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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLEGHENY COLLEGE		D Employer identification number 25-0965212
	Doing Business As		E Telephone number (814) 332-4788
	Number and street (or P O box if mail is not delivered to street address) 520 NORTH MAIN STREET	Room/suite	
	City or town, state or country, and ZIP + 4 MEADVILLE, PA 16335		G Gross receipts \$ 194,900,781
F Name and address of principal officer JAMES H MULLEN JR 520 NORTH MAIN STREET MEADVILLE, PA 16335		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
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 ALLEGHENY EDU			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1817
			M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities FOUR YEAR INSTITUTION OF HIGHER EDUCATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,407
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	23,146
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,390,298	14,612,288
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,927,107	97,008,547
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,384,335	20,785,496
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,884,572	134,472,203
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,627,641
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)		38,981,951	39,748,349
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) 4,213,115			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		35,081,622	36,018,142
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		110,691,214	115,099,376
19 Revenue less expenses Subtract line 18 from line 12	-9,806,642	19,372,827	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	322,934,038	339,262,345
	22 Net assets or fund balances Subtract line 21 from line 20	78,409,721	75,365,201
		244,524,317	263,897,144

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	*****	2015-10-08	
	Signature of officer	Date	
Paid Preparer Use Only	JAMES H MULLEN JR PRESIDENT		
	Type or print name and title		
	Pnnt/Type preparer's name SUSAN M KIRSCH	Preparer's signature	Date
	Firm's name SCHNEIDER DOWNS & CO INC	Check <input type="checkbox"/> if self-employed	PTIN P00341397
Firm's address ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222	Firm's EIN 25-1408703	Phone no (412) 261-3644	

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

ALLEGHENY'S UNDERGRADUATE RESIDENTIAL EDUCATION PREPARES YOUNG ADULTS FOR SUCCESSFUL, MEANINGFUL LIVES BY PROMOTING STUDENTS' INTELLECTUAL, MORAL AND SOCIAL DEVELOPMENT, AND ENCOURAGING PERSONAL AND CIVIC RESPONSIBILITY ALLEGHENY'S FACULTY AND STAFF COMBINE HIGH ACADEMIC STANDARDS AND A COMMITMENT TO THE EXCHANGE OF KNOWLEDGE WITH A SUPPORTIVE APPROACH TO LEARNING GRADUATES ARE EQUIPPED TO THINK CRITICALLY, SPEAK PERSUASIVELY, AND MEET CHALLENGES IN A DIVERSE INTERCONNECTED WORLD

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 \$ 57,026,536 including grants of \$ 65,000) (Revenue \$ 79,026,328)

INSTRUCTION PROVIDED LIBERAL ARTS, PRIVATE 4-YEAR HIGHER EDUCATION TO STUDENTS AND SUPPORTED THAT EFFORT WITH LIBRARY AND MEDIA RESOURCES AND REMEDIAL AND SPECIAL INTEREST CLASSES

4b (Code) (Expenses \$ 39,267,885 including grants of \$ 39,267,885) (Revenue \$)

SCHOLARSHIP FROM GIFTS, GRANTS, ENDOWMENT INCOME, AND COLLEGE RESOURCES ASSISTED STUDENTS TO ATTAIN THEIR DEGREE BY HELPING TO FINANCE THE COST

4c (Code) (Expenses \$ 6,905,809 including grants of \$) (Revenue \$ 17,982,219)

AUXILIARY ENTERPRISES PROVIDED HOUSING AND DINING SERVICES AND FACILITIES TO STUDENTS AS A RESIDENTIAL INSTITUTION

(Code) (Expenses \$ including grants of \$) (Revenue \$ 2,043,937)

STUDENT SERVICES PROVIDING ADDITIONAL STUDENT SERVICES SUCH AS COUNSELING, CAREER SERVICES, INTRAMURAL AND INTERCOLLEGIATE ATHLETICS, STUDENT GOVERNMENT ACTIVITIES, HEALTH SERVICES, SOCIAL ACTIVITIES AND ORGANIZATIONS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$ 2,043,937)

4e Total program service expenses 103,200,230

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> 	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> 	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> 	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b	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? <i>If "Yes," complete Schedule L, Part IV</i> 	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (38), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
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
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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	18,821				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	1,208,796				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	13,384,671				
	g	Noncash contributions included in lines 1a-1f \$	851,901				
	h	Total. Add lines 1a-1f	14,612,288				
Program Service Revenue	2a	TUITION & FEES	611710	79,026,328	79,026,328		
	b	OTHER AUXILIARY	611710	17,982,219	17,982,219		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		97,008,547			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,946,465		7,946,465	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	138,058			
			(ii) Personal				
			b Less rental expenses	68,731			
			c Rental income or (loss)	69,327			
	d	Net rental income or (loss)		69,327	69,327		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	72,300,929			
			(ii) Other				
			b Less cost or other basis and sales expenses	59,461,898			
			c Gain or (loss)	12,839,031			
	d	Net gain or (loss)		12,839,031		12,839,031	
	8a	Gross income from fundraising events (not including \$ 18,821 of contributions reported on line 1c) See Part IV, line 18					
	a		25,440				
b	Less direct expenses b	26,651					
c	Net income or (loss) from fundraising events		-1,211		-1,211		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a	1,170,576				
		b Less cost of goods sold b	871,298				
		c Net income or (loss) from sales of inventory		299,278	299,278		
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	611710	1,675,332	1,675,332			
b	PARTNERSHIP LOSS	900003	23,146		23,146		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,698,478				
12	Total revenue. See Instructions		134,472,203	99,052,484	23,146	20,784,285	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	65,000	65,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	39,267,885	39,267,885		
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	1,330,850	248,868	867,209	214,773
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	27,178,764	22,871,925	2,263,819	2,043,020
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,038,274	1,625,915	246,986	165,373
9	Other employee benefits	7,117,606	5,600,275	910,861	606,470
10	Payroll taxes	2,082,855	1,714,775	205,105	162,975
11	Fees for services (non-employees)				
a	Management	6,905,810	6,824,761	26,150	54,899
b	Legal	75,856		75,856	
c	Accounting	152,897	5,000	147,897	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	219,279	109,177	110,102	
13	Office expenses	3,093,367	2,855,435	183,322	54,610
14	Information technology	1,208,732	915,165	290,387	3,180
15	Royalties				
16	Occupancy	3,353,084	3,230,277	106,210	16,597
17	Travel	1,647,761	1,367,805	74,724	205,232
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	773,139	303,511	163,616	306,012
20	Interest	2,067,262	2,067,262		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,199,884	5,765,892	433,992	
23	Insurance	503,188	218,912	284,276	
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	OTHER EXPENSE	4,922,516	4,190,340	732,176	
b	STUDENT WAGES	2,242,209	2,113,398	86,041	42,770
c	POSTAGE, PUBLICATIONS,	1,660,561	1,086,986	236,371	337,204
d	LIBRARY BOOKS & PERIODI	751,666	751,666		
e	All other expenses	240,931		240,931	
25	Total functional expenses. Add lines 1 through 24e	115,099,376	103,200,230	7,686,031	4,213,115
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,404,923	1	9,004,954
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,985,520	3	5,483,969
	4 Accounts receivable, net	596,208	4	404,827
	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	6,857,022	7	6,657,893
	8 Inventories for sale or use	534,562	8	469,804
	9 Prepaid expenses and deferred charges	421,485	9	403,313
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	226,587,228		
	b Less accumulated depreciation	102,327,174		
		128,299,266	10c	124,260,054
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	169,238,633	12	185,552,392
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	6,596,419	15	7,025,139	
16 Total assets. Add lines 1 through 15 (must equal line 34)	322,934,038	16	339,262,345	
Liabilities	17 Accounts payable and accrued expenses	7,918,735	17	7,632,978
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	56,472,864	20	55,015,722
	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	14,018,122	25	12,716,501
	26 Total liabilities. Add lines 17 through 25	78,409,721	26	75,365,201
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	98,173,645	27	103,067,723
	28 Temporarily restricted net assets	67,540,039	28	77,049,121
	29 Permanently restricted net assets	78,810,633	29	83,780,300
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	244,524,317	33	263,897,144	
34 Total liabilities and net assets/fund balances	322,934,038	34	339,262,345	

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	134,472,203
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,099,376
3	Revenue less expenses Subtract line 2 from line 1	3	19,372,827
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	244,524,317
5	Net unrealized gains (losses) on investments	5	
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	263,897,144

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		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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	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?	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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 25-0965212
Name: ALLEGHENY 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDDIE TAYLOR JR CHAIR	2 00	X						0	0	0
ROBERT L SMITH JR CO-CHAIR	2 00	X						0	0	0
EARL W ADAMS JR PHD TRUSTEE	2 00	X						0	0	0
CHRISTIAN L ALLISON TRUSTEE/PT FACULTY	18 00	X					6,889	0	0	0
BISHOP THOMAS J BICKERTON TRUSTEE	2 00	X						0	0	0
ALICE S BIERER TRUSTEE	2 00	X						0	0	0
GLADYS BLACK TRUSTEE	2 00	X						0	0	0
EDWARD JOSEPH BORKOWSKI TRUSTEE	2 00	X						0	0	0
WILLOW WILCOX BROST TRUSTEE	2 00	X						0	0	0
WILLIAM H BROWN JR TRUSTEE	2 00	X						0	0	0
MARK R CAMPBELL TRUSTEE	2 00	X						0	0	0
JANE MIRIAM EARLL ESQ TRUSTEE	2 00	X						0	0	0
GARY M ELLIOTT TRUSTEE	2 00	X						0	0	0
MARY J FEELEY TRUSTEE	2 00	X						0	0	0
KIMBERLY T FLEMING TRUSTEE	2 00	X						0	0	0
JUDITH THOMAS HORGAN TRUSTEE	2 00	X						0	0	0
STEVEN D LEVINSKY TRUSTEE	2 00	X						0	0	0
RICHARD W MAINE TRUSTEE	2 00	X						0	0	0
ISABELLA MOSS TRUSTEE	2 00	X						0	0	0
HERBERT J MYERS TRUSTEE	2 00	X						0	0	0
CHRISTINE SCOTT NELSON TRUSTEE	2 00	X						0	0	0
JEROME V NELSON TRUSTEE	2 00	X						0	0	0
JAMES C NEW TRUSTEE	2 00	X						0	0	0
JOHN H NILES JR MD TRUSTEE	2 00	X						0	0	0
MARTIN PFINGRAFF TRUSTEE	2 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY L REEVES TRUSTEE	2 00	X						0	0	0
MARY E SCEIFORD PHD TRUSTEE	2 00	X						0	0	0
YVONNE K SEON PHD TRUSTEE	2 00	X						0	0	0
DAG J SKATTUM TRUSTEE	2 00	X						0	0	0
THOMAS N SLONAKER TRUSTEE	2 00	X						0	0	0
WILLIAM STEFFEE MD PHD TRUSTEE	2 00	X						0	0	0
HAYES C STOVER ESQ TRUSTEE	2 00	X						0	0	0
JOHN SUTPHEN TRUSTEE	2 00	X						0	0	0
BRUCE THOMPSON TRUSTEE	2 00	X						0	0	0
LARRY THOMPSON TRUSTEE	2 00	X						0	0	0
WILLIAM H TIMBERS TRUSTEE	2 00	X						0	0	0
DOUGLAS F ZIEGLER TRUSTEE	2 00	X						0	0	0
JAMES H MULLEN JR PRESIDENT	50 00	X		X				331,954	0	66,872
DAVID W MCINALLY VP FIN & PLANNING/TREAS	50 00			X				200,620	0	96,435
LINDA C DEMERITT DEAN OF COLLEGE	40 00				X			198,214	0	35,782
BRIAN F DALTON VP ENROLLMENT/COMM	50 00				X			183,245	0	35,474
MARJORIE S KLEIN VP DEVELOPMENT	50 00				X			176,907	0	32,623
DOUGLAS SMITH SEN PHIL ADVISOR-CAMP	50 00					X		159,590	0	32,906
JAMES C BULLMAN PROFESSOR	40 00					X		162,021	0	16,152
LLOYD MICHAELS PROFESSOR	40 00					X		149,104	0	29,557
JOSEPH J DICHRISTINA DEAN OF STUDENTS	50 00					X		139,791	0	31,516
BRUCE J SMITH PROFESSOR	40 00					X		143,070	0	38,790
LARRY K LEE FORMER KE ASSOC VP FOR FINANCE/PLAN	50 00						X	148,767	0	34,164

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Name of the organization
ALLEGHENY COLLEGE

Employer identification number
25-0965212

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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.")	11,870,659	9,209,828	10,303,642	11,390,298	14,612,288	57,386,715
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,870,659	9,209,828	10,303,642	11,390,298	14,612,288	57,386,715
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)						97,384
6 Public support. Subtract line 5 from line 4						57,289,331

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	11,870,659	9,209,828	10,303,642	11,390,298	14,612,288	57,386,715
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,537,154	8,161,454	7,991,995	8,114,141	8,084,523	34,889,267
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.)	1,219,132	1,050,343	1,277,096	1,609,755	1,698,478	6,854,804
11 Total support (Add lines 7 through 10)						99,130,786
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	57 790 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	56 450 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ALLEGHENY COLLEGE

Employer identification number 25-0965212

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description and Held at the End of the Year (2a-2d). Rows include purpose of easements, number of easements, acreage, and monitoring details.

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.

Table with 2 columns: Description and Amount. Rows include questions about reporting art and historical treasures, and required amounts for revenues and assets.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

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

- a Board designated or quasi-endowment 15 000 %
b Permanent endowment 48 000 %
c Temporarily restricted endowment 37 000 %
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

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No columns.

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e: Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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	96,171,028
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	966,680
e	Add lines 2a through 2d	2e	966,680
3	Subtract line 2e from line 1	3	95,204,348
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	39,267,855
c	Add lines 4a and 4b	4c	39,267,855
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	134,472,203

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

1	Total expenses and losses per audited financial statements	1	76,798,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	966,680
e	Add lines 2a through 2d	2e	966,680
3	Subtract line 2e from line 1	3	75,831,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	39,267,855
c	Add lines 4a and 4b	4c	39,267,855
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	115,099,376

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	" AFS NOTE 4 THE COLLEGE MAINTAINS VARIOUS COLLECTIONS OF INEXHAUSTIBLE ASSETS TO WHICH NO VALUE CAN BE DETERMINED SUCH COLLECTIONS COULD INCLUDE CONTRIBUTED WORKS OF ART, HISTORICAL TREASURES, LITERATURE, AND THE LIKE, THAT ARE HELD FOR EXHIBITION AND PUBLIC SERVICE THESE COLLECTIONS ARE NEITHER DISPOSED OF FOR FINANCIAL GAIN NOR ENCUMBERED IN ANY MEANS ACCORDINGLY SUCH COLLECTIONS ARE NOT CAPITALIZED OR RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES "
	PART III, LINE 4	CONTRIBUTED WORKS OF ART, HISTORICAL TREASURES, AND LITERATURE ARE USED BY THE STUDENTS AND FACULTY FOR EDUCATIONAL PURPOSES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE HAS A 5% SPENDING FORMULA BASED ON A TRAILING 12 QUARTER AVERAGE THE ENDOWMENT SUPPORT FOR OPERATIONS IS ABOUT 12% OF THE BUDGET THE FUNDS SUPPORT OPERATIONS THROUGH SCHOLARSHIPS, STUDENT SERVICES, LIBRARY MATERIALS, BUILDING AND GROUNDS, ACADEMIC SALARIES AND OTHER EXPENSES THE CURRENT YEAR ALSO INCLUDES DRAW FROM THE ENDOWMENT TO SUPPORT ADMINISTRATIVE EXPENSES IN THE FUND RAISING AREA (NOTED ON "F" ABOVE)
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES CRITERIA FOR THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THIS GUIDANCE REQUIRES THAT AN UNCERTAIN TAX POSITION SHOULD BE RECOGNIZED ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE BASED ON ITS TECHNICAL MERITS RECOGNIZABLE TAX POSITIONS SHOULD THEN BE MEASURED TO DETERMINE THE AMOUNT OF BENEFIT RECOGNIZED IN THE FINANCIAL STATEMENTS THE COLLEGE FILES U S FEDERAL, STATE AND LOCAL INFORMATION RETURNS, AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION THE STATUTE OF LIMITATIONS ON THE COLLEGE'S U S FEDERAL TAX RETURNS REMAINS OPEN FOR THE YEARS ENDED JUNE 30, 2010 THROUGH THE PRESENT THE COLLEGE CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE PRINCIPLES OF FASB GUIDANCE AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE COLLEGE'S FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF SALES RENTAL EXPENSE FUNDRAISING EXPENSE
PART XI, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF SALES RENTAL EXPENSE FUNDRAISING EXPENSE
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID

Additional Data

Software ID:
Software Version:
EIN: 25-0965212
Name: ALLEGHENY COLLEGE

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) SHORT TERM INVESTMENTS	10,907,138	F
(B) EQUITY INVESTMENTS	5,417,992	F
(C) MUTUAL FUNDS - EQUITY	86,870,993	F
(D) MUTUAL FUNDS - FIXED INCOME	28,098,133	F
(E) VENTURE CAP/PRIVATE EQ	20,952,745	F
(F) PRIVATE REAL ESTATE	11,059,317	F
(G) HEDGE FUNDS	15,559,543	F
(H) REAL ASSETS	6,686,531	F

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2012

Open to Public Inspection

▶ **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 Service

Name of the organization
ALLEGHENY COLLEGE

Employer identification number

25-0965212

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
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	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II	Yes	
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		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
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		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	Yes	

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE PUBLISHES ITS NONDISCRIMINATION POLICY IN LOCAL AND REGIONAL NEWSPAPERS. IN ADDITION, THE POLICY IS INCLUDED IN THE COLLEGE CATALOGS AND RECRUITING MATERIALS.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES GRANTS UNDER VARIOUS STATE AND FEDERAL PROGRAMS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2012

Open to Public Inspection

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 Service

Name of the organization ALLEGHENY COLLEGE

Employer identification number 25-0965212

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...
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)

Table with 6 columns: (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) 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. Rows include Middle East and North Africa, South Asia, East Asia and the Pacific, Central America and the Caribbean, Europe, and sub-totals.

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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 ▶ _____

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

Additional Data

Software ID:
Software Version:
EIN: 25-0965212
Name: ALLEGHENY COLLEGE

Form 990 Schedule F - Supplemental Information

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE COLLEGE DOES NOT ISSUE GRANTS OUTSIDE THE US, BUT IT DOES INCUR EXPENSES FOR STUDENTS STUDYING ABROAD STUDENTS PAY THEIR REGULAR ALLEGHENY COLLEGE TUITION, AND THE COLLEGE IN TURN PAYS THEIR TUITION TO THE FOREIGN INSTITUTION THAT THEY WILL BE ATTENDING THOSE EXPENSES ARE TRACKED IN THE STUDY ABROAD OFFICE AND IN THE GENERAL LEDGER

Form 990 Schedule F - Supplemental Information

Identifier	ReturnReference	Explanation
	PART V - FOREIGN FORMS	THE COLLEGE IS A LIMITED PARTNER IN SEVERAL INVESTMENT PARTNERSHIPS THAT TRANSFERRED PROPE RTY TO FOREIGN CORPORATIONS THE COLLEGE'S SHARE OF THESE TRANSFERS WAS BELOW THE REPORTIN G THRESHOLD

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ALLEGHENY COLLEGE

Employer identification number

25-0965212

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

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

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

2a Did the organization have a written or oral agreement with any individual... 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

Table with 6 columns: (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. Includes rows 1-10 and a Total row.

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

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
		ATHLETIC GOLF OUTING (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	44,261			44,261
	2 Less Contributions	18,821			18,821
	3 Gross income (line 1 minus line 2)	25,440			25,440
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		26,651		26,651
10 Direct expense summary Add lines 4 through 9 in column (d) ▶					(26,651)
11 Net income summary Combine line 3, column (d), and line 10 ▶					-1,211

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			
Direct Expenses	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

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law 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)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALLEGHENY COLLEGE

Employer identification number 25-0965212

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: CITY OF MEADVILLE, 25-6000867, 170(B)(1)(A)(V), 65,000, FINANCIAL SUPPORT.

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
(1) ALLEGHENY AID	1210	9,294,755	0		
(2) ENDOWED AID	892	3,972,546	0		
(3) FEDERAL GRANTS	249	470,227	0		
(4) MERIT SCHOLARSHIPS	1831	23,215,674	0		
(5) PELL GRANTS	579	2,314,683	0		

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE COLLEGE'S FINANCIAL AID OFFICE MAINTAINS ELIGIBILITY REQUIREMENTS AND MONITORS GRANTING OF AWARDS TO STUDENTS AND FOLLOWS U S FEDERAL AID REGULATIONS AND ALL STATES' REGULATIONS FOR GRANTS TO ITS STUDENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLEGHENY COLLEGE

Employer identification number

25-0965212

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 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 checked="" 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 checked="" 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
1b	Yes	
2		No
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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				
See Additional Data Table							

Part III Supplemental Information

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

990 Schedule J, Supplemental Information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	

Software ID:
Software Version:
EIN: 25-0965212
Name: ALLEGHENY COLLEGE

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAMES H MULLEN JR	(i)	309,408	18,000	4,546	22,500	44,372	398,826	0
	(ii)	0	0	0	0	0	0	0
DAVID W MCINALLY	(i)	200,068	0	552	18,471	77,964	297,055	0
	(ii)	0	0	0	0	0	0	0
LINDA C DEMERITT	(i)	197,182	0	1,032	18,471	17,311	233,996	0
	(ii)	0	0	0	0	0	0	0
BRIAN F DALTON	(i)	182,915	0	330	16,200	19,274	218,719	0
	(ii)	0	0	0	0	0	0	0
MARJORIE S KLEIN	(i)	176,547	0	360	16,512	16,111	209,530	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS SMITH	(i)	158,174	0	1,416	14,670	18,236	192,496	0
	(ii)	0	0	0	0	0	0	0
JAMES C BULLMAN	(i)	159,203	0	2,818	14,299	1,853	178,173	0
	(ii)	0	0	0	0	0	0	0
LLOYD MICHAELS	(i)	146,427	0	2,677	13,681	15,876	178,661	0
	(ii)	0	0	0	0	0	0	0
JOSEPH J DICHRESTINA	(i)	139,498	0	293	12,915	18,601	171,307	0
	(ii)	0	0	0	0	0	0	0
BRUCE J SMITH	(i)	140,627	0	2,443	12,735	26,055	181,860	0
	(ii)	0	0	0	0	0	0	0
LARRY K LEE FORMER KE	(i)	148,446	0	321	15,750	18,414	182,931	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

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.**

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ALLEGHENY COLLEGE

Employer identification number

25-0965212

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	PA HIGHER EDUCATION FACILITIES	23-2243852		02-23-2006	14,000,000	CONSTRUCT STUDENT HOUSING		X		X		X
B	CRAWFORD CO INDUSTRIAL DEVELOPMENT AUTHORITY	23-7115736		05-08-2009	10,295,000	CONSTRUCT STUDENT HOUSING		X		X		X
C	CRAWFORD CO INDUSTRIAL DEVELOPMENT AUTHORITY	23-7115736		05-08-2009	8,000,000	CONSTRUCT STUDENT HOUSING		X		X		X
D	CRAWFORD CO INDUSTRIAL DEVELOPMENT AUTHORITY	23-7115736		12-15-2010	26,386,313	REFUND 1998 BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	305,000		305,000				1,163,844	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	13,913,293		10,179,186		8,000,000		26,260,000	
4	Gross proceeds in reserve funds	1,315,987		836,400					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	189,625		190,015		147,889		126,313	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	12,294,183		9,152,771		7,852,111			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a 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		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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		X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?	X		X		X			X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						X
b Exception to rebate?		X						X
c 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								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	PNC BANK							
c Term of hedge	20 000000000000						20 000000000000	
d Was the hedge superintegrated?		X						X
e 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		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		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?								

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ALLEGHENY COLLEGE

Employer identification number

25-0965212

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

Table with 4 main columns: (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 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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) N SMITH	OFFICER'S FAMILY MEMBER	44,443	EMPLOYMENT		No
(2) J MCINALLY	OFFICER'S FAMILY MEMBER	41,449	EMPLOYMENT		No
(3) G BYRNES	OFFICER'S FAMILY MEMBER	14,211	EMPLOYMENT		No
(4) T REEVES	TRUSTEE	99,976	MARKET GROUPMR REEVES IS A PRINCIPAL IN ALLEN & GARRITSEN, WHICH PROVIDES MARKETING SERVICES TO THE COLLEGE		No
(5) E TAYLOR	BOARD CHAIR	263,529	INSURANCEMR TAYLOR IS AN OWNER/EMPLOYEE OF OSWALD COMPANIES WHICH IS THE COLLEGE'S INSURANCE BROKER		No
(6) C ALLISON	TRUSTEE	6,889	EMPLOYMENT		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
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ALLEGHENY COLLEGE

Employer identification number

25-0965212

Part I Types of Property

Table with 4 columns: (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. Row 9 shows 40 contributions valued at 851,901 using FAIR MARKET VALUE.

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 1

Table with 3 columns: Question, Yes, No. Row 30a asks if property held for at least three years. Row 31 asks about gift acceptance policy. Row 32a asks about third parties. Row 33 asks about reporting amounts.

Part III **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

Schedule M (Form 990) (2012)

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.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
ALLEGHENY COLLEGE

Employer identification number

25-0965212

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF TRUSTEES AUDIT COMMITTEE IS CHARGED BY THE FULL BOARD WITH THE RESPONSIBILITY OF REVIEWING THE FORM 990 AND CALLING IN OUTSIDE EXPERTS TO ANSWER ANY QUESTIONS OF THE BOARD IN ORDER TO COME TO FULL UNDERSTANDING OF WHAT IS BEING REPORTED THIS REVIEW IS HELD JUST PRIOR TO THE SUBMISSION OF THE FORM 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH COMPLETION OF AN ANNUAL DISCLOSURE STATEMENT, WHICH IS COMPLETED BY ALL TRUSTEES. IF A CONFLICT IS DETERMINED TO BE PRESENT, THEN MANAGEMENT AND BOARD LEADERSHIP ADDRESS IT WITH THE APPROPRIATE INDIVIDUAL(S). NO CONFLICTS OR POTENTIALLY CONFLICTING BUSINESS OR FAMILY RELATIONSHIPS WERE NOTED FOR THE FISCAL YEAR. AS A PART OF NEW TRUSTEE ORIENTATION, BOARD MEMBERS ARE INFORMED THAT THE BOARD OF TRUSTEES HAS AUTHORITY ONLY AS A CORPORATE BODY. NO INDIVIDUAL TRUSTEE HAS AUTHORITY OVER ANY ASPECT OF COLLEGE OPERATIONS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS ANNUALLY THE PRESIDENT'S WORK ACCOMPLISHMENTS FOR THE PAST YEAR AND COMBINES THAT INFORMATION WITH A COMPARISON OF COMPENSATION OF PRESIDENTS OF SIMILAR COLLEGES TO SET THE PRESIDENT'S ANNUAL SALARY INCREASE. DOCUMENTATION IS KEPT ON FILE CONCERNING THESE DELIBERATIONS AND MEASUREMENTS. THE SAME BOARD OF TRUSTEES COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE PRESIDENT'S RECOMMENDATION FOR SALARY INCREASES AND FOR THE CRITERIA USED FOR THOSE RECOMMENDATIONS. DOCUMENTATION IS ALSO KEPT ON FILE CONCERNING THIS REVIEW AND APPROVAL.

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

Identifier	Return Reference	Explanation
	FORM 990, REASON FOR AMENDED RETURN	THE RETURN IS BEING AMENDED TO REFLECT THE FOLLOWING CHANGES PART VII - OTHER COMPENSATION FOR ALL EMPLOYEES LISTED WAS CORRECTED TO INCLUDE CERTAIN NONTAXABLE BENEFITS SUCH AS EMPLOYER PROVIDED HOUSING AND TUITION REMISSION, AND TO ELIMINATE THE EMPLOYER'S PORTION OF SOCIAL SECURITY AND MEDICARE TAX WHICH WAS PREVIOUSLY INCLUDED AS A NONTAXABLE EMPLOYEE BENEFIT WHERE APPROPRIATE, SCHEDULE J, PART II WAS REVISED TO REFLECT THESE CORRECTIONS PART VII WAS CHANGED TO INCLUDE A FORMER HIGHLY COMPENSATED EMPLOYEE OMITTED IN THE ORIGINAL RETURN QUESTION 3 WAS CHANGED TO YES TO REFLECT THE ADDITION OF THIS FORMER HIGHLY COMPENSATED EMPLOYEE SCHEDULE B WAS CHANGED TO REFLECT REPORTING ON THE ACCRUAL METHOD THE SPECIAL RULE WAS UTILIZED SCHEDULE F, PART II - QUESTION 3 WAS CHANGED TO REFLECT TRANSFERS AND INVESTMENT IN A FOREIGN CORPORATION SCHEDULE J, PART I - QUESTION 7 WAS CHANGED TO YES SCHEDULE L, PART III WAS CHANGED TO EXCLUDE THE SPECIFIC NAMES OF INDIVIDUALS PER INSTRUCTIONS PART IV WAS MODIFIED FOR THE SAME REASONS PART III - A TRANSACTION FROM THE ORIGINAL SCHEDULE L WAS REMOVED AS IT SHOULD NOT HAVE BEEN REPORTED SCHEDULE M - METHOD OF DETERMINING VALUE WAS REVISED