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Form 990

## Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

## A For the 2012 calendar year, or tax year beginning 06-01-2012, 2012, and ending 05-31-2013

<input type="checkbox"/> Check if applicable	C Name of organization ALBRIGHT COLLEGE		D Employer identification number 23-1352615
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (610) 921-7749
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 READING, PA 196125234		
<input type="checkbox"/> Application pending			G Gross receipts \$ 81,891,051

F Name and address of principal officer LEX O MCMILLAN III 13TH BERN STREETS PO BOX 15234 READING, PA 196125234		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ► WWW.ALBRIGHT.EDU	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
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K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1928	M State of legal domicile PA
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## Part I Summary

1 Briefly describe the organization's mission or most significant activities PROMOTING A COMMITMENT TO LIFELONG LEARNING WITH A FOUNDATION IN THE LIBERAL ARTS & SCIENCES	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 34
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 28
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5 1,495
6 Total number of volunteers (estimate if necessary) . . . . .	6 200
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 838,957
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 7,534,143	Current Year 5,257,553
9 Program service revenue (Part VIII, line 2g) . . . . .	72,056,496	71,896,402
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,889,044	2,017,836
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	2,585,051	1,594,898
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	85,064,734	80,766,689

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	25,677,302	26,197,710
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	29,730,303	26,529,052
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	35,363	18,967
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,887,070		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	23,577,133	26,385,106
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	79,020,101	79,130,835
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	6,044,633	1,635,854

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 154,297,145	End of Year 162,389,154
21 Total liabilities (Part X, line 26) . . . . .	62,192,750	61,676,754
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	92,104,395	100,712,400

## Part II Signature Block

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

Sign Here	***** Signature of officer GREGORY L FULMER VP ADMIN & FINANCIAL SERVICES Type or print name and title	2014-04-14 Date
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Paid Preparer Use Only	Print/Type preparer's name JULIUS C GREEN CPA JD	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00350393
	Firm's name ► PARENTEBEARD LLC		Firm's EIN ► 23-2932984		
	Firm's address ► 1650 MARKET STREET SUITE 4500 PHILADELPHIA, PA 19103		Phone no (215) 972-0701		

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

OUR MISSION IS TO INSPIRE AND EDUCATE THE SCHOLAR AND LEADER IN EACH STUDENT, BUILDING ON A STRONG FOUNDATION IN THE LIBERAL ARTS AND SCIENCES AND A COMMITMENT TO THE BEST OF HUMAN VALUES, FOSTERING A COMMITMENT TO A LIFETIME OF SERVICE AND LEARNING

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 66,939,997 including grants of \$ 26,197,710 ) (Revenue \$ 71,979,107 )

ALBRIGHT COLLEGE PROVIDES AN EXCELLENT LIBERAL ARTS EDUCATION AND ABUNDANT OPPORTUNITIES FOR SOCIAL, PERSONAL AND CULTURAL DEVELOPMENT. ALBRIGHT HAS ALL OF THE ADVANTAGES OF A SMALL, COEDUCATIONAL, PRIVATE COLLEGE, INCLUDING A RIGOROUS YET FLEXIBLE CURRICULUM, A 13:1 STUDENT-FACULTY RATIO AND THE SINCERE FRIENDLINESS AND WARMTH OF A CLOSE-KNIT COMMUNITY. APPROXIMATELY 1,653 FULL TIME STUDENTS ATTEND ALBRIGHT. THEY REPRESENT TWENTY STATES AND NINETEEN COUNTRIES. SIXTY-FIVE PERCENT OF THE STUDENTS LIVE ON CAMPUS. INTERCOLLEGIATE, INTRAMURAL AND CLUB SPORTS ARE A MAJOR PART OF CO-CURRICULAR LIFE AT ALBRIGHT. WITH ONE-QUARTER OF ALL STUDENTS PARTICIPATING IN INTERCOLLEGIATE ATHLETIC COMPETITION. THE BOLLMAN CENTER, LIFESPORTS CENTER AND THE SCHUMO CENTER FOR FITNESS AND WELL-BEING OFFER FACILITIES FOR SPORTS AND RECREATIONAL ATHLETICS. THE CENTER FOR THE ARTS IS THE FOCAL POINT FOR VERY ACTIVE VISUAL AND PERFORMING ARTS PROGRAMS AND CONTAINS STUDIOS, A THEATRE, AND THE FREEDMAN GALLERY. THROUGHOUT ITS DISTINGUISHED 157 YEAR HISTORY, ALBRIGHT HAS PROVIDED A RELEVANT EDUCATION THAT PREPARES INDIVIDUALS FOR THE CHALLENGE OF LIFELONG LEARNING. THE COLLEGE OFFERS BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES IN THIRTY AREAS OF CONCENTRATION (MAJORS). IN ADDITION, TWENTY-TWO OTHER COMBINABLE AREAS OF CONCENTRATION AND PROGRAMS (SIMILAR TO MINORS) ARE OFFERED. ALBRIGHT'S PRE-PROFESSIONAL PROGRAMS ARE HIGHLY REGARDED. STATISTICS INDICATE THAT UPON GRADUATION APPROXIMATELY TWENTY-EIGHT PERCENT OF ALUMNI ENROLL IN GRADUATE OR PROFESSIONAL PROGRAMS AND THAT MORE THAN FORTY PERCENT ENROLL WITHIN FIVE YEARS OF GRADUATION. ALBRIGHT'S ACADEMIC CALENDAR IS BASED ON THE 4-1-4 CONCEPT WITH FALL, INTERIM (JANUARY) AND SPRING SEMESTERS. THE FULL-TIME COURSE LOAD FOR FALL AND SPRING IS FOUR COURSES PER SEMESTER. STUDENTS MUST SUCCESSFULLY COMPLETE THIRTY-TWO COURSES FOR GRADUATION. AMPLE OPPORTUNITIES FOR INDIVIDUALLY-DESIGNED MAJORS, COMBINED MAJOR PROGRAMS, INTERDISCIPLINARY STUDY AND INTERNSHIPS ARE AVAILABLE. SIXTY-FIVE STUDENTS PARTICIPATE IN EITHER THE MASTER OF ARTS OR MASTER OF SCIENCE DEGREES IN EDUCATION WITH CONCENTRATIONS IN ELEMENTARY/EARLY CHILDHOOD, SPECIAL AND SECONDARY EDUCATION. ALBRIGHT ALSO OFFERS ACCELERATED DEGREE PROGRAMS FOR ADULT STUDENTS. ACADEMIC ADVISING IS A VITAL PART OF THE SUPPORT SYSTEM PROVIDED FOR STUDENTS. THE ALPHA PROGRAM IS SPECIFICALLY DESIGNED FOR UNDECIDED STUDENTS. CAREER COUNSELING, PEER COUNSELING AND PRIVATE COUNSELING PROVIDE GUIDANCE FOR ALL STUDENTS. ALBRIGHT'S FULL-TIME FACULTY INCLUDES ONE HUNDRED THIRTEEN MEMBERS, EIGHTY-ONE PERCENT OF WHOM HOLD EITHER A PH.D. OR ANOTHER TERMINAL DEGREE IN THEIR FIELD OF SPECIALIZATION. A COMPLETE RANGE OF FACILITIES SUPPORTS THE ACADEMIC PROGRAMS, INCLUDING THE GINGRICH LIBRARY, THE CENTER FOR MATHEMATICS AND COMPUTING, AND THE MERNER-PFEIFFER HALL OF SCIENCE. OTHER CLASSROOM FACILITIES CONTINUE TO BE RENOVATED TO FACILITATE A TECHNOLOGY DRIVEN TEACHING CURRICULUM.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** **Total program service expenses** ► 66,939,997

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts 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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

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

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 and XII is optional

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)	28a	Yes	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Yes	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	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	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	Yes	
b	If "Yes" to line 35a, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b> 3,597		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b> Yes	
<b>2a</b> 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>2a</b> 1,495		
<b>b</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)		<b>2b</b> Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>3a</b> Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		<b>3b</b> Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>4a</b> Yes	
<b>b</b> If "Yes," enter the name of the foreign country <b>CJ, GK</b> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b> No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b> No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>	
<b>6a</b> 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 as charitable contributions?		<b>6a</b> No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>7a</b> Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b> Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b> No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b> No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b> No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<b>14a</b> No	
		<b>14b</b>	

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

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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	34		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	28		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes		
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	Yes		
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No		
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	No		
<b>7a</b> 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?	<b>7a</b>	No		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No	
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	No	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	No	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> 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>16a</b>	No	
<b>b</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?	<b>16b</b>		

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  PA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 RICK MELCHER 13TH BERN STREETS PO BOX 15234 READING, PA (610) 921-7749

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

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

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

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

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

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

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

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

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORPORATION 1101 MARKET STREET PHILADELPHIA PA 19107	FOOD SERVICE PROVIDER	3,702,192
ROYALL & COMPANY 1920 EAST PARHAM ROAD RICHMOND VA 232282206	RECRUITING SERVICE	508,470
ALLIANCE MEDIA GROUP 1874 CATASAUQUA ROAD 390 ALLENTOWN PA 18109	ADVERTISING	268,161
MM ARCHITECTS INC 103 S DUKE STREET LANCASTER PA 17602	ARCHITECTURAL SERVICES	259,128
WEIDENHAMMER SYSTEMS 935 BERKSHIRE BLVD WYOMISSING PA 196101229	INFO TECH SERVICES	189,110
2. Total number of independent contractors (including but not limited to those listed above) who received more than		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **►12**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	48,403				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	942,872				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,266,278				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		38,979				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			5,257,553			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> TUITION AND FEES		611710	61,443,679	61,443,679		
	<b>b</b> AUX ENT - ROOM & BOARD		721310	9,666,031	9,666,031		
	<b>c</b> AUX ENT OTHER PROGRAM INCOME		900099	599,000	549,941	49,059	
	<b>d</b> AUX ENT - BOOKSTORE		451211	187,692	187,692		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .			71,896,402			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,240,448		1,240,448	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .			420,468		420,468	
	<b>6a</b> Gross rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses	259,069					
	<b>c</b> Rental income or (loss)	57,550					
	<b>d</b> Net rental income or (loss) . . . . .	201,519			201,519	65,760	135,759
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses	1,801,028	30,265					
<b>c</b> Gain or (loss)	1,025,640	28,265					
<b>d</b> Net gain or (loss) . . . . .	775,388	2,000		777,388		777,388	
<b>8a</b> Gross income from fundraising events (not including \$ 48,403 of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>a</b> 13,788						
<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b> 12,907		881			881	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> CONFERENCES		812900	368,517		368,517		
<b>b</b> ATHLETICS AND AQUATIC PROGRAMS		900099	215,070	13,176	201,894		
<b>c</b> FOOD SERVICE		722210	57,568			57,568	
<b>d</b> All other revenue . . . . .			330,875	118,588	202,786	9,501	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			972,030				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .			80,766,689	71,979,107	838,957	2,691,072	

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	26,197,710	26,197,710		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . .	1,179,127	350,134	638,260	190,733
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	19,736,599	14,921,506	3,949,375	865,718
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	1,531,634	1,165,907	300,333	65,394
9 Other employee benefits . . .	2,448,637	1,828,845	504,619	115,173
10 Payroll taxes . . .	1,633,055	1,198,186	353,727	81,142
11 Fees for services (non-employees)				
a Management . . .				
b Legal . . .	96,322		96,322	
c Accounting . . .	85,525		85,525	
d Lobbying . . .				
e Professional fundraising services See Part IV, line 17	18,967			18,967
f Investment management fees . . .	245,959		245,959	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . .	1,449,314	562,286	837,202	49,826
12 Advertising and promotion . . .	541,692	447,819	93,873	
13 Office expenses . . .	1,036,084	686,620	256,330	93,134
14 Information technology . . .	210,787	204,433	6,354	
15 Royalties . .	4,327	4,327		
16 Occupancy . . .	3,047,477	2,988,858	48,080	10,539
17 Travel . . .	789,512	642,498	94,348	52,666
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .	29,769	25,587	4,182	
20 Interest . . .	1,981,552	1,826,396	127,260	27,896
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization . . .	5,001,619	4,609,992	321,215	70,412
23 Insurance . . .	704,460	654,646	40,858	8,956
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a FOOD SERVICES	2,802,673	2,802,673		
b OFF CAMPUS TUITION, REM	1,409,651	148,011	1,261,640	
c BOOKS, PERIODICALS, JOU	1,266,192	1,265,364	207	621
d TUITION DISCOUNT	980,870	980,870		
e All other expenses	4,701,321	3,427,329	1,038,099	235,893
<b>25 Total functional expenses.</b> Add lines 1 through 24e	79,130,835	66,939,997	10,303,768	1,887,070
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing	71,642	<b>1</b> 187,910
2	Savings and temporary cash investments	6,528,229	<b>2</b> 8,150,953
3	Pledges and grants receivable, net	4,900,596	<b>3</b> 3,889,993
4	Accounts receivable, net	957,978	<b>4</b> 1,146,005
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	2,259,049	<b>7</b> 5,276,165
8	Inventories for sale or use	263,153	<b>8</b> 290,196
9	Prepaid expenses and deferred charges	894,995	<b>9</b> 581,617
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 141,551,758	
b	Less accumulated depreciation	<b>10b</b> 58,904,440	<b>10c</b> 79,848,764 82,647,318
11	Investments—publicly traded securities	31,513,201	<b>11</b> 37,127,377
12	Investments—other securities See Part IV, line 11	12,773,288	<b>12</b> 10,716,743
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	14,286,250	<b>15</b> 12,374,877
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	154,297,145	<b>16</b> 162,389,154
<b>Liabilities</b>			
17	Accounts payable and accrued expenses	11,852,949	<b>17</b> 9,790,127
18	Grants payable	2,381,653	<b>18</b> 2,416,007
19	Deferred revenue	2,142,481	<b>19</b> 5,450,027
20	Tax-exempt bond liabilities	40,037,026	<b>20</b> 38,625,454
21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	5,778,641 5,395,139
26	<b>Total liabilities.</b> Add lines 17 through 25	26	61,676,754
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	41,640,691	<b>27</b> 44,770,819
28	Temporarily restricted net assets	18,137,692	<b>28</b> 20,869,533
29	Permanently restricted net assets	32,326,012	<b>29</b> 35,072,048
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	92,104,395	<b>33</b> 100,712,400
34	<b>Total liabilities and net assets/fund balances</b>	154,297,145	<b>34</b> 162,389,154

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	80,766,689
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	79,130,835
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	1,635,854
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	92,104,395
5	Net unrealized gains (losses) on investments . . . . .	5	6,972,151
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,712,400

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352615  
**Name:** ALBRIGHT COLLEGE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
JOHN T BAILY CHAIRMAN	1 00	X		X			0	0	0
WC JACK MILLER VICE CHAIRMAN	1 00	X		X			0	0	0
KAREN A RIGHTMIRE SECRETARY	1 00	X		X			0	0	0
ROBERT A BITTENBENDER TRUSTEE	1 00	X					0	0	0
JOAN DEVELIN COLEY PHD TRUSTEE	1 00	X					0	0	0
TERRENCE R CURTIN TRUSTEE	1 00	X					0	0	0
NANETTE F CUTRONA TRUSTEE	1 00	X					0	0	0
RICHARD A EHST TRUSTEE	1 00	X					0	0	0
MARK T GALLAGHER ESQ TRUSTEE	1 00	X					0	0	0
KATHLEEN J GRANT MD TRUSTEE	1 00	X					0	0	0
JEFFREY W GRIFFITHS TRUSTEE	1 00	X					0	0	0
KATHLEEN C HITTNER MD TRUSTEE	1 00	X					0	0	0
BRENT J HURLEY TRUSTEE	1 00	X					0	0	0
ROBIN M HYNICKA TRUSTEE	1 00	X					0	0	0
JEFFREY J JOYCE TRUSTEE	1 00	X					0	0	0
CHRIS G KRARAS TRUSTEE	1 00	X					0	0	0
JUNE T MAIER TRUSTEE	1 00	X					0	0	0
LORINA L MARSHALL-BLAKE TRUSTEE	1 00	X					0	0	0
ROSS D MILLER TRUSTEE	1 00	X					0	0	0
GEORGE E MINNICH TRUSTEE	1 00	X					0	0	0
P SUE PERROTTY TRUSTEE	1 00	X					0	0	0
CHARLES J PHILLIPS ESQ TRUSTEE	1 00	X					0	0	0
JOHN K ROESSNER III TRUSTEE	1 00	X					0	0	0
JOHN D SCHOLL TRUSTEE	1 00	X					0	0	0
SHERRY K SIDHU TRUSTEE	1 00	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
IVAN L TORRES TRUSTEE	1 00	X					0	0	0
JOHN P WEIDENHAMMER TRUSTEE	1 00	X					0	0	0
SCOTT R WOLFE CPA TRUSTEE	1 00	X					0	0	0
DOUGLAS N YOCOM TRUSTEE	1 00	X					0	0	0
JAY A YODER CFA TRUSTEE	1 00	X					0	0	0
LEX O MCMILLAN III PHD PRESIDENT	39 50 50	X	X				303,943	0	138,303
JOHN P MCALLISTER TRUSTEE	1 00	X					0	0	0
DAVID A MINK TRUSTEE	1 00	X					0	0	0
JEFFREY T RIGG TRUSTEE	1 00	X					0	0	0
WILLIAM W WOOD VP - ADMIN & FINANCE	35 00 5 00		X				137,377	0	24,016
TIMOTHY A MCELWEE VP FOR ADVANCEMENT	40 00		X				137,578	0	26,222
ANDREA E CHAPDELAINE PROVOST AND VP - ACADEMIC	40 00		X				153,022	0	28,011
GREGORY E EICHHORN VP - ENROLLMENT & ADMISSIO	40 00		X				135,914	0	26,558
GINA-LYN CRANCE VP - STUDENT AFFAIRS	40 00		X				117,860	0	18,077
DANIEL J FALABELLA CHAIR & PROF OF COMP SCIENCE DEPT	40 00			X			169,143	0	15,503
RODNEY E WARFIELD PROF & DIR OF SPEC ED & EARLY CHILDHOOD E	40 00			X			125,934	0	10,060
KAREN A CAMPBELL PROF OF BIOLOGY, PRE-MED ADV	40 00			X			116,835	0	14,534
JEROME LEE DIRECTOR OF OPERATIONS, MESA ADP	40 00			X			146,195	0	20,998
DANA B GERMAN CHIEF TECHNOLOGY OFFICER	40 00			X			112,750	0	11,000

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ALBRIGHT COLLEGE

Employer identification number

23-1352615

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

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

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

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

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

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

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

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

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

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

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

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

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

e  a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Non-functionally integrated

f  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)

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

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

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

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

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> 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 <b>stop here</b>						

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

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

**Facts And Circumstances Test**

**Explanation**

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**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
ALBRIGHT COLLEGE**Employer identification number**

23-1352615

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	

	Held at the End of the Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
 ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
 ► \$ \_\_\_\_\_

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

<b>a</b> <input checked="" type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input checked="" type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input checked="" type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	42,137,284	44,225,689	35,697,844	32,108,490	42,985,782
<b>b</b> Contributions . . . . .	1,668,437	602,451	1,647,252	299,842	613,961
<b>c</b> Net investment earnings, gains, and losses . . . . .	6,483,389	-674,916	8,832,208	5,514,996	-9,535,278
<b>d</b> Grants or scholarships . . . . .	1,038,736	969,265	776,300	810,800	676,723
<b>e</b> Other expenditures for facilities and programs . . . . .	925,438	926,506	1,038,117	1,263,011	1,087,415
<b>f</b> Administrative expenses . . . . .	117,865	120,169	137,197	151,673	191,837
<b>g</b> End of year balance . . . . .	48,207,071	42,137,284	44,225,690	35,697,844	32,108,490

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ► 20 600 %

**b** Permanent endowment ► 51 600 %

**c** Temporarily restricted endowment ► 27 800 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>		No
<b>3b</b>		

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		2,178,536			2,178,536
<b>b</b> Buildings . . . . .		102,788,325	35,708,538		67,079,787
<b>c</b> Leasehold improvements . . . . .		70,480	70,480		0
<b>d</b> Equipment . . . . .		28,225,043	15,900,781		12,324,262
<b>e</b> Other . . . . .		8,289,374	7,224,641		1,064,733
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					82,647,318

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OFFSHORE EQUITY FUND	1,336,275	F
(B) DOMESTIC EQUITY FUNDS	9,380,468	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	10,716,743	

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

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

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

(a) Description	(b) Book value
(1) ASSETS HELD IN TRUST BY OTHERS	10,203,011
(2) DEPOSITS HELD BY BOND TRUSTEES	1,861,475
(3) DEFERRED FINANCING COSTS	262,399
(4) OTHER RECEIVABLES	-79,341
(5) OTHER ASSETS	51,057
(6) DUE FROM NTSI	76,276
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	12,374,877

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

(a) Description of liability	(b) Book value
Federal income taxes	
EARLY RETIREMENT	512,780
POST RETIREMENT HEALTHCARE BENEFITS	440,453
OTHER LIABILITIES	272,198
CHARITABLE GIFT ANNUITY CONTRACT LIABILITIES	1,403,362
PA ALTERNATIVE CLEAN ENERGY PROGRAM LOAN	140,927
INTEREST RATE SWAP	2,625,419
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	5,395,139

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	60,250,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	6,972,151
b	Donated services and use of facilities	2b	71,900
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	-26,833,660
e	Add lines 2a through 2d	2e	-19,789,609
3	Subtract line 2e from line 1	3	80,040,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	245,959
b	Other (Describe in Part XIII )	4b	480,683
c	Add lines 4a and 4b	4c	726,642
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	80,766,689

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

1	Total expenses and losses per audited financial statements	1	51,647,522
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	71,900
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII )	2d	507,708
e	Add lines 2a through 2d	2e	579,608
3	Subtract line 2e from line 1	3	51,067,914
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	245,959
b	Other (Describe in Part XIII )	4b	27,816,962
c	Add lines 4a and 4b	4c	28,062,921
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	79,130,835

**Part XIII Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE COLLEGE DOES NOT ASSIGN VALUES TO COLLECTION ITEMS. COLLECTION ITEMS ARE GENERALLY HELD FOR EDUCATIONAL PURPOSES AND ARE NOT DISPOSED OF FOR FINANCIAL GAIN OR OTHERWISE ENCUMBERED IN ANY MANNER
	PART III, LINE 4	ALBRIGHT COLLEGE MAINTAINS A DIVERSE COLLECTION OF TWO AND THREE DIMENSIONAL WORKS OF ART ACROSS THE CAMPUS. THE MAJORITY OF THE WORKS OF ART ARE ORIGINAL PRINTS AND PHOTOGRAPHS FROM THE 1960S UP TO THE 1990S, WITH AN EMPHASIS ON WORKS BY AMERICAN ARTISTS. ALL WORKS OF ART ARE AVAILABLE FOR STUDY AND RESEARCH BY STUDENTS, FACULTY, STAFF, AND THE GENERAL PUBLIC. EXHIBITIONS AND EDUCATIONAL PROGRAMS ARE DEVELOPED AROUND VARIOUS ASPECTS OF THE WORKS OF ART FOR THE CAMPUS AND THE GENERAL PUBLIC. SOME EDUCATIONAL PROGRAMS ARE DEVELOPED SPECIFICALLY FOR K-12 SCHOOL GROUPS AND ADULTS FROM THE REGION IN THE FREEDMAN GALLERY, WHILE OTHER PROGRAMS AND WORKS OF ART ARE TAKEN DIRECTLY TO OFFSITE EDUCATIONAL INSTITUTIONS. WORKS OF ART ARE FREQUENTLY TAKEN INTO CLASSES FOR LECTURES AND TRAINING PURPOSES. MANY OF THE WORKS OF ART ARE AVAILABLE FOR USE BY OTHER EDUCATIONAL INSTITUTIONS. ALL WORKS OF ART ARE HANDLED BY SPECIFICALLY TRAINED STAFF AND STUDENTS.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE INTENDED TO BE USED TO SUPPORT STUDENT FINANCIAL AID, INSTRUCTION AND OTHER COLLEGE OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE QUALIFIES AS A TAX-EXEMPT, NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THERE IS NO PROVISION FOR FEDERAL OR STATE INCOME TAXES. THE COLLEGE FOLLOWS THE FASB GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE GUIDANCE ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE. MANAGEMENT HAS DETERMINED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS MEETING THE RECOGNITION CRITERIA IN 2013 AND 2012. THE COLLEGE'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR TAX YEARS BEGINNING JUNE 1, 2011, 2010 AND 2009 REMAIN SUBJECT TO EXAMINATION BY THE IRS.
PART XI, LINE 2D - OTHER ADJUSTMENTS		REVENUE OF SUBSIDIARY (NTSI) 536,418 REVENUE OF NTSI WHICH WAS COLLEGE EXPENSE -191,498 STUDENT AID -26,197,710 TUITION DISCOUNT -980,870
PART XI, LINE 4B - OTHER ADJUSTMENTS		REVENUE FOR SERVICES PROVIDED BY SUBSIDIARY (NTSI) 104,256 RENTAL EXPENSES -57,550 FUND RAISING EVENT EXPENSE -12,907 INTRORGANIZATIONAL TRANSACTIONS 446,884
PART XII, LINE 2D - OTHER ADJUSTMENTS		TOTAL EXPENSE OF SUBSIDIARY (NTSI) 541,507 SUBSIDIARY'S INTERORGANIZATIONAL EXPENSES - 104,256 RENTAL EXPENSES 57,550 FUND RAISING EVENT EXPENSE 12,907
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT AID 26,197,710 COLLEGE EXPENSE WHICH WAS SUBSIDIARY'S REVENUE 191,498 INTRORGANIZATIONAL TRANSACTIONS 446,884 TUITION DISCOUNT 980,870

2012

Open to Public  
Inspection**SCHEDULE E**  
(Form 990 or 990-EZ)**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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ALBRIGHT COLLEGE

Employer identification number

23-1352615

**Part I**

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

	YES	NO
1		No
2	Yes	
3		No

- 4 Does the organization maintain the following?

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

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

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

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

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

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

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?

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

- 7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a	Yes	
6b		No
7	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)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	ALBRIGHT COLLEGE HAS SATISFIED THE PUBLICITY REQUIREMENT OF IRS REVENUE PROCEDURE 75-50, 1975-2 C B 587 SECTION 4 03 BY COMPLYING WITH SECTION 4 02. THE COLLEGE DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE AND FROM A LARGE GEOGRAPHIC AREA AND ENROLLS MINORITY STUDENTS IN MEANINGFUL NUMBERS, AND, THEREFORE, MEETS THE CONDITION IN SECTION 4 03 - 2(B). THE COLLEGE'S NONDISCRIMINATORY POLICY IS CONTAINED IN ITS SOLICITATION LITERATURE.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	ALBRIGHT COLLEGE PARTICIPATES IN STUDENT FINANCIAL AID ASSISTANCE PROGRAMS OF VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES. FEDERAL PROGRAMS INCLUDE THE PELL GRANT PROGRAM, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT (SEOG) PROGRAM, FEDERAL WORK STUDY (FWS) PROGRAM, AND THE PERKINS LOAN PROGRAM. STATE PROGRAMS FOR STUDENTS INCLUDE THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY'S (PHEAA) GRANT PROGRAM AND THE PHEAA'S MATCHING FUNDS PROGRAMS WHICH SUPPLEMENT THE FWS PROGRAM. IN ADDITION, THE COLLEGE IS AWARDED SPONSORED RESEARCH AND OTHER PROJECT GRANTS BY VARIOUS LOCAL, STATE, AND FEDERAL AGENCIES, INCLUDING THE NATIONAL SCIENCE FOUNDATION (NSF) AND THE NATIONAL ENDOWMENT FOR THE ARTS (NEA). GENERAL SUPPORT IS PROVIDED TO ALBRIGHT COLLEGE BY THE COMMONWEALTH OF PENNSYLVANIA UNDER ITS INSTITUTIONAL ASSISTANCE GRANT (IAG) PROGRAM TO PRIVATE COLLEGES AND UNIVERSITIES IN THE STATE.

2012

Open to Public  
InspectionSCHEDULE 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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ALBRIGHT COLLEGE

Employer identification number

23-1352615

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CEN AMERICA AND CARIBBEAN	0	0	INVESTMENTS		395,251
EUROPE	0	0	INVESTMENTS		1,336,275
<b>3a Sub-total</b>	0	0			1,731,526
<b>b Total from continuation sheets to Part I</b>	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,731,526

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Schedule F (Form 990) 2012

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

**Part IV Foreign Forms**

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

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

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

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

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

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

**Part V Supplemental Information**

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

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

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

OMB No 1545-0047

2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

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

• Attached to Form 938 or Form 938-EE. • See separate instructions.

Name of the organization  
**ALBRIGHT COLLEGE**

**Employer identification number**

23-1352615

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

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRENZEBACH GLIER & ASSOCIATES INC PO BOX 88277 DEPT A	CONSULTING		No	0	18,967	0
<b>Total . . . . .</b>						18,967

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

PA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		RED & WHITE GOLF (event type)	(event type)	(total number)	
1	Gross receipts . . .	62,191			62,191
2	Less Contributions . . .	48,403			48,403
3	Gross income (line 1 minus line 2) . . .	13,788			13,788
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .	6,999			6,999
7	Food and beverages . . .	5,908			5,908
8	Entertainment . . .				
9	Other direct expenses . .				
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► (12,907)
11	Net income summary Combine line 3, column (d), and line 10 . . . . .				► 881

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

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

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

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

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

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

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

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

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

Identifier	Return Reference	Explanation
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## Schedule I (Form 990)

## **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

2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ALBRIGHT COLLEGE**

**Employer identification number**

## **Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

**(a)** Name and address of  
organization  
or government

(b) EIN

(c) IRC Code  
section  
if applicable

(d) Amount of cash grant

(e) Amount of non-cash assistance

**(f)** Method of valuation (book, FMV, appraisal, other)

**(g) Description of non-cash assistance**

**(h) Purpose of or assistance**

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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See Additional Data Table


**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
		THE COLLEGE MAKES GRANTS TO STUDENTS BASED UPON FINANCIAL NEED AND ACADEMIC EXCELLENCE THE SELECTION OF GRANT RECIPIENTS IS MADE BASED UPON OBJECTIVE CRITERIA NO ONE IS DISCRIMINATED AGAINST BASED UPON RACE, RELIGION, GENDER, ETHNIC BACKGROUND, AGE, HANDICAP OR ANY OTHER REASON THE FINANCIAL AID DEPARTMENT ASSESSES AND MONITORS THE ELIGIBILITY AND AWARDING OF GRANTS AND SCHOLARSHIPS TO STUDENTS IT IS ASSISTED IN ITS ON-GOING REVIEW BY THE RESOURCES OF THE REGISTRAR AND STUDENT ACCOUNTS DEPARTMENTS

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352615  
**Name:** ALBRIGHT COLLEGE

**Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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TRUSTEE GRANTS	1099	9,247,247			N/A
PRESIDENTIAL SCHOLARSHIP / DEAN	349	4,775,000			N/A
ALUMNI SCHOLARSHIP	433	4,190,300			N/A
JACOB ALBRIGHT SCHOLARSHIP	118	2,285,800			N/A
EUGENE SHIRK SCHOLARSHIP	84	1,365,950			N/A
ENDOWED SCHOLARSHIPS	249	1,299,749			N/A
SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS	502	857,754			N/A
COMMUNITY SERVICE LEADERSHIP SCHOLARSHIPS	17	113,500			N/A
NATIONAL HONOR SOCIETY SCHOLARSHIPS	336	319,750			N/A
COLEMAN AWARDS	167	568,575			N/A
GENERAL SCHOLARSHIPS - PARTNERSHIP	194	184,690			N/A
OTHER SCHOLARSHIPS, GRANTS AND AWARDS	190	281,308			N/A
PHI THETA KAPPA AWARD	11	169,500			N/A
FOREIGN STUDENT SCHOLARSHIPS	23	311,840			N/A
TALENT AWARDS	60	119,500			N/A

**Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
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THE ALBRIGHT RELIEF FUND	50	107,247			N/A
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**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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.**

**2012****Open to Public Inspection**Name of the organization  
ALBRIGHT COLLEGE

Employer identification number

23-1352615

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

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

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

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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LEX O MCMILLAN III PHD PRESIDENT	(i) 273,492 (ii) 0	26,600 0	3,851 0	79,800 0	58,503 0	442,246 0	0 0
(2)WILLIAM W WOOD VP - ADMIN & FINANCE	(i) 133,862 (ii) 0	3,515 0	0 0	14,060 0	9,956 0	161,393 0	0 0
(3)TIMOTHY A MCELWEE VP FOR ADVANCEMENT	(i) 133,938 (ii) 0	3,640 0	0 0	14,560 0	11,662 0	163,800 0	0 0
(4)ANDREA E CHAPDELAINE PROVOST AND VP - ACADEMIC	(i) 149,244 (ii) 0	3,778 0	0 0	15,110 0	12,901 0	181,033 0	0 0
(5)GREGORY E EICHHORN VP - ENROLLMENT & ADMISSIO	(i) 132,414 (ii) 0	3,500 0	0 0	14,000 0	12,558 0	162,472 0	0 0
(6)DANIEL J FALABELLA CHAIR & PROF OF COMP SCIENCE DEPT	(i) 166,858 (ii) 0	2,285 0	0 0	9,142 0	6,361 0	184,646 0	0 0
(7)JEROME LEE DIRECTOR OF OPERATIONS, MESA ADP	(i) 143,962 (ii) 0	2,233 0	0 0	12,956 0	8,042 0	167,193 0	0 0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE A COLLEGE OWNED HOUSE IS PROVIDED AS A RESIDENCE FOR THE PRESIDENT AND FAMILY. THE COLLEGE OWNED HOUSING IS NOT TREATED AS A TAXABLE BENEFIT TO THE PRESIDENT SINCE IT MEETS THE DEFINITION OF 'QUALIFIED CAMPUS LODGING' UNDER INTERNAL REVENUE CODE SECTION 119(D). HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THE PRESIDENT IS PROVIDED MEMBERSHIP TO A LOCAL COUNTRY CLUB TO FACILITATE THE CONDUCT OF COLLEGE BUSINESS AND CONSEQUENTLY IT IS NOT TREATED AS A TAXABLE BENEFIT. TRAVEL FOR COMPANIONS WAS PROVIDED FOR THE PRESIDENT'S SPOUSE WHEN SUCH TRAVEL WAS NECESSARY FOR THE FURTHERANCE OF THE WORK OF THE COLLEGE.
	PART I, LINE 4B	THE PRESIDENT PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN, BUT NO DISTRIBUTIONS WERE MADE IN 2013.
	PART I, LINE 7	BASED ON OPERATING RESULTS OF FISCAL YEAR ENDING MARY 31, 2012, THE COLLEGE DECLARED A ONE TIME NON-FIXED PAYMENT TO SUBSTANTIALLY ALL FACULTY AND STAFF, INCLUDING THOSE LISTED ON PART VIII. IN ADDITION, UNDER THE PRESIDENT'S EMPLOYMENT CONTRACT, THE BOARD REVIEWS AND APPROVES A VARIABLE COMPENSATION COMPONENT SUBJECT TO A MAXIMUM.

**Schedule K  
(Form 990)****2012****Open to Public  
Inspection****Supplemental Information on Tax Exempt Bonds**

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ALBRIGHT COLLEGEEmployer identification number  
23-1352615**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE BERKS COUNTY MUNICIPAL AUTHORITY	23-6647630	084536GQ8	01-08-2004	23,861,485	CONSTRUCTION OF FACILITY & REFUNDING OF PRIOR ISSUE (10/13/93)		X		X		X
B	THE BERKS COUNTY MUNICIPAL AUTHORITY	23-6647630	084537AB5	12-30-2010	25,500,000	REFUND PRIOR ISSUE (11/20/08)		X		X		X

**Part II Proceeds**

		A	B	C	D			
					Yes	No	Yes	No
1	Amount of bonds retired	10,715,000						
2	Amount of bonds legally defeased							
3	Total proceeds of issue	23,980,122	25,500,000					
4	Gross proceeds in reserve funds	1,800,968						
5	Capitalized interest from proceeds							
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds	283,593						
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds	5,489,792						
11	Other spent proceeds	16,405,770	25,500,000					
12	Other unspent proceeds							
13	Year of substantial completion	2005	2010					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes
15	Were the bonds issued as part of an advance refunding issue?		X		X			
16	Has the final allocation of proceeds been made?	X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X				

**Part III Private Business Use**

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

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
<b>b</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?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X				
<b>d</b> 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?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			0%			0%		
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			0 00000%			0 00000%		
<b>6</b> Total of lines 4 and 5			0%			0%		
<b>7</b> Does the bond issue meet the private security or payment test?		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%		
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X	X					
<b>b</b> Exception to rebate?	X		X					
<b>c</b> No rebate due?	X			X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X	X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
<b>b</b> Name of provider	WACHOVIA BANK NA		WACHOVIA BANK NA					
<b>c</b> Term of hedge	7 900000000000		7 900000000000					
<b>d</b> Was the hedge superintegrated?		X		X				
<b>e</b> Was a hedge terminated?		X		X				

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b Name of provider	WACHOVIA BANK NA							
c Term of GIC	20 700000000000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has 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?		X						

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE K PART IV, ARBITRAGE, LINE 2C	DATE REBATE COMPUTATION PERFORMED	ISSUER NAME THE BERKS COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 12/31/2008
SCHEDULE K SUPPLEMENTAL INFORMATION		PART II, LINE 3 - THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS
PART III LINE 3		THERE ARE NO RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTIES FOR EITHER BOND ISSUE
PART III LINE 9, PART IV LINE 7, AND PART V		THE COLLEGE IS WORKING WITH BOND COUNSEL TO DEVELOP A COMPREHENSIVE TAX EXEMPT BOND COMPLIANCE PROGRAM, WHICH WILL INCLUDE THE NECESSARY WRITTEN PROCEDURES

## Schedule L

## 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, line 38a or 40b.

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

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALBRIGHT COLLEGE

**Employer identification number**

23-1352615

**Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No		

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.  \$ \_\_\_\_\_

## **Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

### **Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<b>(a) Name of interested person</b>	<b>(b) Relationship between interested person and the organization</b>	<b>(c) Amount of assistance</b>	<b>(d) Type of assistance</b>	<b>(e) Purpose of assistance</b>

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN WEIDENHAMMER	OWNER IS MEMBER OF BOARD OF TRUSTEES	202,455	INFORMATION TECHNOLOGY SERVICES		No
(2) SEE SUPPLEMENTAL FOR LISTING OF INTERESTED PERSONS	OWNERSHIP OF FOA LLC INCLUDES PRESENT/FORMER BOARD OF TRUSTEE MEMBERS	168,474	RENTAL OF PROPERTY		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	NAMES OF INTERESTED PERSONS	CURRENT TRUSTEES JOHN P WEIDERHAMMER JOHN T BAILEY CHRIST G KRARAS JOHN K ROESSNER III JOHN D SCHOLL FORMER TRUSTEE JAMES STOCKER

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
►Attach to Form 990.Name of the organization  
ALBRIGHT COLLEGE

Employer identification number

23-1352615

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	19	674,947	MARKET QUOTATIONS
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► (CLOCK ) . . . . .	X	1	9,000	APPRaised
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Schedule M (Form 990) (2012)**

2012

Open to Public  
Inspection**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

Name of the organization  
ALBRIGHT COLLEGEEmployer identification number  
23-1352615

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	FIVE MEMBERS OF THE BOARD OF TRUSTEES ARE CO-OWNERS OF A BUSINESS THAT RENTS OFFICE SPACE AND OTHER PROPERTY TO THE COLLEGE
	FORM 990, PART VI, SECTION A, LINE 3	IN FISCAL YEAR 2011, THE COLLEGE ENGAGED ARAMARK CORPORATION TO PROVIDE FOOD SERVICES FOR THE COLLEGE COMMUNITY. IN ADDITION, BARNES AND NOBLES COLLEGE BOOKSTORE, LLC CONTINUED TO OPERATE AND PROVIDE SERVICES FOR THE COLLEGE'S BOOKSTORE. THE COLLEGE DISCONTINUED THE USE OF A CONSULTANT TO MANAGE ITS INFORMATION TECHNOLOGY SERVICES DEPARTMENT
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 WAS DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. UPON APPROVAL, THE PUBLIC DISCLOSURE VERSION OF THE RETURN IS POSTED ON THE BOARD OF TRUSTEES' INTRANET SITE FOR THE FULL BOARD'S ACCESS PRIOR TO FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ARTICLE XI, CONFLICT OF INTEREST OF THE BOARD OF TRUSTEES BYLAWS REQUIRES ALL OF THE COLLEGE'S TRUSTEES AND OFFICERS TO SIGN A "CONFLICT OF INTEREST DISCLOSURE STATEMENT" ANNUALLY ACKNOWLEDGING HIS OR HER AFFIRMATIVE DUTY TO DISCLOSE CONFLICTS OF INTEREST, AND/OR POTENTIAL CONFLICTS OF INTEREST. THE BOARD OF TRUSTEES' TRUSTEESHIP AND GOVERNANCE COMMITTEE REGULARLY REVIEWS AND DISCUSSES POTENTIAL CONFLICTS OF INTEREST AND THE ANNUAL STATEMENTS. THE COLLEGE WILL NOT TRANSACT BUSINESS WITH ANY ENTITY IN WHICH A TRUSTEE AND/OR OFFICER HAS AN INTEREST UNLESS SUCH INTEREST IS APPROPRIATELY DISCLOSED. THE INTERESTED TRUSTEE/OFFICER ABSTAINS FROM DELIBERATION OR VOTING ON THE MATTER, AND THE ACTION OR TRANSACTION IS DOCUMENTED AS CLEARLY IN THE BEST INTEREST OF THE COLLEGE
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT IS THE COLLEGE'S CHIEF EXECUTIVE OFFICER. ARTICLE V OF THE BOARD OF TRUSTEES BYLAWS REQUIRES THAT THE PRESIDENT IN CONJUNCTION WITH THE COMPENSATION COMMITTEE DEVELOP ANNUAL PERFORMANCE OBJECTIVES FOR APPROVAL BY THE FULL BOARD. IT FURTHER REQUIRES THAT THE COMPENSATION COMMITTEE DETERMINE THE PRESIDENT'S COMPENSATION BASED ON THE ANNUAL PERFORMANCE ASSESSMENT AND REPORT SUCH FOR APPROVAL BY THE BOARD OF TRUSTEES. THE COMPENSATION OF OTHER OFFICERS (VICE-PRESIDENTS) AND ANNUAL PERFORMANCE ASSESSMENTS ARE THE RESPONSIBILITY OF THE PRESIDENT. ON AN ANNUAL BASIS, THE COLLEGE UTILIZES THE SERVICES OF A CONSULTANT WITH EXPERTISE IN NOT-FOR-PROFIT EXECUTIVE COMPENSATION TO REVIEW EXECUTIVE COMPENSATION LEVELS THROUGH PARTICIPATION IN THEIR EXECUTIVE COMPENSATION SURVEY FOR COLLEGES AND UNIVERSITIES. THESE SURVEYS GIVE COMPARATIVE DATA, INCLUDING SALARIES FOR EXECUTIVE LEVEL OFFICERS (PRESIDENT AND VICE-PRESIDENTS), TO ENSURE THAT COMPENSATION DOES NOT EXCEED FAIR MARKET VALUE. THE PRESIDENT, IN CONCERT WITH THE ASSOCIATE VICE-PRESIDENT OF HUMAN RESOURCES, IS RESPONSIBLE FOR REVIEWING AND ESTABLISHING ONGOING SALARY LEVELS FOR THE RESPECTIVE VICE-PRESIDENTS. MINUTES ARE KEPT OF ALL BOARD OF TRUSTEE MEETINGS AND COMMITTEE MEETINGS, INCLUDING THE COMPENSATION COMMITTEE WITH REGARD TO VICE-PRESIDENTS, PERFORMANCE ASSESSMENTS AND EVALUATIONS ARE DOCUMENTED IN THEIR RESPECTIVE PERSONNEL FILES
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART VI, SECTION B, LINE 14	AN ADMINISTRATIVE COMMITTEE HAS BEEN ASSEMBLED AND HAS MET TO DEVELOP A DOCUMENT RETENTION AND DESTRUCTION POLICY. THE POLICY DEVELOPMENT AND IMPLEMENTATION PROCESSES ARE ONGOING

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## **SCHEDULE R** **(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALBRIGHT COLLEGE

**Employer identification number**

23-135261

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

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

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

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

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

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

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTH THIRTEENTH STREET INC	D	340,100	LOAN BALANCE - FMV
(2) NORTH THIRTEENTH STREET INC	A	48,000	FMV
(3) NORTH THIRTEENTH STREET INC	K	191,498	FMV
(4) NORTH THIRTEENTH STREET INC	O	97,662	FMV
(5) NORTH THIRTEENTH STREET INC	Q	59,072	FMV

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

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

**Software ID:****Software Version:****EIN:** 23-1352615**Name:** ALBRIGHT COLLEGE**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2012 Functional Currency and Exchange Rate QBU Statement

**Name:** ALBRIGHT COLLEGE

**EIN:** 23-1352615

QBU Id	Country of Operation	Functional Currency
USD		0.00000