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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
ALVERNIA UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
400 ST BERNARDINE STREET

Room/suite

City or town, state or country, and ZIP + 4
READING, PA 19607

F Name and address of principal officer
DOUGLAS F SMITH
400 ST BERNARDINE STREET
READING,PA 19607

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW ALVERNIA EDU

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1958

M State of legal domicile PA

Part I	Summary																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities A FAST GROWING FRANCISCAN UNIVERSITY, GROUNDED IN THE CATHOLIC AND LIBERAL ARTS TRADITIONS 2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets <table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>40</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>40</td></tr><tr><td>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>1,271</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>396</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>84,739</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-164,647</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	40	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,271	6 Total number of volunteers (estimate if necessary)	6	396	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	84,739	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-164,647						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>12,099,763</td><td>13,690,987</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>25,600,021</td><td>27,619,024</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>7b Total fundraising expenses (Part IX, column (D), line 25) ▶1,416,401</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>19,934,750</td><td>20,297,287</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>57,634,534</td><td>61,607,298</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>5,631,746</td><td>3,069,637</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,099,763	13,690,987	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,600,021	27,619,024	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	7b Total fundraising expenses (Part IX, column (D), line 25) ▶1,416,401			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,934,750	20,297,287	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	57,634,534	61,607,298	19 Revenue less expenses Subtract line 18 from line 12	5,631,746	3,069,637
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>101,600,962</td><td>119,097,971</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>54,553,763</td><td>70,076,813</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>47,047,199</td><td>49,021,158</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	101,600,962	119,097,971	21 Total liabilities (Part X, line 26)	54,553,763	70,076,813	22 Net assets or fund balances Subtract line 21 from line 20	47,047,199	49,021,158												
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Part II Signature Block

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

Sign Here

Signature of officer

DOUGLAS SMITH VICE PRESIDENT FOR FINANCE & ADMIN

2013-03-01

Date

Paid Preparer's Use Only

Preparer's signature

JULIUS C GREEN CPA JD

Date

2013-03-01

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00350393

Firm's name (or yours if self-employed), address, and ZIP + 4

PARENTEBEARD LLC
400 MARKET STREET
WILLIAMSPORT, PA 17701

EIN

23-2932984

Phone no

(570) 323-6023

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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

ALVERNIA IS A FAST GROWING FRANCISCAN UNIVERSITY, GROUNDED IN THE CATHOLIC AND LIBERAL ARTS TRADITIONS, THAT COMBINES DIVERSE ACADEMIC OPPORTUNITIES WITH PERSONAL ATTENTION AND AN UNMATCHED COMMITMENT TO COMMUNITY SERVICE. SITUATED ON A SCENIC 121-ACRE SUBURBAN CAMPUS IN HISTORIC BERKS COUNTY, PA, THE UNIVERSITY IS CONVENIENTLY LOCATED NEAR PHILADELPHIA (60 MILES) AND WITHIN AN EASY DRIVE OF NEW YORK, BALTIMORE AND WASHINGTON, D C WITH A COLLEGE OF ARTS AND SCIENCES AND COLLEGE OF PROFESSIONAL STUDIES, ALVERNIA OFFERS MORE THAN 50 UNDERGRADUATE MAJORS AND MINORS INCLUDING PRE-PROFESSIONAL PROGRAMS IN MEDICINE, DENTISTRY, LAW AND VETERINARY MEDICINE. THE UNIVERSITY ALSO PROVIDES A BROAD RANGE OF GRADUATE PROGRAMS AT THE MASTER'S AND DOCTORAL LEVELS THROUGH ITS SCHOOL OF GRADUATE AND ADULT EDUCATION.

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

If "Yes," describe these changes on Schedule O

4a	(Code) (Expenses \$ 49,745,582 including grants of \$ 13,690,987) (Revenue \$ 60,921,738)
	CONDUCT, OPERATE AND MAINTAIN A COLLEGE FOR THE EDUCATION, TRAINING AND SPIRITUAL GUIDANCE OF MEN AND WOMEN, WITH THE POWER TO CONFER UPON STUDENTS, WHO HAVE SUCCESSFULLY COMPLETED THE REQUIRED COURSES, THE DEGREE OF BACHELOR OF ARTS AND THE DEGREE OF BACHELOR OF SCIENCE, AND SUCH OTHER DEGREES AS MAY BE APPROVED AND AUTHORIZED BY THE DEPARTMENT OF EDUCATION OF THE COMMONWEALTH OF PENNSYLVANIA. THE COLLEGE HAS APPROXIMATELY 3,000 STUDENTS, INCLUDING UNDERGRADUATES, GRADUATES, AND PHD STUDENTS. APPROXIMATELY 40% OF THE FULL-TIME UNDERGRADUATE STUDENTS COME FROM BERKS COUNTY, PA, 50% FROM OTHER PENNSYLVANIA AREAS, AND 10% FROM OTHER STATES AND COUNTRIES.

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 49,745,582
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Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	69
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,271
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the aggregate amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section 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		
1b	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made 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.	DOUGLAS F SMITH 400 SAINT BERNARDINE STREET READING, PA 19607 (610) 796-5600

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,065,059	0	281,710

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **8**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOCIATED CONSTRUCTION 1003 MORGANTOWN ROAD SHILLINGTON, PA 19607	CONSTRUCTION	14,848,093
ALADDIN 21 ARMORY DRIVE WHEELING, WV 26003	FOOD SERVICE	2,566,437
SECURITY GUARDS INC PO BOX 6283 WYOMISSING, PA 19610	CAMPUS SECURITY	834,374
PHE ARCHITECTURE 940 GOLF HOUSE RD W200 WHITSETT, NC 27377	ARCHITECTS	638,523
FOLLETT 3146 SOLUTIONS CENTER CHICAGO, IL 60677	BOOKSTORE	353,098
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 45		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	5,000				
	b	Membership dues	1b					
	c	Fundraising events	1c	25,420				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	933,225				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,722,158				
	g	Noncash contributions included in lines 1a-1f \$ 8,339						
	h	Total. Add lines 1a-1f						2,685,803
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	611710	52,821,571	52,821,571			
	b	AUXILARY ENTERPRISES	611710	8,100,167	8,100,167			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			60,921,738			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		321,064			321,064	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		283,586						
		213,609						
		69,977						
	b	Less rental expenses			69,977		-130,683	200,660
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		21,227,148		275,210				
		20,979,411		859,016				
		247,737		-583,806				
	b	Less cost or other basis and sales expenses			-336,069			-336,069
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 25,420 of contributions reported on line 1c) See Part IV, line 18			-9,845			-9,845
	a	31,962						
	b	Less direct expenses		41,807				
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a	STUDENT FEES AND FINES		900099	357,831			357,831	
b	EVENT INCOME		900099	215,422		215,422		
c	DISCOUNTS/BAD DEBT REC		900099	214,671			214,671	
d	All other revenue			236,343			236,343	
e	Total. Add lines 11a-11d			1,024,267				
12	Total revenue. See Instructions			64,676,935	60,921,738	84,739	984,655	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	13,690,987	13,690,987		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,719,193	1,719,193		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,713,206	14,741,232	3,339,784	632,190
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,089,591	5,566,501	1,280,384	242,706
10	Payroll taxes	97,034	78,894	17,135	1,005
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	234,610		234,610	
d	Lobbying	96,000	96,000		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,543,428	3,466,686	1,914,110	162,632
12	Advertising and promotion	262,217	2,905	259,312	
13	Office expenses	1,888,708	1,307,695	509,642	71,371
14	Information technology	454,645	217,272	237,373	
15	Royalties				
16	Occupancy	1,437,431	1,236,450	185,236	15,745
17	Travel	327,470	184,530	69,133	73,807
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	260,064	203,041	52,717	4,306
20	Interest	1,758,138	1,529,526	209,135	19,477
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,837,650	3,236,170	560,270	41,210
23	Insurance	295,303	247,533	44,836	2,934
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	REPAIRS & MAINTENANCE	1,585,883	1,017,743	559,701	8,439
b	CATERING	594,541	221,251	342,616	30,674
c	PROGRAMMING	414,895	295,629	119,266	
d	BAD DEBTS	402,899	401,780		1,119
e					
f	All other expenses	903,405	284,564	510,055	108,786
25	Total functional expenses. Add lines 1 through 24f	61,607,298	49,745,582	10,445,315	1,416,401
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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	1,090
	2	Savings and temporary cash investments			3,574,843	2	1,545,395
	3	Pledges and grants receivable, net			2,304,589	3	1,389,945
	4	Accounts receivable, net			718,601	4	1,552,157
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			690,935	7	688,735
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			209,350	9	575,674
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	128,008,860			
	b	Less: accumulated depreciation	10b	34,056,898	76,292,191	10c	93,951,962
	11	Investments—publicly traded securities			14,438,144	11	17,818,149
	12	Investments—other securities. See Part IV, line 11			2,976,934	12	1,037,716
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			395,375	15	537,148
	16	Total assets. Add lines 1 through 15 (must equal line 34)			101,600,962	16	119,097,971
Liabilities	17	Accounts payable and accrued expenses			4,559,460	17	5,191,889
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			44,498,674	20	52,437,130
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,610,699	23	9,443,058
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,884,930	25	3,004,736
	26	Total liabilities. Add lines 17 through 25			54,553,763	26	70,076,813
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			36,846,358	27	39,767,159
	28	Temporarily restricted net assets			1,457,128	28	680,092
	29	Permanently restricted net assets			8,743,713	29	8,573,907
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			47,047,199	33	49,021,158
	34	Total liabilities and net assets/fund balances			101,600,962	34	119,097,971

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,676,935
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,607,298
3	Revenue less expenses Subtract line 2 from line 1	3	3,069,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,047,199
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,095,678
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	49,021,158

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization ALVERNIA UNIVERSITY	Employer identification number 23-1522643
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

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), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization ALVERNIA UNIVERSITY	Employer identification number 23-1522643
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
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?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	ALVERNIA WORKS WITH AN ORGANIZATION THAT HELPS THE UNIVERSITY OBTAIN EARMARKS THROUGH THE FEDERATION APPROPRIATIONS PROCESS. THIS ORGANIZATION ALSO HAS A GRANT DEPARTMENT THAT WORKS WITH ALVERNIA TO SEARCH FOR FUNDING SOURCES FROM PRIVATE FOUNDATIONS AND GOVERNMENT AGENCIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization ALVERNIA UNIVERSITY	Employer identification number 23-1522643
---	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	Yes No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

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

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

3

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

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	18,210,790	14,505,142	12,952,472	14,428,519
b	Contributions	2,821,891	1,443,793	887,655	1,122,759
c	Investment earnings or losses	-248,528	2,589,835	957,548	-1,798,098
d	Grants or scholarships	480,551	178,050	186,750	233,381
e	Other expenditures for facilities and programs	480,000	12,547	8,292	475,000
f	Administrative expenses	160,084	137,383	97,491	92,327
g	End of year balance	19,663,518	18,210,790	14,505,142	12,952,472

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 55 940 %

b

Permanent endowment ▶ 43 600 %

c

Term endowment ▶ 0 460 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,548,853		4,548,853
b Buildings		81,522,720	21,190,488	60,332,232
c Leasehold improvements				
d Equipment		15,238,067	9,537,704	5,700,363
e Other		26,699,220	3,328,706	23,370,514
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				93,951,962

Schedule D (Form 990) 2011

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	164,676,935
2	Total expenses (Form 990, Part IX, column (A), line 25)	261,607,298
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,069,637
4	Net unrealized gains (losses) on investments	4-895,678
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7-200,000
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9-1,095,678
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	101,973,959

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	150,131,015
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a-895,678
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d-13,690,987
e	Add lines 2a through 2d	2e-14,586,665
3	Subtract line 2e from line 1	364,717,680
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b-40,745
c	Add lines 4a and 4b	4c-40,745
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	564,676,935

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	147,957,056
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d40,745
e	Add lines 2a through 2d	2e40,745
3	Subtract line 2e from line 1	347,916,311
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b13,690,987
c	Add lines 4a and 4b	4c13,690,987
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	561,607,298

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ALVERNIA UNIVERSITY'S ENDOWMENT FUNDS ARE USED FOR STUDENT SCHOLARSHIPS AND CAPITAL PURCHASES INCLUDING TECHNOLOGY AND DEFERRED MAINTENANCE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE UNIVERSITY ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE, WHICH PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE UNIVERSITY'S FEDERAL BUSINESS INCOME TAX RETURNS FOR 2010, 2009, AND 2008 REMAIN SUBJECT TO EXAMINATION BY THE IRS. THE UNIVERSITY'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.
PART XII, LINE 2D - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID -13,690,987
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSE -213,609 FUNDRAISING EVENTS EXPENSE -41,807 DISCOUNTS TAKEN/BAD DEBT RECOVERY 214,671
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DISCOUNTS TAKEN/BAD DEBT RECOVERY -214,671 RENTAL EXPENSE 213,609 FUNDRAISING EVENTS EXPENSE 41,807 UNRELATED DEBT FINANCED RENTAL EXPENSES
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 13,690,987

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALVERNIA UNIVERSITY

Employer identification number
23-1522643

Part I		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II			

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE UNIVERSITY'S POLICY OF NON DISCRIMINATION IS INCLUDED IN ITS "UNIVERSITY CATALOG", FINANCIAL AID LITERATURE, BROCHURES, AND GENERAL ADVERTISING
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES AN INSTITUTIONAL ASSISTANCE GRANT FROM THE STATE OF PENNSYLVANIA. IT ALSO RECEIVES FUNDS FROM THE FEDERAL DEPARTMENT OF EDUCATION UNDER STUDENT FINANCIAL AID PROGRAMS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ALVERNIA UNIVERSITY

Employer identification number
23-1522643

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		BASKETBALL GOLF TOURNAMENT (event type)	SCHLAGER GOLF OUTING (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	11,783	45,599	57,382
	2	Less Charitable contributions	1,180	24,240	25,420
	3	Gross income (line 1 minus line 2)	10,603	21,359	31,962
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	16,243	4,527	20,770
	6	Rent/facility costs	3,581	17,456	21,037
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

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

Part IV

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

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ALVERNIA UNIVERSITY

Employer identification number
23-1522643

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL DISCOUNTS	479	960,670		FMV	
(2) INSTITUTIONAL SCHOLARSHIPS	1513	12,550,567		FMV	
(3) ENDOWED SCHOLARSHIPS	94	179,750		FMV	

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 INSTITUTIONAL SCHOLARSHIPS AND DISCOUNTS AWARDED BY THE FINANCIAL AID OFFICE ARE RECONCILED BY THE ACCOUNTING DEPARTMENT TO VERIFY THE APPROPRIATE AMOUNT WAS CREDITED TO THE CORRECT STUDENT'S ACCOUNT EVERY SEMESTER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
ALVERNIA UNIVERSITY

Employer identification number
23-1522643

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS F FLYNN PHD	(i)	271,769	0	0	24,918	17,777	314,464	0
	(ii)	0	0	0	0	0	0	0
(2) THOMAS F FLYNN PHD	(i)	0	61,640	0	0	0	61,640	0
	(ii)	0	0	0	0	0	0	0
(3) THOMAS F FLYNN PHD	(i)	0	0	160,881	0	0	160,881	0
	(ii)	0	0	0	0	0	0	0
(4) J MICHAEL PRESSIMONE	(i)	147,441	6,000	0	17,275	114,073	284,789	0
	(ii)	0	0	0	0	0	0	0
(5) DOUGLAS F SMITH	(i)	149,559	12,000	0	18,347	48,747	228,653	0
	(ii)	0	0	0	0	0	0	0
(6) SHIRLEY J WILLIAMS	(i)	146,842	7,000	0	17,247	13,254	184,343	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	ALL THREE OF THE ABOVE BENEFITS ARE PROVIDED TO THE UNIVERSITY'S PRESIDENT (DR THOMAS FLYNN). GROSS UP PAYMENTS ARE INCLUDED IN TAXABLE INCOME. HOUSING AND SOCIAL CLUB MEMBERSHIP IS OWNED BY THE UNIVERSITY AND THE PRESIDENT USES AS PART OF HIS RESPONSIBILITIES.
	PART I, LINE 4B	DR THOMAS FLYNN PARTICIPATES IN 457(F) AND 457(G) RETIREMENT PLANS.

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALVERNIA UNIVERSITY

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

23-1522643

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MUNICIPAL AUTHORITY OF SOUTH HEIDELBERG	36-4597945		04-01-2011	9,995,000	REFUNDING OF 12-23-08 REVENUE NOTE		X		X		X
B	MUNICIPAL AUTHORITY OF SOUTH HEIDELBERG	36-4597945		12-20-2007	10,000,000	CONSTRUCTION AND CAPITAL RENOVATIONS		X		X		X
C	REDEVELOPMENT AUTHORITY OF COUNTY OF BERKS	23-1719387		05-17-2006	8,000,000	CONSTRUCTION AND CAPITAL RENOVATIONS		X		X		X
D	ROBESON TOWNSHIP MUNICIPAL AUTHORITY	23-6844459		05-26-2011	8,995,000	REFUNDING 04-22-04 REVENUE NOTE		X		X		X

Part II

Proceeds

						A		B		C		D	
1	Amount of bonds retired							75,000		614,662		190,000	
2	Amount of bonds defeased												
3	Total proceeds of issue					9,995,000		10,000,000		8,000,000		8,995,000	
4	Gross proceeds in reserve funds												
5	Capitalized interest from proceeds							126,605		73,408			
6	Proceeds in refunding escrow												
7	Issuance costs from proceeds							76,574		75,000			
8	Credit enhancement from proceeds												
9	Working capital expenditures from proceeds												
10	Capital expenditures from proceeds							9,923,426		7,851,592			
11	Other spent proceeds					9,995,000						8,995,000	
12	Other unspent proceeds												
13	Year of substantial completion					2011		2009		2009		2011	
14	Were the bonds issued as part of a current refunding issue?					Yes	No	Yes	No	Yes	No	Yes	No
						X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?						X		X		X		X
16	Has the final allocation of proceeds been made?					X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?					X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

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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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALVERNIA UNIVERSITY

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number
23-1522643

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MUNICIPAL AUTHORITY OF CUMRU	23-6000288		10-20-2011	10,000,000	CONSTRUCTION AND CAPITAL RENOVATIONS		X		X		X
B REDEVELOPMENT AUTHORITY OF READING	23-6050281		04-08-2012	10,000,000	CONSTRUCTION AND CAPITAL RENOVATIONS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	10,000,000		10,000,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	96,660		97,500					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	9,239,299		1,869,877					
11	Other spent proceeds								
12	Other unspent proceeds	664,041		8,032,623					
13	Year of substantial completion	2012		2013					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

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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2011

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
ALVERNIA UNIVERSITY

Employer identification number

23-1522643

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	THE UNIVERSITY'S MAIN CAMPUS IS LOCATED IN READING, PENNSYLVANIA, WITH SATELLITE SITES IN THE PHILADELPHIA AND SCHUYLKILL COUNTY AREAS. ALVERNIA SUPPORTS A STIMULATING AND CARING LEARNING COMMUNITY THAT IS WELCOMING TO MORE THAN 3,000 STUDENTS WHO HAIL FROM DIVERSE GEOGRAPHICAL, CULTURAL AND RELIGIOUS BACKGROUNDS. THEY BENEFIT FROM FACULTY WHO ARE ACCOMPLISHED SCHOLARS AND SUPPORTIVE MENTORS. ALVERNIA STUDENTS ALSO ENJOY THE PERSONAL ATTENTION AFFORDED BY SMALL CLASS SIZES AND REAL WORLD APPLICATION OF THEIR STUDIES VIA AN EXTENSIVE NETWORK OF FIELD EXPERIENCES, INTERNSHIPS AND SERVICE PROJECTS THAT DEVELOP SUCCESSFUL PROFESSIONALS AND ENGAGED CITIZENS. THROUGH A CUTTING EDGE PARTNERSHIP WITH THE ONLINE CONSORTIUM OF INDEPENDENT COLLEGES AND UNIVERSITIES, ALVERNIA OFFERS ACCESS TO MORE THAN 700 WEB-BASED COURSES AND PROVIDES A BOUNDARY-FREE APPROACH TO LEARNING. ALVERNIA IS ALSO A GREAT VALUE AMONG PRIVATE UNIVERSITIES, AND WORKS HARD TO KEEP COSTS AFFORDABLE FOR FAMILIES. IN FACT, WHEN COMPARED TO OTHER LEADING PRIVATE COLLEGES, THE UNIVERSITY'S UNDERGRADUATE TUITION COST IS LESS THAN THE NATIONAL AVERAGE. THE SCHOOL ALSO OFFERS GENEROUS SCHOLARSHIPS AND FINANCIAL AID TO HELP STUDENTS REALIZE THEIR COLLEGE DREAMS. AS ONE OF ONLY 22 FRANCISCAN INSTITUTIONS IN THE UNITED STATES, ALVERNIA'S VALUES-BASED LEARNING PHILOSOPHY IS GUIDED BY THE IDEAL OF "KNOWLEDGE JOINED WITH LOVE" THAT SHAPES BOTH ITS EDUCATIONAL PHILOSOPHY AND STRONG CAMPUS COMMUNITY. THE UNIVERSITY'S EMPHASIS ON DEVELOPING ETHICAL LEADERS WITH MORAL COURAGE IS BLENDED WITH A COMMITMENT TO SERVICE IN A CAMPUS ENVIRONMENT THAT PROVIDES STUDENTS THE IDEAL SETTING TO GROW AND DEVELOP. THE UNIVERSITY'S ATHLETIC TEAMS, THE CRUSADERS, COMPETE UNDER THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION III AND ARE MEMBERS OF THE FREEDOM CONFERENCE OF THE MIDDLE ATLANTIC STATES ATHLETIC CORPORATION, AS WELL AS MEMBERS OF THE EASTERN COLLEGE ATHLETIC CONFERENCE. ATHLETIC PROGRAMS INCLUDE MEN'S BASEBALL AND ICE HOCKEY, MEN'S AND WOMEN'S BASKETBALL, CROSS COUNTRY, GOLF, LACROSSE, SOCCER, TENNIS AND TRACK AND FIELD, AND WOMEN'S CHEERLEADING, DANCE, FIELD HOCKEY, SOFTBALL AND VOLLEYBALL. ALVERNIA'S FRANCISCAN HERITAGE INCLUDES A STRONG INTELLECTUAL TRADITION THAT RECOGNIZES AND VALUES THE IMPORTANCE OF DIVERSITY OF THOUGHT, FAITHS AND CULTURES. THE UNIVERSITY CHALLENGES STUDENTS TO SHAPE THE WORLD AND TRANSFORM IT AS WORKING PROFESSIONALS, CONCERNED CITIZENS AND CARING COMMUNITY MEMBERS, CONSISTENT WITH THE PRINCIPLES AND TEACHINGS OF SAINT FRANCIS OF ASSISI. THE BERNARDINE FRANCISCAN SISTERS, WHO FOUNDED ALVERNIA IN 1958, ARE MEMBERS OF THE THIRD ORDER REGULAR OF ST. FRANCIS. THE THIRD ORDER WAS A SPONTANEOUS PENITENTIAL LAY MOVEMENT INFLUENCED BY ST. FRANCIS AND THE EARLY BROTHERS AS THEY WORKED AND PREACHED IN CITIES AND TOWNS OF ITALY, ENCOURAGING PEOPLE TO LIVE THE GOSPEL AND EMBRACE A LIFE OF PENANCE IN THEIR OWN HOMES. SOME OF THESE PENITENTS EVENTUALLY DECIDED TO TAKE PUBLIC VOWS AND LIVE A COMMON LIFE, AND THE BERNARDINE FRANCISCAN SISTERS ARE ONE OF MANY RELIGIOUS CONGREGATIONS SHARING THIS THIRD ORDER CHARISM. AS A FRANCISCAN UNIVERSITY, ALVERNIA'S IDENTITY IS BASED ON LIFE-CHANGING IDEALS THAT STRESS UNCONDITIONAL LOVE FOR ALL PEOPLE, COMPASSION, HUMILITY AND FORGIVENESS THROUGH AN UNDERSTANDING OF THE GOSPELS OF JESUS CHRIST. CORE TO ITS MISSION IS THE BELIEF IN THE SANCTITY OF HUMAN LIFE AND THE PROTECTION OF HUMAN RIGHTS THROUGH ACTIVE PARTICIPATION IN THE ECONOMIC, POLITICAL, LEGAL AND SOCIAL POLICY DIALOG THAT AFFECTS HUMAN DIGNITY. SERVICE, HUMILITY, PEACEMAKING, CONTEMPLATION AND COLLEGIALITY ARE THE CORE VALUES OF ALVERNIA AND THE BERNARDINE FRANCISCAN SISTERS. THESE BASIC VALUES ARE INTENDED TO INFORM A WAY OF LIFE, A VIEW OF THE WORLD AND A DEFINITION OF MEN'S AND WOMEN'S RELATIONSHIPS TO THEIR CREATOR THAT IS MORE RELEVANT TODAY THAN EVER BEFORE. ALVERNIA'S FRANCISCAN MISSION INFLUENCES ALL THAT IT DOES - ITS CURRICULUM AND CULTURE, WHAT THE UNIVERSITY TEACHES AND HOW IT IS TAUGHT. THIS CREATES A LEARNING ENVIRONMENT THAT ENCOURAGES STUDENTS TO FOLLOW THEIR INDIVIDUAL GIFTS TO TRANSFORM THEMSELVES AND THE WORLD AROUND THEM.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	THE UNIVERSITY OUTSOURCES ITS HUMAN RESOURCE FUNCTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION SHALL SERVICE IN AN EX-OFFICIO CAPACITY AND SHALL CONSIST OF THE GENERAL MINISTER AND COUNCIL OF THE CONGREGATION OF BERNARDINE SISTERS OF THE THIRD ORDER OF ST FRANCIS OF READING, PA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS HAVE THE POWER TO DO THE FOLLOWING - DETERMINE AND MAINTAIN THE IDENTITY , PURPOSE, AND FRANCISCAN AFFILIATION OF THE CORPORATION - ADOPT, AMEND, REPEAL, OR ALTER THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION - APPROVE THE SALE, PURCHASE, MORTGAGE OF ENCUMBRANCE OF ANY REAL PROPERTY TRANSACTION GREATER THAN \$3,000,000 - MERGE, CONSOLIDATE, DISSOLVE, OR EFFECT ANY FUNDAMENTAL CORPORATE REORGANIZATION OF THE CORPORATION - DETERMINE DISTRIBUTION OF ASSETS UPON DISSOLUTION OF THE CORPORATION - PARTICIPATE IN THE NOMINATING OF THE PRESIDENT OF THE BOARD OF TRUSTEES - APPROVE THE USE OF THE NAMES "ALVERNIA," "BERNARDINE," AND "FRANCISCAN" - APPROVE THE ARTICLES OF INCORPORATION AND BYLAWS OF ANY SUBSIDIARY OR RELATED CORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS PRESENTED TO THE ADMINISTRATION FOR REVIEW AND DISCUSSION. ITEMS THAT NEED CLARIFICATION ARE THEN DISCUSSED WITH MANAGEMENT AND THE UNIVERSITY'S TAX ADVISORS / LEGAL COUNSEL. ONCE ITEMS ARE CLARIFIED AND ANSWERED, THE DRAFT FORM 990 IS PRESENTED TO THE FULL BOARD OF TRUSTEES, WHERE THERE IS A DISCUSSION OF THE ENTIRE FORM, QUESTIONS ANSWERED, AND A VOTE TO APPROVE IS CAST. ONCE THE BOARD OF TRUSTEES HAS APPROVED THE FORM 990, IT IS FILED WITH THE IRS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION REVIEWS ALL THE STATEMENTS ANY ONE NOTED WITH A CONFLICT IS REQUIRED TO ABSTAIN FROM VOTING ON SUCH TRANSACTIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ALVERNIA ENGAGES COMPENSATION CONSULTANTS (YAFFE & CO) TO REVIEW NATIONAL COMPENSATION TRENDS AND MONITORS COMPENSATION AT OUR PEER INSTITUTIONS THIS INCLUDES UTILIZING NATIONAL SURVEYS AND DATA BASES AS WELL AS THE CONSULTANTS' PROPRIETARY SURVEYS AND SPECIFIC REVIEW OF IRS FORM 990S OF PEERS THE CONSULTANT SERVES AS AN ADVISOR TO THE PRESIDENTIAL COMPENSATION SUB-COMMITTEE (BOARD CHAIR, VICE CHAIR, AND CHAIR OF FINANCE & BUSINESS AFFAIRS COMMITTEE) THE COMPENSATION COMMITTEE MAKES ITS RECOMMENDATIONS TO THE BOARD OF TRUSTEES THE PRESIDENT'S PERFORMANCE IS REVIEWED BY THE BOARD OF TRUSTEES IN EXECUTIVE SESSION ON AN ANNUAL BASIS THE UNIVERSITY ALSO USES THE SAME CONSULTING FIRM TO REVIEW VICE PRESIDENT'S COMPENSATION SIMILAR COMPARISONS ARE MADE TO SURVEYS AND PEER GROUPS AS DISCUSSED ABOVE RECOMMENDATIONS ARE THEN MADE TO THE PRESIDENT VICE PRESIDENT'S SALARIES ARE THEN ALSO REVIEWED BY THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -895,678 PRIOR PERIOD ADJUSTMENTS -200,000 TOTAL TO FORM 990, PART XI, LINE 5 -1,095,678

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALVERNIA UNIVERSITY

Employer identification number
23-1522643

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BERNARDINE SISTERS OF THE THIRD ORDER OF ST FRANCIS 460 SAINT BERNARDINE STREET READING, PA 19607 23-1691743	RELIGIOUS ORDER	PA	501(C)(3)	LINE 1	N/A		No

Part III

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

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

Part IV

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

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

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

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

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

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

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

No

No

No

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

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

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:
Software Version:
EIN: 23-1522643
Name: ALVERNIA UNIVERSITY

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JOANNE M JUDGE ESQ CHAIR	1 00	X		X				0	0	0	
MR KEVIN F STCYR VICE CHAIR	1 00	X		X				0	0	0	
SR DANIELLE MARIE KUBELSKY OSF SECRETARY	1 00	X		X				0	0	0	
HEIDI B MASANO ESQ UNIVERSITY COUNSEL	1 00	X						0	0	0	
FRANCES A AITKEN CPA TRUSTEE	1 00	X						0	0	0	
MR CARL G ANDERSON JR TRUSTEE	1 00	X						0	0	0	
CHARLES BARBERA MD M'01 TRUSTEE	1 00	X						0	0	0	
MOST REV JOHN O BARRES STD JCL DD TRUSTEE	1 00	X						0	0	0	
CYNTHIA BOSCOV TRUSTEE	1 00	X						0	0	0	
SR MARGARET CARNEY OSF STD TRUSTEE	1 00	X						0	0	0	
WILLIAM H COMBS III TRUSTEE	1 00	X						0	0	0	
MRS MICHELLE M DAVIS TRUSTEE	1 00	X						0	0	0	
MR TIMOTHY DIETRICH TRUSTEE	1 00	X						0	0	0	
MR STEVE ELMARZOUKY TRUSTEE	1 00	X						0	0	0	
MR MICHAEL FROMM TRUSTEE	1 00	X						0	0	0	
MR KEVIN GEORGETTI ESP TRUSTEE	1 00	X						0	0	0	
SR MARILISA DASILVA OSF TRUSTEE	1 00	X						0	0	0	
MRSS KATHLEEN D HERBEIN TRUSTEE	1 00	X						0	0	0	
CAROL L HINDS PHD TRUSTEE	1 00	X						0	0	0	
SR MARY MARGARET JACKSON OSF TRUSTEE	1 00	X						0	0	0	
SR ANTOINETTE KEISER OSF TRUSTEE	1 00	X						0	0	0	
MR STEVEN S KEISER TRUSTEE	1 00	X						0	0	0	
MRS KATHLEEN W KLEPPINGER TRUSTEE	1 00	X						0	0	0	
SR DANIELLE MARIE KUBELSKY OSF TRUSTEE	1 00	X						0	0	0	
MR THOMAS W MARTELL TRUSTEE	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR ROBERT J MCCORMACK TRUSTEE	1 00	X						0	0	0
MICHAEL A MULLEN TRUSTEE	1 00	X						0	0	0
STEPHEN NAJARIAN TRUSTEE	1 00	X						0	0	0
RICHARD A PURCELL CPA TRUSTEE	1 00	X						0	0	0
MRS DEANNA REUBEN TRUSTEE	1 00	X						0	0	0
GEORGE RICE TRUSTEE	1 00	X						0	0	0
MR DONALD SCHALK TRUSTEE	1 00	X						0	0	0
MR JAMES CSWEENEY TRUSTEE	1 00	X						0	0	0
MR CARL STAPLES TRUSTEE	1 00	X						0	0	0
JOHN D WANNER CAE TRUSTEE	1 00	X						0	0	0
ALFRED WEBER TRUSTEE	1 00	X						0	0	0
SUNIL Y WIDGE PHD TRUSTEE	1 00	X						0	0	0
MR ALFRED J WEBER TRUSTEE	1 00	X						0	0	0
SR SHAUN KATHLEEN WILSON OSF TRUSTEE	1 00	X						0	0	0
MRS CATHERINE D WRIGHT TRUSTEE	1 00	X						0	0	0
BENJAMIN ZINTAK TRUSTEE	1 00	X						0	0	0
THOMAS F FLYNN PHD PRESIDENT (BASE COMP)	37 50			X				271,769	0	42,695
THOMAS F FLYNN PHD PRESIDENT (BONUS)	37 50			X				61,640	0	0
THOMAS F FLYNN PHD PRESIDENT (HOUSING ADJUSTMENT)	37 50			X				160,881	0	0
J MICHAEL PRESSIMONE VP OF ADVANCEMENT	37 50				X			153,441	0	131,348
DOUGLAS F SMITH VP OF FINANCE & ADMINISTRATION	37 50				X			161,559	0	67,094
SHIRLEY J WILLIAMS PROVOST	37 50				X			153,842	0	30,501
BETH BERRET BUSINESS FACULTY	37 50					X		101,927	0	10,080