addition, the university pays membership are primary responsibilities for the purpose of holding business or fundraising events PERSONAL SERVICES-Certain facilities and maintenance staff have primary responsibilities for the president to the president considered taxable compensation to the president.

Schedule J (Form 990) 2010

Software ID: 10000105 **Software Version:** 2010v3.2

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

Form 990, Schedule J, Pai	rt II	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Wayne Bromfield	(I) (II)	207,555			20,756	364	228,675	
Warren G Abrahamson	(I) (II)	167,893			15,935	10,082	193,910	
Scott G Rosevear	(I) (II)	189,815		4,546	19,869	15,134	229,364	
Richard D Myers	(I) (II)	168,750	22,500	1,270	16,875	360	209,755	
Peter F Mackey	(I) (II)	172,110		1,270	23,055	17,745	214,180	
Param S Bedi	(I) (II)	177,188			18,487	13,923	209,598	
Michael S Cover	(I) (II)	154,518			15,756	47,088	217,362	
Michael A Smyer	(I) (II)	260,834		26,644	31,625	12,785	331,888	
Kurt M Thiede	(I) (II)	151,309		7,990	14,786	16,599	190,684	
Keith W Buffinton	(I) (II)	154,536			16,312	46,010	216,858	
John P Hardt	(I) (II)	186,325		4,724	19,500	67,947	278,496	
John C Bravman	(I) (II)	243,949	200,000	2,427	14,256	18,896	479,528	
Jeffery C Evans	(I) (II)	155,928		415	13,279	12,132	181,754	
James P Rice	(I) (II)	162,605			16,779	9,805	189,189	
James G Orbison	(ı) (ıı)	132,578			13,778	32,756	179,112	
Donald W Stechschulte Jr	(I) (II)	157,638			16,485	13,583	187,706	
Dennis W Swank	(I) (II)	164,216		2,652	16,968	17,101	200,937	
David R Paulsen	(I) (II)	177,181		8,799	18,685	17,724	222,389	
David J Surgala	(ı) (ıı)	260,779		6,720	24,500	13,615	305,614	
Christopher J Zappe	(I) (II)	120,427			11,733	8,376	140,536	
Christopher D Brown	(ı) (ıı)	166,402		79,452	17,675	18,403	281,932	
Brian C Mitchell	(I) (II)	465,795	91,960	44,299	108,493	19,608	730,155	239,250

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

DLN: 93493135003072 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Bucknell University

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

Name of the organization

Employer identification number 24-0772407

D	art I Bond Issues								2	4-077	2407			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e (1	f) Description	of Purpose	(g) De	feased	Beh	On alf of suer		Pool
									Yes	No	Yes	No	Yes	No
Α	Union County Higher Educational Facilities Financing Auth	23-2228275	906459EL2	04-07-2010	13,685,6	72 Refu	unded 1996 &	1998 bonds		Х		Х		х
_														
Pa	art III Proceeds					I						<u>l</u>		
					Α		В	3		С			D	
1	A mount of bonds retired				1	,615,00	00							
2	A mount of bonds legally def	eased												
3	Total proceeds of issue				13	,685,67	' 2							
4	Gross proceeds in reserve f	unds												
5	Capitalized interest from pro	oceeds												
6	Proceeds in refunding escro	W			13	,496,02	9							
7	Issuance costs from procee	ds				189,64	· 3							
8	Credit enhancement from pr	oceeds												
9	Working capital expenditure	s from proceeds												
10	Capital expenditures from p	roceeds												
11	Other spent proceeds													
12	O ther unspent proceeds													
13	Year of substantial completi	on					•							
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as pa	art of a current refund	dıng ıssue?		×									
15	Were the bonds issued as pa	art of an advance ref	unding issue?			Х								
16	Has the final allocation of pr	oceeds been made?												
17	Does the organization maint allocation of proceeds?		and records to supp	oort the final	х	_					_			
Pa	rt IIII Private Business	Use			1 .									
					Yes	No	Voc.		Vac	C	No	Vac	D	Ne
					res	INO	Yes	No	Yes		NO	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Sche	edule K (Form 990) 2010									Page 2
Par	t III Private Business Use (Continued)									•
			A		В	•		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private use?									
b	Are there any research agreements that may result in private business us financed property?	e of bond-								
С	Does the organization routinely engage bond counsel or other outside cour any management or service contracts or research agreements relating to property?									
4	Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government									•
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to er post-issuance compliance of its tax-exempt bond liabilities?	sure the								
Pai	rt IV Arbitrage		'			_	•	•	•	•
		Α			В		С		D	
		Yes	No	Yes	No	Y	es	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							
2	Is the bond issue a variable rate issue?		Х							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
			X							
	Name of annual an				L					

2	Is the bond issue a variable rate issue?	Х			
Sa .	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	х			
b	Name of provider				
С	Term of hedge				
d	Was the hedge superintegrated?				
e	Was a hedge terminated?				
la	Were gross proceeds invested in a GIC?	Х			
ь	Name of provider				
С	Term of GIC				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
;	Were any gross proceeds invested beyond an available temporary period?	Х			
5	Did the bond issue qualify for an exception to rebate?				

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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As Filed Data -

DLN: 93493135003072

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

2010

Open to Public Inspection

Name of the organization Bucknell University							mployer i		tion numb	er
Part I Excess Benefit Tran						organ	ızatıons	only).	ıno 40h	
1 (a) Name of disqu			res diredili 990		cription			rait v,i		(c) rrected?
									Yes	No
2 Enter the amount of tax impos							_			
section 4958				the organization				* \$ — • \$		
		•		ene organization :				<u> </u>		
Part II Loans to and/or in Complete if the organization				90, Part IV, line 2	6, or For	m 990-l	EZ, Part \	/, line 38	а	
(a) Name of interested person and purpose	(b) L or fro	oan to om the zation?	(c)O riginal principal amoun	(d)Balance due	(e)	In Approve		ved rd or	(g)Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
(1) Carole M Bourgeacq-Hardt Staff Loan		X	5,00	3,77	1	No		No	Yes	
(2) John Hardt Staff Loan		x	5,00	3,564	4	No		No	Yes	
(3) M Smyer Relocation Loan		x	111,60	86,50	5	No		No	Yes	
Total					L			•		•
Part III Grants or Assistar Complete if the orga					V line :	27				
(a) Name of interested pers)Relationship bet	ween interested peorganization			nount of g	rant or ty	/pe of assı	stance

Part IV Business Transactions Involving Interested Persons
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete ii the organizatio	ni alisweled les oli	TOTTI 330, FAIL IV, III	16 Z0a, Z0b, 01 Z0c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	organization			Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		Part IV - Geisinger Health Plan - Bucknell University Trustee, Glenne D Steele, Jr , is also a director of the Geisinger Health Plan As disclosed in the University's financial statements, the trustee is president and chief operating officer of a healthcare organization providing certain healthcare insurance services to the University

Schedule L (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 24-0772407
Name: Bucknell University

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Form 990, Schedule L, Part IV - Bu	t IV - Business Transactions Involving Interested Persons	s Involving Intere	sted Persons		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction organization's organization's revenues?	(e) Sharing of organization's revenues?	ring of ation's ues?
	organızatıon			Yes	No
Geisinger Health Plan	See Part V	4,797,494 See Part V	See Part V		No
Sonya C Harris	Spouse - Officer	10,064	10,064 Independent contractor		No
Carole M Bourgeacq-Hardt	Spouse - Key Emplo	23,807	employment		No
Christine M Buffinton	Spouse -Key Employ	72,191	72,191 employment		No
Kathleen A Swank	Spouse - Officer	26,320	26,320 employment		No
Cathleen C Myers	Spouse - Officer	85,348	85,348 employment		No
Wendelin J Wright	Spouse - President	988'09	50,386 employment		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135003072

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization Bucknell University

Employer identification number

	<u>. </u>				24-0772407			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art	Х	7	<u>-9</u>				
2	Art—Historical treasures							
3	Art—Fractional interests	Х	3					
4	Books and publications	Х						
5	Clothing and household							
good	ls							
6	Cars and other vehicles .	Х	1					
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	110	4,650,404	Gift Date FMV			
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	2					
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	Education							
25	Other► (Fees) Athletic	X	1					
26	Other (Equip)	x	4					
	Education							
27	Other ► (Equip)	Х	3					
28	Other► (Supplies)	Х	14					
29	Number of Forms 8283 received by							
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackr	owledgement	29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II			_				
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part III

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

Identifier	Return Reference	Explanation
Part I, Line 33, Revenues Not		As permitted under SFAS 116, the University does not
Reported		capitalize its collections of artwork and historical collections for
		financial statement purposes Furthermore, certain donated
		goods incidental to University operations are acknowledged by
		the University but not recorded in revenues nor expenses for
		financial statement purposes
Part I, Line 32, Hire and Use of Third		The University uses third-party stock brokers to process and
Parties		sell publicly traded securities

Schedule M (Form 990) 2010

efile GRA	efile GRAPHIC print - DO NOT PRO	OCESS As Filed Data -	DLN: 93493135003072	
SCHEDULE O (Form 990 or 990-EZ)	JLE O r 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047	
Department of the Treasury Internal Revenue Service	Treasury	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	Open to Public Inspection	
Name of the on Bucknell University	Name of the organization Bucknell University	Employer identification number 24-0772407	ation number	
			,	
Identifier	Return Reference	Explanation		
	Form 990, Part V, Line 4b	The University has an interest in and/or signing authority over bank accounts in the United Kingdom, France, Spain and Barbados for the University's Study Abroad Programs in those countries	Kingdom, France,	

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

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

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

ldentifier	Return Reference	Explanation
Form 990, Part		The final Form 990 is provided to the University's Audit, Compliance, and Risk Management
	Form 990 Keview Process	Committee for review The Form 990 is made available electronically to the trustees prior to filling.

ldentifier	Identifier Return Reference	Explanation
Form 990,	Form 990, Form 990, Part VI, Line	The following individuals have business relationships with each other based on their positions within
Part VI, Line	Part VI, Line 2 Description of	the University's related organizations. Bucknell University Bucknell Real Estate Bison VenturesDavid
2	Business or Family	Surgala VP for Finance President/ President/ and Administration Board Member Board MemberDennis
	Relationship of Officers,	Swank Associate VP for Vice President/ Vice President/ Finance/ Assistant Board Member Board
	Directors, Et	Member Secretary Michael Cover Treasurer and Controller/ Secretary/ Secretary/ Assistant Secretary
		Board Member Board MemberEdw ard Loftus Employee Board Member

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

(g) Section 512(b)(13) DLN: 93493135003072 Schedule R (Form 990) 2010 OMB No 1545-0047 organization ŝ Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Open to Public Inspection controlled õ 2010 Yes (f)
Direct controlling
entity (f)
Direct controlling
entity Employer identification number **Bucknell University** (e)
Public charity status
(if section 501(c)(3)) 24-0772407 (e) End-of-year assets Identification of Disregarded Entities (Complete of the organization answered "Yes" on Form 990, Part IV, line 33.) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Complete if the organization form 990. ► See separate instructions. Related Organizations and Unrelated Partnerships (d) Exempt Code section (**d)** Total income 501 (c) (2) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) ΡA Primary activity (b) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Real Estate Property Management or more related tax-exempt organizations during the tax year.) efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | (a)
Name, address, and EIN of disregarded entity (a)
Name, address, and EIN of related organization Name of the organization Bucknell University (1) Bucknell Real Estate Inc SCHEDULE R Lewisburg, PA 17837 27-3576298 Department of the Treasury Internal Revenue Service (Form 990) 701 Moore Avenue Part I Part II

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

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

Part IV	art IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV,	Organizat	tions Taxa	ble as a Corpor	ration or T	rust (Comple	ste if the orga	anization a	ווswered "ץ	'es" on Form	990, Part I ¹	۸,
	line 34 because it had one or more related organizations treated	r more rela	ted organiz	zations treated as	s a corporati	as a corporation or trust during the tax year.)	uring the tax	year.)				

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	e related organıza	tions treated as a corpora	ation or trust duri	ng the tax year	·.		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							
						Schedule R (Schedule R (Form 990) 2010

Part V

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<u>1</u>9 1P **1**0

Yes

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Yes

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Yes	
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ne 1 ıf	did the
Note. Complete line 1 if any entity is listed in Parts II, III or IV $$	ing the tax year, did the orgranization engage in any of the
. Com	
Note	1 During th
	1

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

- Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to other organization(s) ۵
- Loans or loan guarantees to or for other organization(s) b

Gift, grant, or capital contribution from other organization(s)

- Loans or loan guarantees by other organization(s)
- Purchase of assets from other organization(s) 5

Sale of assets to other organization(s)

- **Exchange of assets**
- i Lease of facilities, equipment, or other assets to other organization(s)

- Lease of facilities, equipment, or other assets from other organization(s)

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Yes

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Yes

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Yes

- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets

Sharing of paid employees

- Reimbursement paid to other organization for expenses ۵
 - Reimbursement paid by other organization for expenses

Other transfer of cash or property to other organization(s)

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- Other transfer of cash or property from other organization(s)
- 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
- (c) Amount involved Transaction type(a-r) **(a)** Name of other organization
- (d)
 Method of determining amount involved (1) Bison Ventures Inc
- Estimated FMV 145,089

Estimated FMV Estimated FMV

Cost Cost

333,814

Р ρ

1,552,032 12,022,694

Cost

18,501 124,062

Д

(3) Bucknell Real Estate Inc (4) Bucknell Real Estate Inc (5) Bucknell Real Estate Inc (6) Bucknell Real Estate Inc

(2) Bucknell Real Estate Inc

Page 4

Schedule R (Form 990) 2010

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

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

revenue) tnat was not a related organization. See instructions regarding exciusion for certain investment partnersnips	ee instructions regarding exciu	Ision for certain inve	estment pa	irtnersnips				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproprtionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	<u>-</u> _
			Yes No		Yes No		Yes No	اها
								ı
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						Schodulo D (Form 990) 2010	0C (UDD w.	10

Supplemental Information

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

Explanation

Return Reference

Identifier

As part of a New Markets Tax Credit project in Lewisburg, PA, Bucknell University Ioaned \$12,022,694 in December 2010 to an entity controlled by Wells Fargo	Community Investment Holdings, LLC That entity then loaned the \$12,022,694 and an additional \$4,167,306 to Wells Fargo Community Development	Enterprises 7, LLC, which in turn loaned those funds to Bucknell Real Estate, Inc in December 2010 The funds were used for the acquisition and improvement of	
Form 990,	Schedule R,	Part V, 1(d)	

certain properties in Lewisburg, PA The loans require interest payable quarterly at 1 01% with principal payments beginning April 1, 2018 through January 1, 2046

of

Schedule R (Form 990) 2010

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 Software ID:
 10000105

 Software Version:
 2010v3.2

 EIN:
 24-0772407

Name: Bucknell University

Form 990, Schedule R, Part IV - Ide	ntification of	Related Organi	zations Taxable	as a Corporatio	n or Trust		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
JLDR Trust Held by Other 1426 Pearl Street Suite 201 Boulder, CO80302	Support Bucknell University	со	NA	Т		189,838	100 000 %
JW&LCR Trust Held by Other C/O SunTrust PO Box 4655 Atlanta, GA30302	Support Bucknell University	GA	NA	Т		680,477	100 000 %
W&AS Trust Held by Other C/O Total Merril 1201 Market St Wilmington, DE19801	Support Bucknell University	DE	NA	Т		215,568	100 000 %
EAH Trust Held by Other 1712 Glenbrook Ave Lancaster, PA17603	Support Bucknell University	PA	NA	Т		153,848	100 000 %
JCW Trust Held by Other C/O UBS 590 Madison Avenue New York, NY10022	Support Bucknell University	NY	NA	Т		1,233,403	100 000 %
JMS Trust Held by Other C/O MSSB LLC 125 West Street Annapolis, MD21401	Support Bucknell University	MD	NA	Т		1,472,488	100 000 %
JMM Trust Held by Other C/O Regions Bank 1901 6th Ave N Birmingham, AL35203	Support Bucknell University	AL	NA	Т		2,747,208	100 000 %
NFM Trust Held by Other C/O The Huntington National Bank Columbus, OH43216	Support Bucknell University	он	NA	Т		1,964,691	100 000 %
RM Trust Held by Other C/O MT Investment Grp PO Box 1377 Buffalo, NY14240	Support Bucknell University	NY	NA	Т		941,204	100 000 %
EMB Trust Held by Other C/O Wells Fargo One West Fourth St Winston Salem, NC27101	Support Bucknell University	NC	NA	Т		121,769	100 000 %
POOLED INCOME FUND #3 C/O Bucknell University - Finance Lewisburg, PA17837 23-2281605	Support Bucknell University	PA	NA	Т		1,036,402	100 000 %
POOLED INCOME FUND #2 C/O Bucknell University - Finance Lewisburg, PA17837 22-2704272	Support Bucknell University	PA	NA	Т		393,447	100 000 %
POOLED INCOME FUND #1 C/O Bucknell University - Finance Lewisburg, PA17837 58-6327811	Support Bucknell University	PA	NA	Т		60,813	100 000 %
NRS CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6359036	Support Bucknell University	PA	NA	Т		94,175	100 000 %
ECS CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6359035	Support Bucknell University	PA	NA	Т		101,506	100 000 %
SGW CRAT C/O Bucknell University - Finance Lewisburg, PA17837 23-7667453	Support Bucknell University	PA	NA	Т		187,392	100 000 %
SGW #2 CRAT C/O Bucknell University - Finance Lewisburg, PA17837 23-7729722	Support Bucknell University	PA	NA	Т		100,448	100 000 %
RSW CRAT C/O Bucknell University - Finance Lewisburg, PA17837 23-6953403	Support Bucknell University		NA	Т		129,446	100 000 %
TRT CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6413138	Support Bucknell University	PA	NA	Т		156,495	100 000 %
MAL CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6384264	Support Bucknell University	PA	NA	Т		59,565	100 000 %

Form 990, Schedule R, Part IV - Ide	ntification of	Related Organiz	zations Taxable a	s a Corporatio	n or Trust		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
RMH CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6717308	Support Bucknell University	РА	NA	Т		367,736	100 000 %
DLH CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6309271	Support Bucknell University	РА	NA	Т		169,523	100 000 %
RBC CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6312055	Support Bucknell University	РА	NA	Т		54,089	100 000 %
JAC#2 CRAT C/O Bucknell University - Finance Lewisburg, PA17837 58-6305860	Support Bucknell University	РА	NA	Т		1,060,741	100 000 %
JAC CRAT C/O Bucknell University - Finance Lewisburg, PA17837 52-6554783	Support Bucknell University	РА	NA	Т		860,498	100 000 %
GAASKS CRUT C/O Bucknell University - Finance Lewisburg, PA17837 20-6854849	Support Bucknell University	РА	NA	Т		65,708	100 000 %
JEM CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6402807	Support Bucknell University	РА	NA	Т		72,921	100 000 %
NRRM CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6331754	Support Bucknell University	РА	NA	Т		241,046	100 000 %
JDB CRUT C/O Bucknell University - Finance Lewisburg, PA17837 26-6126389	Support Bucknell University	РА	NA	Т		122,732	100 000 %
RLR CRUT C/O Bucknell University - Finance Lewisburg, PA17837 26-6072894	Support Bucknell University	РА	NA	Т		517,909	100 000 %
PW CRUT C/O Bucknell University - Finance Lewisburg, PA17837 20-6545292	Support Bucknell University	РА	NA	Т		98,599	100 000 %
SW CRUT C/O Bucknell University - Finance Lewisburg, PA17837 20-6545297	Support Bucknell University	РА	NA	Т		98,407	100 000 %
LK CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6377566	Support Bucknell University	РА	NA	Т		91,195	100 000 %
SEC CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6433484	Support Bucknell University	РА	NA	Т		101,051	100 000 %
AOC CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6424671	Support Bucknell University	РА	NA	Т		66,251	100 000 %
HLC CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6430046	Support Bucknell University	РА	NA	Т		437,590	100 000 %
UKW & GAW CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6413137	Support Bucknell University	РА	NA	Т		176,810	100 000 %
DWS CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6417281	Support Bucknell University	РА	NA	Т		95,348	100 000 %
KCK CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6408964	Support Bucknell University	РА	NA	Т		32,914	100 000 %
WEE CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6356606	Support Bucknell University	РА	NA	Т		188,570	100 000 %

Form 990, Schedule R, Part IV - Ide	ntification of	Related Organiz	zations Taxable	as a Corporatio	n or Trust		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
FPS CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6406236	Support Bucknell University	PA	NA	Т		265,028	100 000 %
ZTM CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6406218	Support Bucknell University	PA	NA	Т		349,688	100 000 %
JRS CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6384261	Support Bucknell University	PA	NA	Т		144,952	100 000 %
JWS CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6363372	Support Bucknell University	PA	NA	Т		75,052	100 000 %
LMH CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6377548	Support Bucknell University	PA	NA	Т		202,749	100 000 %
JER CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6384265	Support Bucknell University	PA	NA	Т		56,881	100 000 %
RSH CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6384266	Support Bucknell University	PA	NA	Т		77,521	100 000 %
JPSMJ CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6384267	Support Bucknell University	PA	NA	Т		654,084	100 000 %
MEK CRUT C/O Bucknell University - Finance Lewisburg, PA17837 23-6983711	Support Bucknell University	PA	NA	Т		92,119	100 000 %
WSM CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6343237	Support Bucknell University	PA	NA	Т		527,610	100 000 %
MDM CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6359020	Support Bucknell University	PA	NA	Т		29,315	100 000 %
RCS CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6354951	Support Bucknell University	PA	NA	Т		144,146	100 000 %
SBC CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6305859	Support Bucknell University	PA	NA	Т		136,822	100 000 %
RWD CRUT C/O Bucknell University - Finance Lewisburg, PA17837 23-7673903	Support Bucknell University	РА	NA	Т		99,900	100 000 %
CED CRUT C/O Bucknell University-Finance Lewisburg, PA17837 52-6633359	Support Bucknell University	РА	NA	Т		206,749	100 000 %
JWG CRUT C/O Bucknell University Lewisburg Lewisburg, PA17837 58-6303307	Support Bucknell University	PA	NA	Т		561,821	100 000 %
JPS CRUT C/O Bucknell University - Finance Lewisburg, PA17837 58-6312015	Support Bucknell University	PA	NA	Т		340,898	100 000 %
AWD Crut C/O Bucknell University - Finance Lewisburg, PA17837 58-6328043	Support Bucknell University	PA	NA	Т		96,169	100 000 %
Bison Ventures Inc 701 Moore Ave Lewisburg, PA17837 26-4730096	Bookstore Operations	РА	N/A	С	-10,380	244,109	100 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations	

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	Bison Ventures Inc	*	145,089	145,089 Estimated FMV
(2)	Bucknell Real Estate Inc	d	18,501 Cost	Cost
(3)	Bucknell Real Estate Inc	К	124,062	124,062 Estimated FMV
(4)	Bucknell Real Estate Inc	f	1,552,032	1,552,032 Estimated FMV
(2)	Bucknell Real Estate Inc	þ	12,022,694 Cost	Cost
(9)	Bucknell Real Estate Inc	q	333,814 Cost	Cost