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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

Open to Public Inspection

Forthe	2011 ca	lendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
Check if a	pplicable	C Name of organization Bucknell University		D Employe	ridentification number
Address ch	hange	·	_	24-0772	
— Name cha	inge	Doing Business As		E Telephon	e number
– Initial retu	ırn	Number and street (or P O box if mail is not delivered to street address) Room/suit	<u>_</u>	(570) 57	77-3811
– Terminate	ed	Marts Hall	C	<b>G</b> Gross rece	eipts \$ 352,743,060
_ Amended		City or town, state or country, and ZIP + 4	_		
- Application		Lewisburg, PA 17837			
Application	n penaing		_	1	
		<b>F</b> Name and address of principal officer John C Bravman		ns a group re ates?	turn for Yes 🔽 No
		219 Marts Hall Bucknell Univ	allille	ales	j 165 j• NO
		Lewisburg, PA 17837	H(b) Are a	ll affiliates inc	cluded?
Tay ayan	nnt status	Francisco Franci			list (see instructions)
Tax-exem	npt status	▼ 501(c)(3)	H(c) Gro	up exemptior	n number 🟲
Website	e: 🟲 www	v bucknell edu			
Form of or	ganızatıon	✓ Corporation Trust Association Other ►	L Year of fo	ormation 1846	M State of legal domicile PA
Part I	Sum	mary			
1	Briefly de	escribe the organization's mission or most significant activities			
		ıs a unıque natıonal unıversıty where liberal arts and professional progra	ams comple	ment each ot	ther
2 3 4 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
<u> </u>					
	Check th	is box 📭 if the organization discontinued its operations or disposed of	more than 1	25% of its ne	et assets
3		of voting members of the governing body (Part VI, line 1a)	more than a	1	35
5 3					<b>1</b> 34
<u> </u>		of independent voting members of the governing body (Part VI, line 1b) mber of individuals employed in calendar year 2011 (Part V, line 2a) .		_	3,489
		mber of volunteers (estimate if necessary)			5 2,410
73.		related business revenue from Part VIII, column (C), line 12			a 2,321,484
		lated business taxable income from Form 990-T, line 34		_	b 2,321,404
	TTCC GITTC	nated business taxable meetic noin form 550 1, into 54 1.	Drie	or Year	Current Year
8	Contri	butions and grants (Part VIII, line 1h)		35,722,61	
l l		m service revenue (Part VIII, line 2g)		177,094,25	
Beyenue 10	-	ment income (Part VIII, column (A), lines 3, 4, and 7d)		16,075,96	
Æ   10		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,110,74	
12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		4,110,74	0,144,010
				233,003,58	4 248,338,908
13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		44,725,35	7 47,108,034
14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0
တ္တ 15		es, other compensation, employee benefits (Part IX, column (A), lines 5-		100 267 07	111 517 705
数 (五 (五 (五 (五 (五 (五 (五 (五 (五 (五 (五 (五 (五	10)			108,367,07	· · ·
₹   16a		sional fundraising fees (Part IX, column (A), line 11e)			0
_		ndraising expenses (Part IX, column (D), line 25) ▶7,681,564			
17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		65,572,39	
18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		218,664,82	
19	Reven	ue less expenses Subtract line 18 from line 12		14,338,75	
ලි මි කෙලි			_	g of Current Year	End of Year
Separate 20	Totala	assets (Part X, line 16)		974,417,28	5 987,310,733
200   21		iabilities (Part X, line 26)		136,024,60	
E 22		sets or fund balances Subtract line 21 from line 20		838,392,68	· · ·
Part II		ature Block		, 100	1 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
Inder pena	lties of po and belie	erjury, I declare that I have examined this return, including accompanying sch f, it is true, correct, and complete. Declaration of preparer (other than officer)	) is based on	all informatio	
Sign	III	*** Iture of officer		013-05-10 Pate	
lere	David	1 J Surgala VP-Finance & Admin			
		or print name and title			
	Dran	r's b Date Ch	neck if	Preparer's ta	axpayer identification number
Paid	Prepare signatui	re se	lf-	(see instruct	
	-	er	nployed 🕨		
Preparer' Use Only	ıf self-e	name (or yours hamber), mployed),		EIN 🕨	
730 Only		, and ZIP + 4		PL .	
				Phone no	•
lay the IR	RS discus	s this return with the preparer shown above? (see instructions)			┌ Yes ┌ No

Form	1990 (2011)					Page
Par		t of Program Servedule O contains a res		olishments uestion in this Part III		দ
1	Briefly describe the	e organization's missio	n			
wom A Bu scho strei stud and	en for a lifetime of cri icknell education ena larship Bucknell fos igth of character, info ents to serve the cor	tical thinking and stro bles students to intera ters a residential, co-c ormed by a deep under nmon good and to pron	ng leadership ch act daily with fac curricular enviro standing of diffe note justice in w	haracterized by continu culty who exemplify a p inment in which student rent cultures and diver ways sensitive to the m	omplement each other Buckred intellectual exploration, creassion for learning and a dedict of the control of th	eativity, and imagination cation to teaching and ty, personal conviction an eks to educate our f life Bucknells rich histor
2	Did the organization			ervices during the year	which were not listed on	⊤Yes ▼ No
	If "Yes," describe t	nese new services on S	Schedule O			
3	Did the organization services?	n cease conducting, or	make significai	nt changes in how it coi		└ Yes
	If "Yes," describe t	nese changes on Sche	dule O			
4	expenses Section	501(c)(3) and 501(c)(	(4) organization:	s and section 4947(a)(	ee largest program services, 1) trusts are required to repo h program service reported	•
4a	(Code	) (Expenses \$	115,973,755	ıncludıng grants of \$	47,108,034 ) (Revenue \$	154,846,265 )
	Instruction - the expe	nses of instructional departr	ments and program	s		
4b	(Code	) (Expenses \$	33,288,845	ıncludıng grants of \$	) (Revenue \$	2,889,895 )
	Student Services - the	expenses of activities and	services that indire	ctly support the educational	programs such as library services ar	nd athletics/recreation
4c	(Code	) (Expenses \$	25,169,463	ıncludıng grants of \$	) (Revenue \$	31,420,550 )
	Auxiliary Enterprises -	the expenses of room, boa	rd, and other servi	ces primarily for the Universi	ty's students	
4d	Other program se	rvices (Describe in Sc	:hedule O )			

23,660,037 including grants of \$

198,092,100

(Expenses \$

Total program service expenses▶\$

145,290)

) (Revenue \$

Part IV	Checklist	of	Required	Schedules

			V	Na
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	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> 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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
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	
		F	orm <b>99</b> 0	(2011)

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			
	<b>1a</b> 3,959			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 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, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note.</b> 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	
h	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	30	163	
44	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨 UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Νο
_		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		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7b	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D	res	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d   1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		Na
	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/1		NO -
9	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νο
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νο
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
ь	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.			
а	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	4-		K.1
	allocated to each state	13a		No
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			
_	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		Νο
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No

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

Enter the number of voting members of the governing body at the and of the tax   verification of the tox   verification	Se	ection A. Governing Body and Management	<u> </u>	•''	
be 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 2. Ves 2. Ves 3. Did the organization delegate centred over management duties customarily performed by or under the direct 3. Did the organization become aware during the year of a significant diversion of the creanization provided a control over management duties customarily performed by or under the direct 3. Did the organization become aware during the year of a significant diversion of the creanization's assests? 5. N. N. Significant diversion of the organization have members or stockholders? 7. N. Did the organization have members or stockholders, or other persons who had the power to alect or appoint one or more members of the governing body? 8. Are any powerance described of the power to alect or appoint one or more members of the governing body? 9. Are any powerance described one of the organization the power to alect or appoint one or more members of the governing body? 9. Are any powerance described one of the organization to severing body? 9. The severning body before filling body		ction A. Governing Body and Flanagement		Yes	No
be 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 2. Ves 2. Ves 3. Did the organization delegate centred over management duties customarily performed by or under the direct 3. Did the organization become aware during the year of a significant diversion of the creanization provided a control over management duties customarily performed by or under the direct 3. Did the organization become aware during the year of a significant diversion of the creanization's assests? 5. N. N. Significant diversion of the organization have members or stockholders? 7. N. Did the organization have members or stockholders, or other persons who had the power to alect or appoint one or more members of the governing body? 8. Are any powerance described of the power to alect or appoint one or more members of the governing body? 9. Are any powerance described one of the organization the power to alect or appoint one or more members of the governing body? 9. Are any powerance described one of the organization to severing body? 9. The severning body before filling body					
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Undergrandent 34	1a				
2 Ves other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee?  3 Dut the organization delegate control over management dubes customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Dut the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  6 Did the organization have members of stockholders?  7 Did the organization have members, stockholders?  7 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?  8 A real way overnance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 A real way overnance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  9 Did the organization of the governing body?  10 Did the organization of the governing body?  11 Did the organization of the governing body?  12 Sthers any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the year officer of the properties of the programizations making address? If I'ves, provide the names and addresses in Schedule 0  12 Section B. Policies (This Section B requests information about policies not required by the Internal Properties of 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 have a written document retaintion and enforce compliance with the policy? I'ves, describe the formal properties	b	Enter the number of voting members included in line 1a, above, who are			
3 Dut the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors of trustees, or key employees to a management company or other person? 4 Dut the organization make any significant changes to its governing documents since the prior Form 990 was file? 5 Dut the organization become aware during the year of a significant diversion of the organization's assets? 6 Dut the organization have members or stockholders? 7 Dut the organization have members or stockholders? 8 Dut the organization have members or stockholders? 9 Dut the organization have members or stockholders? 9 Dut the organization have members or stockholders? 9 Dut the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Path 100 miles of the governing body? 9 Dut the organization compensation of the meetings held or written actions undertaken during the year by the following at The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization simpling address? IT (***) growed the names and addresses in Schedule O. 9 N  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a 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 by before filling the form 10 purposes?  11a lies the organization have a written organizer organizer or required to disclose annually interests that could give make to conflicts?  12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give make to conflicts?  12c Yes 10 Did the organization have a written docume	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	,	Yes	
Did the organization make any significant changes to its governing documents since the prior Form 990 was field?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  1 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization on some single address? If Yes, "provide the names and addresses in Schedule 0.  8 Did the organization have incal chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization's exemption and branches to ensure their operations are consistent with the organization's exemption are consistent with the organization's exemption are subject to approve a series of conflicts?  10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11 Did the organization have a written of interest policy? If "No," go to line 13  12 Did the organization have a written document retention and destruction policy?  13 Did the organization have a written document retention and destruction policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the organization have a written document retention and destruction of the deliberation and decision?  16 Did the organization have a written whistleblower polic	3	Did the organization delegate control over management duties customarily performed by or under the direct		100	No
Did the organization become aware during the year of a significant diversion of the organization's assets?  5	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
6 Did the organization have members or stockholders? 76 Did the organization have members, stockholders, 77 Did the organization have members, stockholders, stockholders, 97 Did the organization have members, stockholders, 97 Did the organization have members, stockholders, 97 Did the organization soften than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 No Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a 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? 11 Has the organization have a 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? 11 Has the organization have a written conflict of interest policy? If "No," go to line 13 12 Yes 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 13 Yes 14 Did the organization have a written written policy? If "No," go to line 13 15 Did the organization have a written document retention and destruction policy? 16 Did the organization have a written document retention and destruction policy? 17 Yes," did the organization have a written document retention and destruction policy? 18 Did the organization have a written document retention and destruction policy? 19 Did the organization have a written document retention and destruction policy? 20 Did the process for determining compensat	<b>E</b>				No
Table the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or before than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  B Section G Did the organization the provided a combened for the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Section B Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The governing body?  Section B Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The states and branches to ensure their operations are consistent with the organizations sewenty purposes?  B If Yes, did the organization have written policies and procedures governing the activities of such chapters, affliates, and branches to ensure their operations are consistent with the organizations's exempt purposes?  B Describe in Schedule O the process, if any, used by the organization to review the Form 990  D Describe in Schedule O the process, if any, used by the organization to review the Form 990  D Describe in Schedule O the process, if any, used by the organization to review the Form 990  D Describe in Schedule O the process of rustees, and key employees required to disclose annually interests that could give rise to conflict?  D D D D D D D D D D D D D D D D D D D					
more members of the governing body?  A rea my governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body?  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes N  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes N  10a Did the organization have local chapters, branches, or affiliates?  In Has 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?  In Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review the Form 990  Describe in Schedule O the process, if any, used by the organization to review the Form 990  Describe in Schedule O the write was done.  12a Did the organization have a written document retention and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  12b Ves  Did the organization have a written document retention and destruction policy?  14d Yes  Did the organization have a written document retention and destruction policy?  15D Under the organization have a written document retention and destruction policy?  16a Did the organization have a written document retention and destruction policy?  17e Of the process for dete		•			IN O
a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations aming address? If "Yes," provide the names and addresses in Schedule 0  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations along a director of key employee is the director of the process of the process of the process in Schedule 0  8 Each committee with authority to act on behalf of the governing and addresses in Schedule 0  9 No Section B, Policles (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10a 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 purpose?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a Yes  11b Did the organization have a written conflict of interest policy? If "No," go to line 13  11a Yes  11b Wers  11b Wers  11c Yes  11d How organization have a written whistleblower policy?  11d How organization have a written whistleblower policy?  11d How organization have a written document retention and destruction policy?  11d How organization have a written document retention and destruction of the deliberation and decision?  11d How organization have a written document retention and destruction of the delibera	/a	more members of the governing body?	-		No
year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body?  Section B: Setting the section B: Setting	b		7b		No
b Each committee with authority to act on behalf of the governing body?  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 hames and addresses in Schedule O.  8 Ves Cition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  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?  12a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b 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," got oline 13  12b Ves  12c Ves  13b Were officers, directors or trustees, and key employees required to disclose annually interest that could give rise to conflicts?  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13c Ves  13d Did the organization have a written whistleblower policy?  13d Ves  14 Did the organization have a written whistleblower policy?  15d Did the organization have a written whistleblower policy?  15d Did the organization have a written document retention and destruction policy?  15d Did the organization have a written whistleblower policy?  15d Did the organization have a written whistleblower policy?  15d Did the organization have a written whistleblower policy?  15d Did the organization of Edo, Executive Director, or top management of the deliberation and decision?  15d Did th	8				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	а	The governing body?	8a	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  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?  11a Has the organization have a written conflict of interest policy? If "No," go to line 13  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Ves  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  17 List the States with which a copy of this Form 990 is required to be filed WA, VA, UT, SC, OR, OH, NY, NI, NH, NN, NI, ND, MA, NY, HI, CT, AZ, AL  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.  19 Own website   Follow requests.	b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
Note	9				No
10a Did the organization have local chapters, branches, or affiliates?  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 filling the form?  11b Describe in Schedule O the process, if any, used by the organization to review the Form 990  11c Did the organization have a written conflict of interest policy? If "No," go to line 13  11d Did the organization have a written conflict of interest policy? If "No," go to line 13  11d Did the organization have a written whistleblower policy? If "No," go to line 13  11d Did the organization have a written whistleblower policy? If "No," go to line 13  11d Did the organization have a written whistleblower policy?  11d Did the organization have a written whistleblower policy?  11d Did the organization have a written whistleblower policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Pres or determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  11d Did the organization invest in, contemporaneous substantiation of the deliberation and decision?  11d Pres organization invest in, contemporaneous substantiation of the delibera		· · · · · · · · · · · · · · · · · · ·			
10a	ке	venue Code.)		Vec	No
b 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?	102	Did the organization have local chanters, branches, or affiliates?	102	163	No
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			104		110
the form?  b Describe in Schedule O the process, if any, used by the organization to review the Form 990	_	affiliates, and branches to ensure their operations are consistent with the organization's exempt	10b		No
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a			Yes	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15a Yes  b Other officers or key employees of the organization  15b N  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?  b 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▶WA, VA, UT, SC, OR, OH, NY, NJ, NH, MN, MI, MD  MA, KY, HI, CT, AZ, AL  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	b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
rise to conflicts?	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	b		12b	Yes	
13	c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Yes	
14 Yes  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	13				
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official			-		
a The organization's CEO, Executive Director, or top management official		Did the process for determining compensation of the following persons include a review and approval by			
b Other officers or key employees of the organization	а		15a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			15b		No
taxable entity during the year?		If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
b 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?	16a		16a		N o
organization's exempt status with respect to such arrangements?	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		110
List the States with which a copy of this Form 990 is required to be filed WA, VA, UT, SC, OR, OH, NY, NJ, NH, MN, MI, MD  MA, KY, HI, CT, AZ, AL  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			16b		No
MA, KY, HI, CT, AZ, AL  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	Se	ction C. Disclosure			
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website. ☐ Another's website. ☑ Upon request	17		1H , MI	N,MI,	MD,
	18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
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	19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 David J Surgala

209 Marts Hall Bucknell University

Lewisburg, PA 17837 (570) 577-3811

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

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

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

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

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

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)  Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		,	organizations
See Additional Data Table										

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

	(A) Name and Title	Name and Title  A verage hours more than one box, compensation from the week an officer and a (describe hours)  A verage hours Position (do not check more than one box, compensation from the organization (W- organization (W- 2/1099-MISC))  A verage hours Position (do not check more than one box, compensation from the organization (W- organization (W- 2/1099-MISC))				Reportable compensatior from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related						
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
See /	Addıtıonal Data Table													
				_										
				_										
				<u> </u>										
				+								+		
1b	Sub-Total							<u> </u>  ►				$\perp$		
	Total from continuation sheets	to Part VII, Sec		<del>: :</del>	÷.	<u>.</u>		<b>P</b>						
d	Total (add lines 1b and 1c) .							<b>P</b>		4,730,150				844,320
2	Total number of individuals (incl \$100,000 of reportable compen						above	) who	o receive	ed more tha	n			
3	Did the organization list any <b>fori</b>					ey e	mploy	ee, c	or highes	st compens	ated employee		Yes	No
4	on line 1a? If "Yes," complete Sch					•		•	• • •		• • •	3	Yes	
4	For any individual listed on line in organization and related organization and related organization.											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								-	•	or individual for •	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
		(A) ne and business add	dress							Descr	(B)		(C Comper	
3000	nan Construction Inc Point Township Drive Jumberland, PA 17857									Construction	,			3,808,115
RS M 1000	owery & Sons Inc Bent Creek Boulevard anicsburg, PA 17050									Construction			5	5,535,319
PO B	nurst Dining Service OX 644091 ourgh, PA 15264									Food Manag	ement		9	,545,829
PO B	o Construction Inc ox 443 sgrove, PA 17870									Construction			2	,098,877
Autor	nated Logic Contracting Sevices Inc Chambers Hill Road									Construction				906,216

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►35

	Form 990 (2011) Page <b>9</b>										
Part V	<u>/****1</u>	Statement o	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			
nts ots	1a	Federated cam	paigns 1a								
gra our	ь	Membership du	ies <b>1b</b>								
ts, g	С	Fundraising eve									
<u> </u>	d	Related organiz Government grant	zations 1d	3,190,304							
Sig.	e	_	s (contributions) 1e ons, gifts, grants, and 1f	38,147,209	ļ						
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above	30,147,205							
and and	h	Total. Add lines	s 1a-1f	▶	41,337,513						
				Business Code							
Program Service Revenue	2a	Tuition & Fees		611710	154,846,265	154,846,265					
æ Æ	ь	Residence Halls &	Dining	611710	28,250,298	28,250,298					
<u> </u>	c	Related Auxiliary S	Svcs	611710	1,849,929	1,849,929					
¥.	d										
Ē	e										
21B0	f	All other progra	am service revenue								
<u>Ā</u>	g	Total. Add lines	s 2a – 2f		184,946,492						
	3	Investment inc	ome (including dividen	ds, interest							
	_		ar amounts)	<b>⊢</b>	8,159,202			8,159,202			
	4 5		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	0						
		Novarries .	(ı) Real	(II) Personal							
	6a	Gross rents	(1)	(,							
	ь	Less rental expenses									
	С	Rental income or (loss)									
	d		me or (loss)		0						
			(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory	112,155,035								
	Ь	Less cost or other basis and sales expenses	104,404,152								
	c d	Gain or (loss)	7,750,883		7,750,883	7,750,883					
	8a		rom fundraising		.,,	.,,					
Other Revenue			luding s reported on line 1c) ne 18 a								
Ě	b		penses b		0						
•	c 9a	Gross income f	(loss) from fundraising of the from gaming activities ne 19	events F	3						
	b c		a penses b (loss) from gaming activ	vitios -	0						
		Gross sales of returns and allo	inventory, less owances .	vicies							
	b c		a oods sold b (loss) from sales of inve	entory	0						
		Miscellaneous	s Revenue	Business Code							
	11a	Other Revenue		611710	3,823,334	3,823,334					
	ь	Golf course rev	enue	713910	747,505		747,505				
	С	Development F	ee	541900	602,261		602,261				
	d	All other reven	ı		971,718		971,718				
	12	Total revenue			6,144,818						
	**	rotai revenue.	See Instructions	· · •	248,338,908	196,520,709	2,321,484	8,159,202			

## 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

	ot include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	( <b>D)</b> Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	40,458,153	40,458,153		
3	Grants and other assistance to governments, organizations, and individuals outside the United	, ,	, ,		
	States See Part IV, lines 15 and 16	6,649,881	6,649,881		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,803,087	1,035,424	2,767,663	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	394,402	182,118	212,284	
7	Other salaries and wages	77,504,933	66,496,365	6,913,738	4,094,830
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,599,614	5,634,017	618,025	347,572
9	Other employee benefits	17,626,391	14,893,697	1,830,397	902,297
10	Payroll taxes	5,589,368	4,650,081	657,323	281,964
11	Fees for services (non-employees)		, ,	·	<u> </u>
а	Management	0			
b	Legal	181,042	22,350	155,092	3,600
С	Accounting	137,900	,	137,900	<u> </u>
d	Lobbying	121,027		121,027	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,263,408		1,263,408	
g	Other	15,826,202	13,769,883	1,762,220	294,099
12	Advertising and promotion	182,257	78,314	103,943	
13	Office expenses	10,250,402	8,531,554	1,319,816	399,032
14	Information technology	2,054,056	1,893,369	152,708	7,979
15	Royalties	0			
16	Occupancy	152,856	10,593	61,208	81,055
17	Travel	6,667,393	5,141,352	998,020	528,021
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,390,312	1,346,684		43,628
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,286,459	14,642,539	438,722	205,198
23	Insurance	1,102,583	1,102,583		
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)				
а	Real Estate Taxes	240,541	116,453	124,088	
b	Miscellanous	544,725	506,670	30,143	7,912
С	Other Repair and Maintenance	3,990,750	3,427,301	531,485	31,964
d	Utilities & fuel	8,753,570	8,683,969	43,524	26,077
e					
f	All other expenses	0	-1,181,250	754,914	426,336
25	Total functional expenses. Add lines 1 through 24f	226,771,312	198,092,100	20,997,648	7,681,564
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				rm <b>990</b> (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 332,294 12,131,180 1 66,685,973 2 30.158.105 2 Savings and temporary cash investments . . . . . . . 32,346,618 21,373,868 3 4 2.697.510 1.041.885 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 85.614 5 79.912 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 5.000 6 Schedule L . . . 18,114,842 7 17,622,779 165.291 182.299 8 8 9 1.911.968 1.513.519 9 Prepaid expenses and deferred charges . . . . . . 483.899.025 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 244,470,495 10b 226,737,411 10c 239,428,530 b Less accumulated depreciation . . . . 248,665,974 283,841,931 11 11 358,222,692 Investments—other securities See Part IV, line 11 . . . . . . . . 376,015,833 12 12 13 657,957 13 21,709,033 Investments—program-related See Part IV, line 11 . . 14 14 0 15 0 15 16 974,417,285 16 987,310,733 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 87,165,450 17 101,191,583 17 Accounts payable and accrued expenses . 18 18 19 8,849,833 19 8,752,605 20 34.892.239 20 62.150.779 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 222,174 23 222,174 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 903,719 24 873,068 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 3,991,190 25 3,951,806 D . . . . 26 136,024,605 177,142,015 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 369,639,298 27 358,927,718 260,760,546 233,869,665 28 Temporarily restricted net assets . . . . . 28 Fund 207,992,836 29 217,371,335 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 838.392.680 33 810,168,718 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 974.417.285 987.310.733

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	2			71,312
3	Revenue less expenses Subtract line 2 from line 1	3			67,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		838,3	392,680
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-49,7	91,558
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		810,1	.68,718
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII	• •	•	<u> </u>	
		,		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

### OMB No 1545-0047

# Inspection

### **SCHEDULE A**

(Form 990 or

Bucknell University

Complete if the organization is a section 501(c)(3) organization or a section 990EZ)

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service

Name of the organization

**Employer identification number** 

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)  1	24-0772407	
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		
The or	ganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box )
1	$\sqcap$	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2	굣	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	$\Gamma$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	Γ	
5	Г	
6	$\Gamma$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	Γ	
8	$\sqcap$	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	$\sqcap$	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
10	$\Gamma$	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).
11	Γ	
e	Γ	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		· ·
a		Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) Name of supported organization	(ii) EIN		(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 US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

(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?

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

Provide the following information about the supported organization(s)

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

following persons?

h

Yes

11g(i)

11g(ii)

11g(iii)

No

ınstructıons

	Support Schedule (Complete only if yo	u checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization f	ailed to	qualify
	under Part III. If the	organization	rails to quality t	<u>inder the tests</u>	listed below, pi	ease cor	npiete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1	1	1	1			
Car	in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							
	line 4							
_ <u>S</u>	ection B. Total Support							
Cal	endar year (or fiscal year beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20	11	(f) Total
	ın)	(-,	(-,	(0, 2000	(-,	(-,		
7	A mounts from line 4						<del></del>	
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	es, etc (See ins	tructions )		•	12		
13	First Five Years If the Form 990 is t	or the organizati	on's first, second	. third. fourth. or	fifth tax vear as a	501(c)(3	) organi	zation.
	check this box and <b>stop here</b>	<b>.</b>	· · · · · · · · · · · · · · · · · · ·	,,,	,	(- / (-	,	<b>▶</b> ┌
_ <u>s</u>	ection C. Computation of Pub							
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 , Pa	rt II, line 14			15		
16a	<b>33 1/3% support test—2011.</b> If the				line 14 is 33 1/3%	6 or more	, check '	
_	and <b>stop here.</b> The organization qua		, ,,					<b>▶</b> ┌
b	<b>33 1/3% support test—2010.</b> If the				6a, and line 15 is	33 1/3% (	or more,	
17-	box and stop here. The organization				no 12 165 16	الحميما	1.4	▶
т/а	10%-facts-and-circumstances test- is 10% or more, and if the organization							
	in Part IV how the organization mee							ted
	organization	to the lacts diff	a circumstances	cost The Organia	Lation quanties as	a publicly	Sappor	red ▶□
ь	10%-facts-and-circumstances test-	<b>-2010.</b> If the ora	anızatıon dıd not	check a box on li	ne 13, 16a, 16b.	or 17a and	d line	• •
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts and circums	tances" test Th	e organızatıon qua	lıfıes as a	publich	
	supported organization			بمد می	4-11			<b>►</b> □
18	Drivate Foundation If the organizati	on did not chack	' a hov on line 13	165 166 1757	ar 1 /h chack thic	nov and c	- 0 0	

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from <b>2010</b> 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

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

Part IV	<b>Supplemental Information.</b> 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 A (Form 990 or 990-EZ) 2011

DLN: 93493130000153

### OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

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

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

Se	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part Il-A Do	not c	omple:	te Part II-B	
	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-l		•		II-A
f th	ne organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (	Prox	у Тах	), then	
Se	ection 501(c)(4), (5), or (6) organizations Complete Part III			•	
		eride	ntıfıca	ation numbe	r
Buo	icknell University		_		
22.5	24-077 rt I-A Complete if the organization is exempt under section 501(c) or is a section			zanizatio	n
ĊШ	complete if the organization is exempt under section 301(c) or is a section	11 32	<i>,</i> 01 0	jannzatio	···
1	Provide a description of the organization's direct and indirect political campaign activities on behalf of o in opposition to candidates for public office in Part IV	r			
2	Political expenditures	F	\$		
3	Volunteer hours				
'a i	rt 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	•	\$ <u>_</u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$ <u>_</u>		
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				
Pai	rt I-C Complete if the organization is exempt under section 501(c) except section	n 50	<b>1</b> (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	<b>F</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	Þ	\$		

Did the filing organization file Form 1120-POL for this year? ┌ Yes ┌ No 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>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page <b>2</b>
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check   If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E  (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
	Total lobbying expenditures to influence public of					
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		+		1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	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)).

	(election under section 501(h)).					
	ation, including any attempt to influence public opinion on a legislative matter or referendum, gh the use of	(	(a) 		(b)	
		Yes	No	, or sectio	it	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νο			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			12	21,027
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i		•		12	21,027
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
Ь	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c	)(5), o	rse	ctio	n
					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?					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					
		III-A,			ctio	n
1		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).					
	Current year	2a				
Ь	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art 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

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

DLN: 93493130000153

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Name of the organization

Employer identification number

Buc	knell University		24 0772407
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(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 advi	<u> </u>	nor advised <b>Yes No</b>
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		·
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of ar Preservation of a	n historically importantly land area certified historic structure n of a conservation
	easement on the last day of the tax year		
	T. A. J		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified his	• •	2c
d	Number of conservation easements included in (c) a		2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminato	ed by the organization during
4	Number of states where property subject to conserva	ation easement is located 🗠	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents during the year 🕨
	A mount of expenses incurred in monitoring, inspecti	•	
7	► \$	ng, and emorening conservation casement	s daring the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financia	•
Par	Organizations Maintaining Collection Complete if the organization answered '	ns of Art, Historical Treasures,	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statement for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		'
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> - \$

**b** Assets included in Form 990, Part X

Pari	Organizations Maintaining Co	llections of Art,	Hist	toric	al Trea	asures, or (	Othe	r Similar Ass	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e follo	wing tha	nt are a signific	ant ι	ıse of its collecti	on	
а	Public exhibition		d	Γ	Loan or	exchange prog	grams	i .		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explair	n how	they	further t	he organizatio	n's e	xempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					Yes	√ No
Par	t IV Escrow and Custodial Arrange						ed "Y	es" to Form 99	90,	
1a	Part IV, line 9, or reported an am  Is the organization an agent, trustee, custod included on Form 990, Part X?						sets		- Yes	
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowi	ına ta	ble			·		,
	Trives, explain the arrangement in rate XIV	and complete the le	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iiig tu	<b>5</b> 10			A me	ount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?			J		Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV									
	rt V Endowment Funds. Complete		ans	were	d "Yes"	to Form 990	, Pai			
		(a)Current Year	(b)	<b>)</b> Prior Y	'ear	(c)Two Years Ba	ck	(d)Three Years Back	<b>(e)</b> Four Y	ears Back
1a	Beginning of year balance	575,367,497		491,	465,001	442,825,	991			
b	Contributions	66,230,490		11,	988,657	12,053	,400			
c	Investment earnings or losses	-12,209,443		101,	254,368	65,662	,489			
d	Grants or scholarships	-9,290,945		10,	168,719	9,243,	533			
е	Other expenditures for facilities and programs	-19,356,382			662,912	18,438	,702			
f	Administrative expenses	-1,525,436			538,899	1,364,				
g	End of year balance	599,215,781		575,	367,497	491,495,	.001			
2	Provide the estimated percentage of the year	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	34 300 %								
b	Permanent endowment 🕨 33 800 %									
c	Term endowment ► 31 900 %									
3a	Are there endowment funds not in the posses	sion of the organizat	tion t	hat aı	re held a	nd administere	ed for	the	<b>V</b>	N.
	organization by  (i) unrelated organizations			_				3a(i	Yes Yes	No
	(ii) related organizations							3a(ii		Νο
ь	If "Yes" to 3a(II), are the related organization			chedu	ıle R?			3b		Νο
4	Describe in Part XIV the intended uses of the	e organization's endo	wme	nt fur	nds				•	
Par	t VI Land, Buildings, and Equipme	nt. See Form 990	, Pa	rt X,	lıne 10.					
	Description of property				ost or othe investmer			(c) Accumulated depreciation	( <b>d)</b> Boo	ok value
1a	Land					5,20	4,386			5,204,386
b i	Buildings					301,70	2,155	104,804,881	19	5,897,274
c l	Leasehold improvements		. [			12,67	1,763		1.	2,671,763
d l	Equipment		. [			116,52	1,494	102,468,325	1	4,053,169
e (	Other					47 79	9 227	37 197 289	11	0 601 938

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

239,428,530

Part VII Investments—Other Securities. See F	form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the of year market value
(2)Closely-held equity interests	224 024 272	
Other	324,834,273	
o their		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	250 222 602	
	358,222,692	
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	( <b>b)</b> Book value	Cost or end-of-year market value
(1) Project Fund - 2012 bond issue	21,808,908	
(2) Equity in subsidiaries earnings (loss)	-619,622	
(3) Bucknell Real Estate, Inc	333,814	
(4) Fraternity Mortgages	140,933	
(5) Bison Ventures, Inc	45,000	
(5) bison ventures, the	45,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, Im	e 15.	
(a) Descript	ion	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X,  (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations	, line 25. (b) A mount 1,193,517	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount 1,193,517	<b>.</b>
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	
Part X Other Liabilities. See Form 990, Part X,  1 (a) Description of Liability  Federal Income Taxes  Funds held for student organizations  Funds held for others	, line 25. (b) A mount  1,193,517 1,047,216	

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

3	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
6 Investment expenses 6 6 7 Prior period adjustments 7 Prior period adjustments 8 0 ther (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue Per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue Per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue Per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue Per Return 2 a Net unrealized gains on investments 2 2b 2 2c 2d	4	Net unrealized gains (losses) on investments	4	
7	5	Donated services and use of facilities	5	
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total revenue, gains, and other support per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2b Donated services and use of facilities 2b Donated services and use of facilities 2b C Recoveries of prior year grants 2c C Dother (Describe in Part XIV) 2d Describe in Part XIV) 2d Describe in Part XIV 2d Describe in	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10  Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements . 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	7	Prior period adjustments	7	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  2	8	Other (Describe in Part XIV)	8	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  21 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. 1  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains on investments	9		9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains on investments  2 a	10		10	
A mounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains on investments	Part		er Re	turn
a Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	
b Donated services and use of facilities	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	а	Net unrealized gains on investments 2a		
d Other (Describe in Part XIV) . 2d	b	Donated services and use of facilities		
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return   Total expenses and losses per audited financial statements	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d		
A mounts 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)	e	Add lines <b>2a</b> through <b>2d</b>	2e	
Investment expenses not included on Form 990, Part VIII, line 7b . 4a	3	Subtract line <b>2e</b> from line <b>1</b>	3	
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV) 4b		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1	c	Add lines <b>4a</b> and <b>4b</b>	4c	
Total expenses and losses per audited financial statements			_	
statements	Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
A mounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities	1	· · · · · · · · · · · · · · · · · · ·	,	
Donated services and use of facilities	2			
b Prior year adjustments		1 1		
c Other losses			1	
d Other (Describe in Part XIV)			1	
Add lines 2a through 2d		<del> </del>	1	
A mounts 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)	e		2e	
A mounts 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)	3	Subtract line <b>2e</b> from line <b>1</b>	3	
b Other (Describe in Part XIV)	4			
b Other (Describe in Part XIV)	а			
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	b		1	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	c	Add lines <b>4a</b> and <b>4b</b>	4c	
Part XIV Supplemental Information	5		5	
	Par	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	<b>Explanat ion</b>
Part X	Part X FIN48 Footnote	The University records income tax liabilities and assets using a theshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The University does not believe that there are any unrecognized tax benefits or costs that should be recorded in the financial statements.
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Postretirement charges other than period exp \$ -9332422 Decrease in Pledges Receivable \$ -12090880
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	The university's endowment fund provides a relatively stable investment income stream to the university's operations. As noted in Schedule D, Part V, Line 1(d), a significant portion of that investment income is restricted by endowment donors for student scholarships. The remaining endowment investment income provides annual support to various programs of the university.
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The University has obtained certain art work, rare books, and historical artifacts that are held in safekeeping at the University's library and art gallery. These items are used for educational purposes as the University is a private institution of higher education.
Part III, Line 1a	Part III, Line 1a If organization elected under SFAS 116 to not report are, historical treasures, o	As permitted by generally accepted accounting principles, the University does not capitalize works of art, historical artifacts, and collectibles, which are principally acquired by donation

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Name of the organization

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

ZUII

Inspection
Employer identification number

Bucknell University 24-0772407 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 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

#### Part II Supplemental Information

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

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

Schedule E (Form 990 or 990-EZ) 2011

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

DLN: 93493130000153

OMB No 1545-0047

**SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

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

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

uc b	nell University						
uck	nen omversity					24-0772407	
Рa	rt I General Information	n on Activitie	es Outside th	e United States. Co			ation answered
	"Yes" to Form 990, Pa						
1	For grantmakers. Does the	organization m	aıntaın record:	s to substantiate the a	amount (	of the grants o	r
	assistance, the grantees' elig		_				
	the grants or assistance?						✓ Yes
2	<b>For grant makers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	ofgrant	funds outside th	е
3	Activites per Region (Use Part	V ıf addıtıonal sı	pace is needed)				
		ı	ı	<u> </u>	ı		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program spec	rity listed in (d) is service, describe cific type of e(s) in region	(f) Total expenditures for region/investments in region
	See Add'l Data						
	-						
3~	Sub-total	3	3			+	8,496,502
	Total from continuation sheets to Part I						147,241,625

c Totals (add lines 3a and 3b)

155,738,127

Part	Part IV, lı	ne 15, for any					plete if the organiza received more than		
•	a) Name of rganızatıon	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
,									
,									
2   t	Enter total num ax-exempt by	nber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i	recognized as charil ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . <b>►</b>	
3	Enter total num	nber of other o	organizations or en	tities					· (Farm 000) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	( <b>h)</b> Method of valuation (book, FMV, appraisal, other
Scholarships-BU Students Abroad	Sub-Saharan Africa	10	1	,	67,350	Financial Aid	FMV
Scholarships-BU Students Abroad	South America	1	1	'		Financial Aid	FMV
Scholarships-BU Students Abroad	Europe	83	1	'	913,928	Financial Aid	FMV
Scholarships-BU Students Abroad	East Asia/Pacific	11			80,181	Financial Aid	FMV
Scholarships-BU Students Abroad	Central A merica	2			31,205	Financial Aid	FMV
Scholarships to Non-US Citizens	Sub-Saharan Africa	24		'	1,169,914	Financial Aid	FMV
Scholarships to Non-US Citizens	South Asia	9			463,395	Financial Aid	FMV
Scholarships to Non-US Citizens	South America	7			294,570	Financial Aid	FMV
Scholarships to Non-US Citizens	Russia/Ind States	9			· ·	Financial Aid	FMV
Scholarships to Non-US Citizens	North A merica	6			260,710	Financial Aid	FMV
Scholarships to Non-US Citizens	Mid East/Nrth Africa	3			122,882	Financial Aid	FMV
Scholarships to Non-US Citizens	Europe	32			1,206,881	Financial Aid	FMV
Scholarships to Non-US Citizens	East Asia/Pacific	52			1,405,401	Financial Aid	FMV
Scholarships to Non-US Citizens	Central America	4		,	193,226	Financial Aid	FMV
			<del></del>				
			<del></del>	'			

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	<u> </u>	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	<u> </u>	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2011

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

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

Schedule F (Form 990) 2010

**Software ID:** 11000144

**Software Version:** 2011v1.5

**EIN:** 24-0772407

Name: Bucknell University

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	<u>he United States</u>		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America	0	0	Investments		147,164,298
Sub-Saharan Africa	0	0	Program Services	Educational Research	71,074
Russia	0	0	Program Services	Educational Services	2,855
North America	0	0	Program Services	Educational Research	3,398
Europe	0	0	Program Services	Educational Research	110,950
East Asia and the Pacific	0	0	Program Services	Educational Research	4,227
Central America	0	0	Program Services	Educational Research	4,536
Central America	0	0	Program Sevices	Student Philanthropy	36,246
Sub-Saharan Africa	0	0	Program Services	Study Abroad Prg	72,981
East Asia and the Pacific	0	0	Program Services	Study Abroad Prg	105,957
Europe	3	3	Program Services	Study Abroad Prg	1,438,423
Central America	0	0	Program Services	Study Abroad Prg	73,301
Sub-Saharan Africa	0	0	Scholarships		1,237,264
South Asia	0	0	Scholarships		463,395
South America	0	0	Scholarships		306,820
Russia and Ind States	0	0	Scholarships		427,988
North America	0	0	Scholarships		260,710
Middle East/Nrth Africa	0	0	Scholarships		122,882
Europe	0	0	Scholarships		2,120,809
East Asia and the Pacific	0	0	Scholarships		1,485,582
Central America	0	0	Scholarships		224,431
-	1		ı	1	L

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Bucknell University

DLN: 93493130000153 OMB No 1545-0047

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

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

Inspect ion

Employer identification number

24-0772407

Part I General Informatio	n on Grants and	l Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as:	sistance?					<b>▽</b> Yes
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
						_	
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>		-				_	0

	·
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>b</b> )Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) Scholarships to Attend BU			40,458,153	FMV	Account Credit

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

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The University provides grants in the form of University scholarship for certain individuals attending the University These scholarships are posted directly to the recipient's University billing account and, thus, reduces tuition, room and/or board fees billed to the to the recipient. The majority of these scholarships are need-based financial aid

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493130000153

Employer identification number

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Buc	knell (	Jniversity		24-0772407			
Pa	rt I	Questions Regarding Compensation		24-0772407			
						Yes	Νο
1a		eck the appropiate box(es) if the organization provid D. Part VII, Section A , line 1a Complete Part III to		·			
	굣	First-class or charter travel	굣	Housing allowance or residence for personal use			
	~	Travel for companions	Γ	Payments for business use of personal residence			
	~	Tax idemnification and gross-up payments	<u> </u>				
	Γ	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2		the organization require substantiation prior to reincers, directors, trustees, and the CEO/Executive Di			2	Yes	
3	orga マ マ	icate which, if any, of the following the organization is anization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations	appl	y Written employment contract			
4		ring the year, did any person listed in Form 990, Par i related organization	t V I :	I, Section A, line 1a with respect to the filing organization	1		
а	Rec	eive a severance payment or change-of-control pay	mer	nt?	4a		No
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Yes	
С	Par	ticipate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νο
	If"	Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
5	For	y 501(c)(3) and 501(c)(4) organizations only must or persons listed in form 990, Part VII, Section A, line appensation contingent on the revenues of					
а	The	organization?			5a		Νο
b	Any	related organization?			5b		Νο
	If"	Yes," to line 5a or 5b, describe in Part III					
6		persons listed in form 990, Part VII, Section A, line appensation contingent on the net earnings of	e 1 a,	, did the organization pay or accrue any			
а	The	organization?			6a		Νο
b	Any	related organization?			6b		Νo
	If"	Yes," to line 6a or 6b, describe in Part III					
7		persons listed in Form 990, Part VII, Section A, lin ments not described in lines 5 and 6? If "Yes," des			7		No
8	sub	re any amounts reported in Form 990, Part VII, paid ject to the initial contract exception described in Re art III			8		No
9	If"	Yes" to line 8, did the organization also follow the re	butt	able presumption procedure described in Regulations			T

section 53 4958-6(c)?

#### 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)(1)-(111) 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>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Additional Data Table									

### 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

Ident if ier	Return Reference	Explanation
Line 1a	selections on 1 a	FIRST CLASS OR CHARTER TRAVEL - the president is permitted to travel by first class airfare in limited circumstances per university policy. First class travel costs is not considered taxable compensation. TRAVEL FOR COMPANIONS - Travel costs of companions of university trustees, officers, and key employees are reimbursed in limited circumstances and such reimbursement is considered taxable income to the trustee, officer, or key employee unless the companion's travel would otherwise be considered deductible under the Internal Revenue Code. Any such taxable reimbursements to companions of university officers are included in Schedule J, Part II, column (B)(III). TAX INDEMNIFICATION & GROSS UP PAYMENTS - Tax gross-up payments, considered taxable compensation, were provided to 3 officers and key employees listed in Part II of Schedule J for one or more of the following items. (a) taxable tuition remission benefits, or (b) years of service recognition awards. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - The university requires the president and provost to reside in a specific campus housing. The estimated fair rental value of the personal living space, including utilities, is not considered taxable income since on-campus residency is an employment requirement imposed by the university. The estimated fair value is included in Schedule J HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - Certain employees have golf memberships at the university owned golf course. In addition, the university pays membership dues at certain private establishments for the purpose of holding business or fundraising events. PERSONAL SERVICES-Certain facilities and maintenance staff have primary responsibilities for the upkeep of the campus building in which the president resides. Those duties include from time to time cooking, cleaning, and driving/chauffeur duties for the president to maximize the president's time devoted to university business. The allocable costs of these employee duties are not considered taxable compensation to the p

Schedule J (Form 990) 2011

**Software ID:** 11000144

**Software Version:** 2011v1.5

**EIN:** 24-0772407

Name: Bucknell University

Form 990, Schedule J, P	n 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Deferred	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
William E Duckworth	(I) (II)	193,071			9,019	6,412	208,502		
Wayne Bromfield	(I) (II)	212,305		166	20,837	364	233,672		
Stephen C Stamos Jr	(I) (II)	178,554			8,563	6,159	193,276		
Scott G Rosevear	(I) (II)	260,820		8,020	24,500	17,925	311,265		
Richard D Myers	(I) (II)	165,000			10,500	212	175,712		
Peter F Mackey	(I) (II)	180,453		1,346	18,930	16,577	217,306		
Param S Bedi	(I) (II)	183,303		1,270	19,185	15,793	219,551		
Michael S Cover	(I) (II)	168,092			17,178	27,849	213,119		
Mıchael A Smyer	(I) (II)	269,840		23,769	24,500	31,982	350,091		
Keith W Buffinton	(I) (II)				18,250	70,662	263,041		
Joseph G Susan Jr	(I) (II)	166,596		873	17,697	24,327	209,493		
John P Hardt	(I) (II)	198,628		5,131	20,800	38,640	263,199		
John C Bravman	(I) (II)	505,069		16,290	39,500	46,413	607,272		
Jean A Shackelford	(I) (II)	171,791			7,754	4,520	184,065		
James G Orbison	(I) (II)				14,107	5,914	168,625		
George C Shields	(I) (II)	173,007			18,200	73,674	264,881		
Dennis W Swank	(I) (II)	165,817		2,075	17,329	29,233	214,454		
David R Paulsen	(I) (II)	200,796		2,704	19,814	14,584	237,898		
•	'	·		I I	<u>'</u>				

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
David J Surgala	(I) (II)	269,827		6,720	24,500	15,323	316,370		
Christopher D Brown	(I) (II)	183,018		77,423	19,600	21,280	301,321		
Brian C Mitchell	(ı) (ıı)	415,643				5,714	421,357	421,357	

DLN: 93493130000153

OMB No 1545-0047

2011

Open to Public Inspection

# Schedule K (Form 990)

## **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 0 (Form 990).
 ★ Attach to Form 990.
 ★ See separate instructions.

Department of the Treasury
Internal Revenue Service
Name of the organization

Bucknell University

Employer identification number

24-0772407

P	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e e	(f)	Description	of Purpose	<b>(g)</b> De	feased	Beh	On alf of suer		Pool
										Yes	No	Yes	No	Yes	No
A	Union County Higher Educa	23-2228275	906459EX6	04-12-2012	29,994,9	32 c	constr	ruction of ac	ademic facil		Х		Х		Х
В	Union County Higher Educational Facilities Financing Auth	23-2228275	906459EL2	04-07-2010	13,685,6	572 F	Refund	ded 1996 &	1998 bonds		×		х		x
Pa	rt III Proceeds									1					<u>.l</u>
					Α				В		С			D	
1	A mount of bonds retired								3,275,000						
2	A mount of bonds defeased														
3	Total proceeds of issue				29	,994	,932		13,685,672						
4	Gross proceeds in reserve fu	ınds													
5	Capitalized interest from pro	ceeds													,
6	Proceeds in refunding escrov	W							13,496,029						
7	Issuance costs from proceeds					288	,694		189,643						
8	Credit enhancement from pro	oceeds													
9	Working capital expenditures	s from proceeds													
10	Capital expenditures from pr	oceeds			7	7,897	,330								
11	Other spent proceeds														
12	Other unspent proceeds				21	,808,	,908								
13	Year of substantial completion	on					·								
					Yes	No	,	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as pa	art of a current refund	ding issue?			Х		Χ							
15	Were the bonds issued as pa	art of an advance refu	unding issue?			Х			х						
16	Has the final allocation of pr	oceeds been made?				Х		Х							
17	Does the organization maintallocation of proceeds?	aın adequate books a	and records to sup	port the final	х			Х							
Pa	rt IIII Private Business	Use		·											
					A				3		C		1	D	
					Yes	No		Yes	No	Yes		No	Ye	5	No
1	Was the organization a partn	ier in a partnership, d	or a member of an I	LLC, which owned											

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

property financed by tax-exempt bonds?

financed property?

SCHE	edule k (Form 990) 2011								Page 🗷
Pai	t III Private Business Use (Continued)								
		,	4	I	В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
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?								
С	Are there any research agreements that may result in private business use of bond-financed property?								
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								
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								
6	Total of lines 4 and 5								
_	Has the organization adopted management practices and procedures to ensure the					1			

Arbitrage

		Α		В		С		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?								
	bond issue?		×		×				
2	Is the bond issue a variable rate issue?		х		×				
3a	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X				
b	Name of provider								
С .	Term of hedge								
d	Was the hedge superintegrated?								
	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
	Name of provider		•		•				
	T. (616)								
	Term of GIC		1		1				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	value of the GIC satisfied?								
 5	Were any gross proceeds invested beyond an available temporary								
3	period?		×		×				
6	Did the bond issue qualify for an exception to rebate?	X		Х					
		^		_ ^					

#### Part V **Procedures To Undertake Corrective Action**

post-issuance compliance of its tax-exempt bond liabilities?

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

#### Part VI Supplemental Information

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

Ident if ier	Ret urn Reference	<b>Explanation</b>

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130000153

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

**Transactions with Interested Persons** 

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service									Inspec	tion
Name of the organization Bucknell University									tion numb	er
Part I Excess Benefit Trai	nsacti	<b>ons</b> (se	ection 501(c)(3) a	and section 501	(c)(4)		<u>4-07724</u> zations			
Complete if the organizat									ine 40b	
<b>1</b> (a) Name of disq	ualıfıed	person		<b>(b)</b> Desc	ription	of trans	action		(c) C	orrected
									Yes	No
										_
										+-
										_
2 Enter the amount of tax impos	ed on t	he organ	ızatıon managers or	disqualified pers	ons duri	ng the y	ear unde	r		
section 4958							🕨	* \$ —		
3 Enter the amount of tax, If any	, on line	e 2, abov	e, reimbursed by th	e organization .			P	<b>*</b>		
Part II Loans to and/or I	From	Intere	sted Persons.							
Complete if the organiz	zation a	ns we re d	"Yes" on Form 990	, Part IV , line 26	, or Form	n 990-l			<u>а</u>	
	(b) ∟	oan to			(e)	Īn	(f) Appro		<b>(g)</b> Writ	ten
(a) Name of interested person and	1	om the zation?	(c)Original	(d)Balance due	defau		by boa		agreem	
purpose	<u> </u>		principal amount			<del>-</del>	commit			
(1) Carole M Bourgeacq-Hardt	То	From			Yes	No	Yes	No	Yes	No
Staff Loan		×	5,000	5,000		No		No	Yes	
(2) John Hardt						T			T.,	
Staff Loan (3) M Smyer	+	X	5,000	5,000		No	-	No	Yes	-
Relocation Loan		×	111,668	74,912		Νo		No	Yes	
	-									
Tatal			<u> </u>	84.012						
Part III Grants or Assistar	ice Be	nefitti	<b>&gt;</b> \$	84,912 Persons						
Complete if the orga					, line 2	27.				
(a) Name of interested pers	on	(b	Relationship betwe		son	<b>(c)</b> A n	nount of a	rant or ty	pe of assi	stance
(2) 3 3			and the or	ganızatıon		(-)///				
				· · · · · · · · · · · · · · · · · · ·						

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	<b>(c)</b> A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) Geisinger Health Plan	See Part V	5,257,391	See Part V		Νo
(2) Carole M Bourgeacq-Hardt	Spouse - Key Emplo	55,274	employment		Νo
(3) Christine M Buffinton	Spouse -Key Employ	39,806	employment		Νo
(4) Cathleen C Myers	Spouse-FormO fficer	98,815	employment		Νo
(5) Wendelin J Wright	Spouse - President	95,842	employment		Νo

#### **Supplemental Information**

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

Ident if ier	Return Reference	Explanation
		Part IV - Geisinger Health Plan - Glenn D Steele, Jr, a member of the University's Board of Trustees, is president and chief operating officer of Geisinger Health Plan, a healthcare organization providing certain healthcare insurance and other services to the University Amounts paid for healthcare insurance and other services totaled \$5,257,391 for year ended June 30, 2012

Schedule L (Form 990 or 990-EZ) 2011

DLN: 93493130000153

OMB No 1545-0047

SCHEDULE M (Form 990)

## **NonCash Contributions**

► Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Bucknell University

**Employer identification number** 

24-0772407

Pa	rtI Type	es of Property							
			(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of do contribution	etermıı	_	
1	Art-Works o	fart	Х	3					
2	Art—Historic	al treasures .							
3	Art—Fraction	alinterests	Х	1					
4	Books and pu	iblications							
5	Clothing and goods	household							
6	Cars and other	ervehicles							
7	Boats and pla	nes							
8	Intellectual p	roperty							
9	Securities—P	ublicly traded .	Х	95	7,435,009	Gıft Date FMV			
10	Securities—C	losely held stock .							
	or trust inter	artnership, LLC, ests							
		liscellaneous							
13	Q ualified con contribution- structures								
14	Q ualified con								
15	Real estate—	Residential .	Х	1	1,000,000	Gıft Date FMV			
16	Real estate—	Commercial							
17	Real estate—	Other							
19	Food inventor	ry							
20	Drugs and me	edical supplies .							
	•								
		ıfacts							
		ecimens							
24		lartıfacts							
25	Edu Other ► (Fee	cation	×	1					
25	`	letic							
26	Other ► (Equ		X	8					
		cation							
27	Other ► ( <u>Equ</u>	<u>)</u>	Х	1					
28	Other ► ( Sup	· · · · · · · · · · · · · · · · · · ·	X	31					
29				anızatıon durıng the tax yea 3283, Part IV, Donee Ackn		29	ı	1	
20-	During the v	oar did the organiza	ation rocally	a by contribution any propo	rty reported in Part I. lines	1 - 28 that it		Yes	No
Sua					rty reported in Part I, lines				
		•			on, and which is not require	a to be used			N1 -
_		urposes for the enti					30a		No
ь 31	•	cribe the arrangem janization have a gif			eview of any non-standard	contributions?	31	Yes	
								i	
	contributions	5?	e tiliru parti	es of related organizations	to solicit, process, or sell i		32a	Yes	
	If the organi	•	revenues ı	n column (c) for a type of p	roperty for which column (a	) is checked,			
· •	describe in F		A-4 N-4!-	see the Instructions for Forr	n 990 Cat No. 512271	Schedule	M (5-	000)	

#### Part II

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

Ident if ier	Return Reference	Explanation
Part I, Line 33, Revenues Not Reported		As permitted under ASC 958 605 25, Works of Art, Historical Treasures, and similar items, the University does not capitalize its collections of artwork and historical collections for financial statement purposes Furthermore, certain donated goods incidental to University operations are acknowledged by the University but not recorded in revenues nor expenses for financial statement purposes
Part I, Line 32, Hire and Use of Third Parties		The University uses third-party stock brokers to process and sell publicly traded securities

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

DLN: 93493130000153

(Form 990 or 990-

Department of the Treasury Internal Revenue Service

EZ)

## Supplemental Information to Form 990 or 990-EZ

As Filed Data -

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.

2011
Open to Public Inspection

Name of the organization Bucknell University	Employer identifi	cation number
	24-0772407	

Identifier	Return Reference	Explanation					
	Form 990, Schedule D, Part V, Line 1b Contributions	Form the year ended June 30, 2012 line 1b includes the following additions to the endowment fund Contributions from donors \$16,158,776Contributions from expired trust or similare agreements \$71,714Additional funds invested by Bucknell \$50,000,000 \$66,230,490					

Identifier	Return Reference	Explanation
	Form 990, Part V, Line 4b	The University has an interest in and/or signing authority over bank accounts in the United Kingdom, France, Spain and Barbados for the University's Study Abroad Programs in those countries

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

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

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

ldentifier	Return Reference Explanation							
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The final Form 990 is provided to the University's Audit, Compliance, and Risk Management Committee for review. The Form 990 is made available electronically to the trustees prior to filing.						

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

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

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

Department of the Treasury

DLN: 93493130000153

SCHEDULE R
(Form 990)

Related Organ

## **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.

2011

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service					īu	spectio	n
Name of the organization Bucknell University				Employer id	entification number		
				24-077240	)7		
Part I Identification of Disregarded Entities (Comp	lete if the organizatio	n answered "Yes"	on Form 990, Pa	irt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II  Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.) (b)	(c)	answered "Yes"  (d) Exempt Code section	on Form 990, Pa		se it had	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity statu (if section 501(c)(3)	s Direct controlling )) entity	controlled organization  Yes No	
(1) Bucknell Real Estate Inc						163	1
	Real Estate Property Management	PA	501 (c) (2)		Bucknell University		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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> 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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana parti	ral or iging	<b>(k)</b> 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>(b)</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	<b>(h)</b> Percentage ownership
See Additional Data Table							
	•	•	•			•	

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

r O ther transfer of cash or property from related organization(s)

chedule I	R (Form 990) 2011		Рa	age 3
Part V	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.	)		
Note	e. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Rec	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
<b>b</b> Gift	t, grant, or capital contribution to related organization(s)	1b		No
<b>c</b> Gift,	;, grant, or capital contribution from related organization(s)	<b>1</b> c		No
<b>d</b> Loa	ans or loan guarantees to or for related organization(s)	1d		No
<b>e</b> Loa	ans or loan guarantees by related organization(s)	1e		No
<b>f</b> Sale	e of assets to related organization(s)	1f		No
<b>g</b> Pur	chase of assets from related organization(s)	<b>1</b> g		No
h Exc	change of assets with related organization(s)	1h		No
i Leas	se of facilities, equipment, or other assets to related organization(s)	<b>1</b> i		No
j Leas	se of facilities, equipment, or other assets from related organization(s)	1j	Yes	+
<b>k</b> Per	formance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
I Perf	formance of services or membership or fundraising solicitations by related organization(s)	11		No
<b>m</b> Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
<b>n</b> Sha	aring of paid employees with related organization(s)	<b>1</b> n		No
o Reir	mbursement paid to related organization(s) for expenses	10		No
	mbursement paid by related organization(s) for expenses	1p	Yes	<del>                                     </del>
h wen	modiscinent paid by related digamization(s) for expenses			+

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	

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) Bison Ventures Inc	р	22,589	Estimated FMV
(2) Bison Ventures Inc	k	117,580	Estimated FMV
(3) Bucknell Real Estate Inc	р	31,205	Estimated FMV
(4) Bucknell Real Estate Inc	k	602,261	Estimated FMV
(5) Bucknell Real Estate Inc	J	40,563	Estimated FMV
(6) Bucknell Real Estate Inc	a	121,767	Estimated FMV

No

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of end-of-year total income assets		(h) Disproprtionate alloca	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	
				<u> </u>									

Schedule R (Form 990) 2011

## Part VII Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Form 990,		As part of a New Markets Tax Credit project in Lewisburg, PA, Bucknell University loaned \$12,022,694 in December 2010 to an entity controlled by Wells Fargo
Schedule R,		Community Investment Holdings, LLC That entity then loaned the \$12,022,694 (loan A) and an additional \$4,167,306 (loan B) to Wells Fargo Community
Part V , 1(a)		Development Enterprises 7, LLC, which in turn loaned those funds to Bucknell Real Estate, Inc. in December 2010. The funds were used for the acquisition and
		improvement of certain properties in Lewisburg, PA The loans require interest payable quarterly at 1 01% with principal payments beginning April 1, 2018
		through January 1, 2046 Interest paid to Bucknell University relating to loan A was \$121,767 for the year ended June 30, 2012

Schedule R (Form 990) 2011

**Software ID:** 11000144 **Software Version:** 2011v1.5

**EIN:** 24-0772407

Name: Bucknell University

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 990, Schedule K, I	ait iv - idei	idilica dioli d	or Related O	gamzano	ns ruxubic us	a corporatio	TOT Trust
(a) Name, address, and EIN of related organization	<b>(b)</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
Funds held in trust by others 1 1712 Glenbrook Ave Lancaster, PA 17603	Support Bucknell University	PA	N/A	Trust			
Funds held in trust by others 1 PO Box 1558 Columbus, OH 43216	Support Bucknell University	он	N/A	Trust			
Funds held in trust by others 1 PO Box 1377 Buffalo, NY 14240	Support Bucknell University	NY	N/A	Trust			
Funds held in trust by others 1 One West Fourth Street 2nd Floor WinstonSalem, NC 27101	Support Bucknell University	NC	N/A	Trust			
Funds held in trust by others 1 4967 Ten Oaks Road Dayton, MD 21036	Support Bucknell University	MD	N/A	Trust			
Funds held in trust by others 1 203 Redwood Shores Pkwy Suite 300 Redwood Shores, CA 94065	Support Bucknell University	GA	N/A	Trust			
Funds held in trust by others 1 1201 Market St Suite 2000 Wilmington, DE 19801	Support Bucknell University	DE	N/A	Trust			
Funds held in trust by others 1 203 Redwood Shores Pkwy Suite 300 Redwood Shores, CA 94065	Support Bucknell University	со	N/A	Trust			
Funds held in trust by others 1 1901 6th Avenue N - 28th Floor Birmingham, AL 35203	Support Bucknell University	ΑL	N/A	Trust			
Pooled income funds 3 Bucknell University Lewisburg, PA 17837	Support Bucknell University	PA	N/A	Trust			
Charitable lead trusts 2 Bucknell University Lewisburg, PA 17837	Support Bucknell University	PA	N/A	Trust			
Charitable remainder trusts 44 Bucknell University Lewisburg, PA 17837	Support Bucknell University	PA	N/A	Trust			
Bison Ventures Inc 701 Moore Avenue Lewisburg, PA 17837 26-4730096	Bookstore O perations	PA	N/A	С	-50,198	193,911	100 000 %
						<u> </u>	

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

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	Bison Ventures Inc	р	22,589	Estimated FMV
(2)	Bison Ventures Inc	k	117,580	Estimated FMV
(3)	Bucknell Real Estate Inc	р	31,205	Estimated FMV
(4)	Bucknell Real Estate Inc	k	602,261	Estimated FMV
(5)	Bucknell Real Estate Inc	J	40,563	Estimated FMV
(6)	Bucknell Real Estate Inc	а	121,767	Estimated FMV

Software ID: 11000144
Software Version: 2011v1.5

**EIN:** 24-0772407

Name: Bucknell University

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion ( that a	(che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
John C Bravman President	40 00	Х		х				521,359	0	85,913
C Alan Walker Trustee	1 00	Х						0	0	0
Glenn D Steele Jr Trustee	1 00	Х						0	0	0
Frank Schoeneman Trustee	1 00	Х						0	0	0
David Scadden Trustee	1 00	х						0	0	0
Daniel R Richards Trustee	1 00	х						0	0	0
Nancy B Prial Trustee	1 00	Х						0	0	0
Scott G Nichols Trustee	1 00	Х						0	0	0
William B Morrow Jr Trustee	1 00	Х						0	0	0
David Maurrasse Trustee	1 00	Х						0	0	0
John H Mathias Trustee	1 00	х						0	0	0
Lawrence S Klock Trustee	1 00	Х						0	0	0
Laura A Kınney Trustee	1 00	Х						0	0	0
Marlene A Hurd Trustee	1 00	х						0	0	0
Stephen P Holmes Trustee	1 00	х						0	0	0
Lında G Greenberg Trustee	1 00	х						0	0	0
William A Graham IV Trustee	1 00	х						0	0	0
Eugene Gorab Trustee	1 00	Х						0	0	0
Peter C Gerhard Trustee	1 00	х						0	0	0
Robert J Gamgort Trustee	1 00	Х						0	0	0
Mıchael E Flowers Trustee	1 00	х						0	0	0
Bentley T Elliott Trustee	1 00	Х						0	0	0
Jane Taylor Elfers Trustee	1 00	х						0	0	0
Harriet Edelman Trustee	1 00	Х						0	0	0
William D Dearstyne Jr Trustee	1 00	х						0	0	0

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

<b>(A)</b> Name and Title	(B) A verage hours per		tion (		/)		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustaa or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Susan J Crawford Trustee	1 00	х						0	0	0
Ellen Q Bush Trustee	1 00	×						0	0	0
Juanita Ora Luckett Brown Trustee	1 00	Х						0	0	C
Charles W Berger	1 00	Х						0	0	0
Trustee Ronald L Benjamin Trustee	1 00	х						0	0	0
Susan M Baird Trustee	1 00	Х						0	0	0
Craig D Mills Board Secretary	1 00	Х						0	0	0
J Randall MacDonald Vice Chair	1 00	х						0	0	0
John E Bachman Vice Chair	1 00	х						0	0	0
Kenneth W Freeman Chairman	1 00	х						0	0	0
Dennis W Swank Assc VP-Finance	40 00			х				167,892	0	46,562
Mıchael S Cover Treas/Controll	40 00			х				168,092	0	45,027
Param S Bedi VP-Lib & Info	40 00			х				184,573	0	34,978
Christopher D Brown Invstmt Officer	40 00			х				260,441	0	40,880
Peter F Mackey V P-Comm	40 00			х				181,799	0	35,507
Richard D Myers Secretary	40 00			х				165,000	0	10,712
Wayne Bromfield General Counsel	40 00			×				212,471	0	21,201
Scott G Rosevear VP Dev & Alum	40 00			x				268,840	0	42,425
David J Surgala VP Fin & Adm	40 00			x				276,547	0	39,823
Mıchael A Smyer Provost	40 00			х				293,609	0	56,482
George C Shields Dean-Arts and Sciences	40 00				х			173,007	0	91,874
Keith W Buffinton Dean of Engineering	40 00				х			174,129	0	88,912
John P Hardt Dırector of Athletics	40 00				х			203,759	0	59,440
David R Paulsen Coach Men's Basket	40 00					х		203,500	0	34,398
William E Duckworth Professor	40 00					x		193,071	0	15,431

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

(A) Name and Title	(B) A verage hours		(tion that a		′)			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee	I -	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Stephen C Stamos Jr Professor	40 00					Х		178,554	0	14,722	
Jean A Shackelford Professor	40 00					х		171,791	0	12,274	
Joseph G Susan Jr Coach Football	40 00					Х		167,469	0	42,024	
James G Orbison Former Dean Engineering	40 00						х	148,604	0	20,021	
Brian C Mitchell Former President	0 00						х	415,643	0	5,714	