Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

inter	nai Revei	enue Service Pine organization may have to use a copy of this retuined	II to satisfy	state rep			inspection	
<u>A</u>	For th		, 2009, and	ending	0	5/30	, 20 10	
В	Check if	applicable: Please use IRS C Name of organization LINCOLN UNIVERSITY					er identification number	
\sqcup	Address	s change label or Doing Business As				23	: 1352655 one number	
Ш	Name c		dress) Ro	oom/suite				
	nitial re					(484)	365-8000	
	Termina	ated Instruc- City or town, state or country, and ZIP + 4						
	Amende	ed return tions. LINCOLN UNIVERSITY, PA 19352			ı	G Gross re	ceipts \$ 65,094,358	
\sqcup	Application	ion pending F Name and address of principal officer: Howard Merlin			H(a) Is this	a group return	for affiliates? Yes Vo	
		Lincoln University, 1570 Baltimore Pike, Lincoln U			H(b) Are	all affiliates i	ncluded? Yes No	
\perp		xempt status:					list. (see instructions)	
		site: ► WWW.LINCOLN.EDU				exemption nur		
K		f organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other ► University	L Year of	formation:	1854	M State of	f legal domicile: PA	
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant a	2011111001				emier, Historically	
Ф		Black University that combines the best elements of a libera						
anc		curriculum, and selected graduate programs to meet the ne	eds of tho	se living	g in a hig	hly techr	ological and	
ern		global society.						
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposit	ed of more the	an 25% of	its net ass	ets.		
<u>«</u>		Number of voting members of the governing body (Part VI, line					37	
ies	4	Number of independent voting members of the governing body	/ (Part VI, I	ine 1b)			34	
Activities &	5	Total number of employees (Part V, line 2a)				. 5	1,171	
Ac	6	Total number of volunteers (estimate if necessary)					0	
		Total gross unrelated business revenue from Part VIII, column (0	
	b	Net unrelated business taxable income from Form 990-T, line 3	4			. 7b	0	
			Prior Y		Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)				340,525	15,474,518	
enn	9	Program service revenue (Part VIII, line 2g)		—		374,379	47,991,225	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .		—		285,142 894,423	779,875	
_		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					848,740	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, colum	n (A), line 12	2)	60,	894,469	65,094,358	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	0	
G	14	Benefits paid to or for members (Part IX, column (A), line 4) .				0	0	
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A	1), lines 5–1	0)	31,	605,920	32,972,264	
e		Professional fundraising fees (Part IX, column (A), line 11e)	700 450	. —		0	0	
ш	1	Total fundraising expenses (Part IX, column (D), line 25) ▶	786,458					
		Other expenses (Part IX, column (A), lines $11a-11d$, $11f-24f$) .				222,871	27,160,276	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			828,791	60,132,540	
_ 0	19	Revenue less expenses. Subtract line 18 from line 12				065,678	4,961,818	
ts o					ginning of C	-	End of Year	
Sse	20	Total assets (Part X, line 16)				580,118	230,600,491	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		–	-	426,355	47,618,516	
		Net assets or fund balances. Subtract line 21 from line 20			113,	153,763	182,981,975	
Pä	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including		a achadula	a and atata	monto and t	a the heat of my knowledge	
		and belief, it is true, correct, and complete. Declaration of preparer (other than						
C:-					1			
Siç He	-	Signature of officer	 Dat	Δ				
пе	re	Howard Merlin, VP for Fiscal Affairs			Dai	C		
		Type or print name and title						
_		,	Date	Check	k if	Preparer's is	dentifying number	
		Preparer's signature		(see instruct				
Paid				emplo	oyed ► L			
	parer's	Firm's name (or yours			EINI			
Use	Only	if self-employed),			EIN Phone n	<u> </u>)	
Ma	v the	address, and ZIP + 4 IRS discuss this return with the preparer shown above? (see in	etructions)		Prione n	U. P (Yes No	
IVIC	V LIIC	THE GISCUSS THE LETHIN WITH THE DIEDALE SHOWN ADDIVE! ISSET IF	เอเเนษเบบปร				.	

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Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Lincoln University is a premier, Historically Black University that combines the best elements of a liberal arts and sciences -based undergraduate core curriculum, and selected graduate programs to meet the needs of those living in a highly technological and global society.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$
	University's instructional mission (2400 students, both graduate and undergraduate).
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses \$ 46.733.459

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
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</i> "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	~	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	~	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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>			
•	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>			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	V	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<i>V</i>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		~
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, Part III</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		/
20	Did the organization operate one or more hospitals? If "Ves." complete Schedule H	20	l	V

Part IV Checklist of Required Schedules (continued)

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

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable	1							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	V						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
la.	Statements, filed for the calendar year ending with or within the year covered by this return	2b	_						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by								
ou	this return?	3a		~					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?	4a		~					
b	If "Yes," enter the name of the foreign country: ▶								
	See the instructions for exceptions and 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?	5b		~					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	0.0							
C	Prohibited Tax Shelter Transaction?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		~					
	organization solicit any contributions that were not tax deductible?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-							
	and services provided to the payor?	7a 7b		/					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1					
Ь	required to file Form 8282?								
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal								
·	benefit contract?	7e		~					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 g		~					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l							
_	required?	7h		~					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting								
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	-							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
100	amounts due or received from them.)	12a							
ı∠a h	If "Yes" enter the amount of tax-exempt interest received or accrued during the year	120							

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	~	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		~
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	~	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	~	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •		11	/	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	~	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	~	
		120	_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	~	
12	describe in Schedule O how this is done	13	~	
13	Does the organization have a written whistleblower policy?	14	~	
14	Does the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	~	
	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		~
	with a taxable entity during the year?	<u>16a</u>		•
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401-		
800	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	✓ Own website ✓ Another's website ✓ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► HOWARD MERLIN, (484)365-8049			
	1570 Baltimore Pike. P O Box 179. Lincoln University. PA 19352-0999			

Form 990 (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not	compensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C) (D)						(D)	(E)	(F)
Name and Title	Average hours per week		_	Officer	_	that ap	Former	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
HOWARD H BROWN	0							0	0	0
Trustee		~						•	•	
ROBERT L ARCHIE	o							0	0	0
Trustee		~								
ANDREA L CUSTIS	· o							0	0	0
Trustee		~								
BISHOP DAVID G EVANS	· o							0	0	0
Trustee HONORABLE LEVAN GORDON		~								
	· 0	_						0	0	0
Trustee KATHLEEN J BUTLER HAYES										
Trustee	· 0	V						0	0	0
KIMBERLY A LLOYD										
Trustee	0	1						0	0	0
GREGORY C MILLER								_		
Trustee	0	~						0	0	0
DR PETER OTUNUYA CHINWEOLILI	0							0	0	0
Trustee	U	~						U	U	U
TEHMA H SMITH	0							0	0	0
Trustee	0	~						•	•	•
HONORABLE W CURTIS THOMAS	0							0	0	0
Trustee		'							•	
KEVIN E VAUGHAN	o							0	0	0
Trustee		~								
DR IVORY V NELSON	37.50			١.				250,908	0	0
Ex officio Trustee		~		~	~	~		,		
DR ROBERT L ALBRIGHT	· o							0	0	0
Trustee		~					\vdash			
REVEREND CHARLES A COVERDALE	· o							0	0	0
Trustee WILLIAM B INGRAM		~		-			-			
	· 0	_						0	0	0
Trustee		V								

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Part VII Section A. Officers, Directors,	Trustees, Key	/ Emp	loye	es,	an	d Hig	hest	t Compensate	d Employees (col	ntinued)
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average hours per week	P Individual trustee or director	nstitutional trustee	_	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DR DAVID E KNOX	0							0	0	0
Trustee	0	~						U	U	U
DR AJAY RAJU Trustee	o	_						0	0	0
HONORABLE RUTH E SMITH Trustee	o	_						0	0	0
LESTER N CONEY Trustee	0	_						0	0	0
HONORABLE DWIGHT EVANS Trustee	0	_						0	0	0
RICHARD H GLANTON Trustee	0	_						0	0	0
HONORABLE CHERELLE PARKER Trustee	0	_						0	0	0
HONORABLE ROBERT F POWELSON Trustee	0	_						0	0	0
HONORABLE SPENCER B SEATON Trustee	0	_						0	0	0
DR KATHLEEN M SHAW Trustee	0	_						0	0	0
GERALD L ZAHORCHAK Ex Officio Trustee	0	_						0	0	0
SHERMAN WOODEN Trustee	0	~						0	0	0
Continued On Schedule J2										
1b Total		<u> </u>				L		1,464,113	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 27

				_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		~
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	~	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		~

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TIAA CREF, 730 Third Avenue, New York, NY 10017-3206	Benefit Provider	3,289,909
Aetna US Healthcare, 1425 Union Meeting Rd, Blue Bell, PA 19422-0317	Insurance Benefits Provid	2,856,575
Sodexho Inc and Affiliates, PO Box 905374, Charlotte, NC 28290-5374	Food Service Provider	2,735,765
Weidenhammer Systems Corp, 935 Berkshire Blvd, Wyomissing, PA 19610	Information Technology C	519,538
Gooseworks, 6069 Main St, East Petersburg, PA 17520	General Contracted Servio	297,906

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 23

Yes No

Form 990 (2009) Page **9**

Form 9		·						Page 9
Part		Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants ar amounts	1a b c	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c	0 0 0				
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines	1e /e 1f 1a-1f: \$	13,623,000 1,851,518 0				
	h	Total. Add lines 1a–1f		Business Code	15,474,518			
Program Service Revenue		Tuition & Fees		611310	25,604,659	25,604,659	0	0
eve	2a	Room & Board		611310	14,956,755	14,956,755	0	0
ě	b	Contracts & Soonsored Acti	vitios	611310	7,429,811	7,429,811	0	0
Ž	C			011010	7,423,011	7,423,011		
n Se	a							
grar	e f	All other program service reve			0	0	0	0
Pro	q	Total. Add lines 2a–2f		•	47,991,225			
	3	Investment income (including		s, interest, and	779,875	779,875	0	0
	4	Income from investment of tax-ex			0	0	0	0
		Royalties	eal 0	(ii) Personal	0	0	0	0
	1	Less: rental expenses Rental income or (loss)	0	0				
	d	Net rental income or (loss) .		•	0	0	0	0
		assets other than inventory	curities 0	(ii) Other				
		Less: cost or other basis and sales expenses . Gain or (loss) .	0					
		Net gain or (loss)		▶	0	0	0	0
Other Revenue		Gross income from fundation events (not including \$	e 1c).	0				
Ę		Less: direct expenses		0	0			
O		Net income or (loss) from fund	_	vents	U	0	0	0
	b	Gross income from gaming act See Part IV, line 19 Less: direct expenses	a	0				
		Net income or (loss) from gan	_	vities ▶	0	0	0	0
		Gross sales of inventory, returns and allowances Less: cost of goods sold .	a					
		Net income or (loss) from sales		ory ►	0	0	0	0
		Miscellaneous Revenue		Business Code				
	b							
	C	All other revenue			848,740	848,740	0	0
		All other revenue Total. Add lines 11a–11d		•	848,740	340,140		
		Total revenue. See instruction			65,094,358	49,619,840	0	0
					23,00 1,000	,,		

Part IX Statement of Functional Expenses

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

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 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 U.S. See Part IV, line 21	0	0									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0									
4	Benefits paid to or for members	0	0									
5	Compensation of current officers, directors, trustees, and key employees	817,937	279,567	260,054	278,316							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0							
7	Other salaries and wages	24,375,113	19,435,431	4,771,526	168,156							
8	Pension plan contributions (include section 401(k)											
0	and section 403(b) employer contributions)	1,960,668	1,386,084	532,441	42,143							
0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,870,126	2,844,974	954,880	70,272							
9	Other employee benefits	1,948,420	1,524,437	394,706	29,277							
10	Payroll taxes	1,340,420	1,324,437	334,700	23,211							
11	Fees for services (non-employees):	0		0	0							
	Management	0	0	0	0							
b	Legal	278,650	0	278,650	0							
С	Accounting	67,340	0	67,340	0							
d	Lobbying	26,559	0	0	26,559							
е	Professional fundraising services. See Part IV, line 17	0			0							
f	Investment management fees	0	0	0	0							
	Other	2,690,853	1,860,853	797,957	32,043							
12	Advertising and promotion	40,982	16,078	18,870	6,034							
13	Office expenses	3,477,446	2,387,607	1,060,154	29,685							
14	Information technology	966,690	483,345	483,345	0							
15	Royalties	0	0	0	0							
16	Occupancy	8,454,138	5,593,677	2,860,342	119							
17	Travel	761,955	624,030	103,918	34,007							
		•		,	•							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0							
19	Conferences, conventions, and meetings .	77,184	46,790	28,440	1,954							
20	- 1	1,918,884	1,918,884	0	0							
	Interest	0	0	0	0							
21	Payments to affiliates	4,340,509	4,340,509	•	0							
22	Depreciation, depletion, and amortization.	197,651	197,651	0	0							
23	Insurance	137,001	137,001	0								
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)											
а	Bad Debt	1,952,182	1,952,182	0	0							
b	Scholarships	1,614,434	1,614,434	0	0							
С	Miscellaneous	294,819	226,926	0	67,893							
d												
е												
	All other expenses											
25	Total functional expenses. Add lines 1 through 24f	60,132,540	46,733,459	12,612,623	786,458							
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation											

Form 990 (2009) Page **11**

Part X Balance Sheet

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	15,344,724	1	20,650,996
	2	Savings and temporary cash investments	221	2	0
	3	Pledges and grants receivable, net	1,914,348	3	2,250,360
	4	Accounts receivable, net	221,038	4	720,779
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	6	0
ts	7	Notes and loans receivable, net	1,257,518	7	1,284,012
Assets	8	Inventories for sale or use	156,300	8	188,956
Ä	9		296,226	9	4,689
	10a	Prepaid expenses and deferred charges			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 47,559,507	116,457,887	10c	177,000,574
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	19,451,758	12	21,749,656
	13	Investments—program-related. See Part IV, line 11	2,764,360	13	2,772,296
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,715,738		3,978,173
	16	Total assets. Add lines 1 through 15 (must equal line 34)	161,580,118		230,600,491
	17	Accounts payable and accrued expenses	6,144,041		6,859,163
	18	Grants payable	0	18	0
	19	Deferred revenue	433,995		153,413
	20	Tax-exempt bond liabilities	29,193,106		28,794,287
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	540,644	23	114,182
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	12,114,569		11,697,471
	26	Total liabilities. Add lines 17 through 25	48,426,355	26	47,618,516
ces		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	43,751,034	27	54,314,266
Ba	28	Temporarily restricted net assets	57,043,123	28	115,743,921
р	29	Permanently restricted net assets	12,359,606	29	12,923,788
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	113,153,763	33	182,981,975
_	34	Total liabilities and net assets/fund balances	161,580,118	34	230,600,491
					Earm QQ ((2000

Form 990 (2009) Page **12**

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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

LIN	COL	N UNIVERS	ITY						23	1	1352655	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
	orga	A church, co A school de A hospital or A medical re hospital's na An organizat section 170 A federal, st An organizat described in A communit An organizat receipts from	ot a private found on vention of chus cribed in section a cooperative besearch organization operated for (b)(1)(A)(iv). (Column at the cooperation operated for ate, or local government of the cooperation	rches, or association on 170(b)(1)(A)(ii). (Attacked as the conjugate of t	(For lines of church sach Scheization dunction was all part of Part II.) (A)(vi). (Can 331/3 %: ions—su	a 1 throughes described with a howersity oversity oversity supports of its support of its support of its support of its support to of its subject to other support of its subject to other support of its subject to other support its support its subject to other subject to other support its subject to other subject subject subject subject subject subject subject subject subject su	in sections spital de vined or of the from a part II.)	eck only section 1 on 170(b) scribed in operated ion 170(b) government m contrib sceptions	one box. 70(b)(1)(/ (1)(A)(iii). n section by a gov b)(1)(A)(v) nental uni utions, m , and (2)	170(b)(1 ernmenta t or from	the general publip fees, and gros	ir ic
10 111 e		An organizate An organizate An organizate purposes of 509(a)(3). Chain Type By checking persons other 509(a)(1) or significant organization Since August following personant (iii) but it is a family (iii) A family (iii) A 35% companies organization organization.	tion organized at tion organized at one or more pull neck the box that I b the public than foundation section 509(a)(2) ization received, check this box at 17, 2006, has resons? In who directly or below, the governmember of a persontrolled entity or the section or the sectio	a written determination the organization managers and other a written determination acceptation accept	ely to test rely for the nizations of suppo Typ nion is not r than one on from epted any either alor corted or above? I in (i) or	t for public to for public to the transfer or more the transfer or toganizatio	ic safety. t of, to p d in sectionally led direct publicly that it is ontribution ether with n? ?	See sec perform to on 509(a) and com- integratedatly or incom- supported a Type I	tion 509 the function (1) or secuplete line (1) the line	ons of, o oction 509(es 11e thr d	(a)(2). See section rough 11h. Type III-Other more disqualified escribed in section in	ed on
(i)	Name	Provide the e of supported anization	following informa	ation about the suppo (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the c	anization(organization sted in your document?	(v) Did y the organ col. (i)	rou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.?	(vii) Amount of support	
					Yes	No	Yes	No	Yes	No		
												-
												_
												_
												_
												_

Total

Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) Section A. Public Support **(b)** 2006 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (c) 2007 (d) 2008 (f) Total (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) **Total support.** Add lines 7 through 10 . 11 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Sec	tion C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	9/	6
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	9/	6
16a	331/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 331/3 9 and stop here. The organization qualifies as a publicly supported organization			
b	33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 3 box and stop here. The organization qualifies as a publicly supported organization		,	
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support	Expla	in in Part IV how the	
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization qualifies as a publicly supported organization.	Explai	n in Part IV how the	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this l	oox ar	nd see instructions >	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0005	# \ 0000	() 0007	/ I) 0000	() 2000	(n T)
Ga	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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 to organization, check this box and stop leads to the stop of the sto	-	n's first, secor		•		` ' ' ' _
Sec	tion C. Computation of Public Su	pport Percei	ntage				
15	Public support percentage for 2009 (lin			e 13, column	(f))	15	%
16	Public support percentage from 2008 S					16	%
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage			T 1	
17	Investment income percentage for 2009	•	. ,	•	. ,,	17	%_
18	Investment income percentage from 20	08 Schedule A	A, Part III, line	17		18	%
19a	331/3 % support tests - 2009. If the orga	anization did n	ot check the b	ox on line 14, a	and line 15 is n		
	17 is not more than 331/3 %, check this b	-	•				
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	s box and stop	here. The organ	nization qualifie	s as a publicly	supported org	ganization >
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b			structions ► □

Part IV	Supplementa Part II, line 17	al Information. 7a or 17b; and	Complete this Part III, line 12	part to provide . Provide any o	the explanations ther additional inf	s required by Part II formation. See instru	, line 10; uctions.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

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

► Complete if the organization is described below.

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

Open to Public Inspection

•	Section 527 organizations: Con	nplete Part I-A only.						
	f the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.							
	• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then							
	• Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
Na	me of organization			Employe	r identification number			
	NCOLN UNIVERSITY			23	1352655			
Pai		e organization is exempt unde	•		organization.			
1		e organization's direct and indirect						
2								
3	Volunteer hours							
Pai	rt I-B Complete if the	e organization is exempt und	er section 501(c)(3).				
1	Enter the amount of any ex	xcise tax incurred by the organiza	tion under section	n 4955 ▶ \$				
2	Enter the amount of any ex	xcise tax incurred by organization	managers under	section 4955 . $ ightharpoonup$ $ ho$ $ ho$				
3		d a section 4955 tax, did it file For						
4a b					· L Yes L No			
		e organization is exempt und	er section 501(c), except section 5	01(c)(3).			
1	·	expended by the filing organization	•					
	,							
2		ing organization's funds contribute ties						
3		penditures. Add lines 1 and 2. Er						
4		file Form 1120-POL for this year?			. Yes No			
5		and employer identification numbe						
		zation listed, enter the amount paid for vere promptly and directly delivered						
		mmittee (PAC). If additional space is			a separate segregateu			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
	(a) Name	(b) Address	(C) LIN	filing organization's	contributions received and promptly and directly			
				funds. If none, enter -0	delivered to a separate			
					political organization. If none, enter -0			

Scr	ledule C (Form 990 or 990-EZ) 2009					Page 4
P	art II-A Complete if the organiz under section 501(h)).	ation is exem	pt under sectio	n 501(c)(3) and	filed Form 5768	(election
A B	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				one apply	
<u> </u>				CONTROL PROVISIO		# N A COUL
	(The term "expenditures"	bbying Expend means amoun		ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobbying expenditures to influe	nce public opini	on (grass roots lol	obying)		
I	b Total lobbying expenditures to influe	nce a legislative	body (direct lobb	ying)		
	c Total lobbying expenditures (add line	es 1a and 1b)				
(d Other exempt purpose expenditures					
	e Total exempt purpose expenditures					
•	f Lobbying nontaxable amount. Enter columns.	the amount from	n the following tab	le in both		
	If the amount on line 1e, column (a) or (b) i		nontaxable amour	nt is:		
	Not over \$500,000		mount on line 1e.			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,00		s 5% of the excess	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (ente	•				
ı	h Subtract line 1g from line 1a. If zero					
	i Subtract line 1f from line 1c. If zero If there is an amount other than zero section 4911 tax for this year?	on either line 1h	or line 1i, did the o			☐ Yes ☐ No
	4. (Some organizations that I	Year Averaging	g Period Under S	ection 501(h) lo not have to co	mplete all of the	five
	Lobby	ing Expenditure	es During 4-Year	Averaging Period	l l	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	C Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
1	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Pal	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	וז וכ	iea F	orm 5/68
		(a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:		~	
a			7	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c d	Media advertisements?		~	
e	Publications, or published or broadcast statements?		~	
f	Grants to other organizations for lobbying purposes?		~	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~		26,559
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~	
i	Other activities? If "Yes," describe in Part IV		~	
j	Total. Add lines 1c through 1i			26,559
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .		/	
b	If "Yes," enter the amount of any tax incurred under section 4912		_	
C C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5) or	section
	501(c)(6).	. (0)(0,, 0.	00011011
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 50			
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III- "Yes."	A, III	ne 3	is answered
			1	
1	Dues, assessments and similar amounts from members		-	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cai		
_			2a	
a h	Current year	.	2b	
C	Total	•	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			
	and political expenditure next year?	.	4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pa	rt IV Supplemental Information			
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 1;	ne 5;	and F	Part II-B, line 1i.
Also	, complete this part for any additional information. redule C, Part II-B, Line 1 - The University's lobbying activities are solely directed to protecting	a ito	State	assistanas
	ney which is determined by legislative acts. As a State Related institution, the University recei			
	tion of its operating and capital funds from the State. These funds are allocated to the Univers			
	slation. All if the University's lobbying expenses are for activities concerning that legislation			

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number **LINCOLN UNIVERSITY** 23 1352655 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items:

Par	t III Organizations Maintaini	ing Collections of	of Art, Histor	ical Treasur	es, or (Other Similar	Assets (c	ontinu	ued)
3	Using the organization's acquisition collection items (check all that appl		ther records, o	check any of	the follo	wing that are a	ı significan	t use o	of its
а	Public exhibition		d 📙	Loan or exc	change p	orograms			
b	Scholarly research		е 📙	Other					
С	Preservation for future general	tions							
4	Provide a description of the organiz Part XIV.	ation's collections	and explain h	now they furth	ner the c	organization's e	exempt pui	rpose	in
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?								
Par	rt IV Escrow and Custodial A IV, line 9, or reported an				n answe	red "Yes" to I	Form 990,	Part	
								es 🗌	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the follo	wing table:					
					4	_	Amount		
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
b	Did the organization include an ame If "Yes," explain the arrangement in	Part XIV.						'es ∟	□ No
Par	rt V Endowment Funds. Co	r i	·					U. ır years l	b a a l r
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years be	ack (e) Fou	ir years i	Dack
1a	Beginning of year balance	26,670,985	31,901,5						
b	Contributions	258,086	249,8	/3					
С	Net investment earnings, gains,	2 076 206	4 960 2	24					
	and losses	2,876,286	-4,869,2						
	Grants or scholarships	551,000	555,0	00					
е	Other expenditures for facilities	0		0					
	and programs	61,931	56,2	-					
f g	Administrative expenses End of year balance	29,192,426	26,670,9						
2	Provide the estimated percentage of	of the year end bal	ance held as:						
а	Board designated or quasi-endown								
b	Permanent endowment ►5	5.6 %							
С	Term endowment ► 42.6 %	ó							
3a	Are there endowment funds not in th	e possession of th	e organization	that are held	and adn	ninistered for th	ne		
	organization by:							Yes	No
	(i) unrelated organizations						. 3a(i)		
	(ii) related organizations						. 3a(ii)	4	
	If "Yes" to 3a(ii), are the related org						. 3b		
4	Describe in Part XIV the intended us				Dt-V	lin = 40			
Par	t VI Investments—Land, Bu		•		1				
	Description of investment	(a) Cost or oth		Cost or other pasis (other)		Accumulated epreciation	(d) Boo	ok value	
1a	Land	!	906,161	0					,161
b	Buildings	206,	497,603	0		37,065,417	16	9,432	<u>,186</u>
С	Leasehold improvements		0	0)	0			0
d	Equipment	17,0	022,083	0)	10,494,090		6,527	,993
е	Other		134,234	0		0		134	,234
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 99	90, Part X, colu	mn (B), line 10	(c).) .	•	17	7.000	.574

Schedule D (Form 990) 2009 Page **3**

Part VII Investments—Other Securities	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other Pooled investment funds with outside i	21,749,656	End-of-Year Market Value	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	21,749,656		
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation: irket value
Investment Restricted for Debt Service	2,772,296	End-of-Year Market Value	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	2,772,296		
Part IX Other Assets. See Form 990, Pa	· · · · · · · · · · · · · · · · · · ·		
Funda Hald in Trust by Others	(a) Description		(b) Book value
Funds Held in Trust by Others Bond Issuance Costs			2,842,970 1,135,203
Della locadiloc decis			1,133,203
Total. (Column (b) must equal Form 990, Part X, col.			3,978,173
Part X Other Liabilities. See Form 990, 1. (a) Description of liability	, , , , , , , , , , , , , , , , , , ,		
1. (a) Description of liability Federal income taxes	(b) Amount	0	
Bonds Payable 2004B	7,885,00		
Asset Retirement obligation	1,585,00		
Government advances to students	1,170,37		
Security deposits	1,057,09		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,697,47	1	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	ater	ments
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,094,358
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,132,540
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,961,818
4	Net unrealized gains (losses) on investments	4	2,543,765
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	62,322,629
9	Total adjustments (net). Add lines 4 through 8	9	64,866,394
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	69,828,212
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	T	
1	Total revenue, gains, and other support per audited financial statements	1	133,838,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_	
а	Net unrealized gains on investments	2	
b	Donated services and use of facilities	4	
С	necoveries of prior year grants	0	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	65,094,358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	investinent expenses not included our form 330, i art vin, inte 75 .	0	
b	Other (Describe in Fait XIV.)	0	
C	Add lines 4a and 4b	40	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expens		
1	Total expenses and losses per audited financial statements	1	61,466,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities)	
b	Prior year adjustments	0	
С	Other losses	0	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2	, ,
3	Subtract line 2e from line 1	3	60,132,540
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0	
b	Other (Describe in Part XIV.)	0	
С	Add lines 4a and 4b	4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	60,132,540
Pai	rt XIV Supplemental Information		
and this	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar part to provide any additional information. nedule D, Part V, Line 4 - Primarily scholarships for undergraduate students attending the Un	nd 4k	o. Also complete
fina	nedule D, Part X - Tax exempt bonds payable per Schedule K; Asset retirement obligations fo ancial statement asbestos abatement cost; Government advances for student loans per the Utements; and security deposits on student housing per the University's financial statements.	Jnive	-
Scl	nedule D, Part XI, Line 8 - State contributed for capital projects - 66,200,472. Depreciation of S	state	contributed

Schedule D (Form 990) 2009

Part XIV - Supplemental Information (Continued)

Schedule D, Part XII, Line 2d - State Contributed for capital projects - 66,200,472

Schedule D, Part XII, Line 2d - State Contributed for capital projects - 66,200,472
Schedule D, Part XIII, Line 2d - Realized and unrealized gains from investments - 2,543,765. Depreciation of State contributed assets - 3,877,843.

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization LINCOLN UNIVERSITY 23 1352655 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, 1 bylaws, other governing instrument, or in a resolution of its governing body? 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, 1 2 programs, and scholarships? 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 1 describe. If "No," please explain. If you need more space, use Schedule O (Form 990) The University's racial nondiscriminatory policy is publicized in the student handbook and is highlighted in its media advertisements. Does the organization maintain the following? ~ 4a a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c V 4d **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 Schedule O (Form 990). Does the organization discriminate by race in any way with respect to: 5a Students' rights or privileges? 5b Admissions policies? 5с Employment of faculty or administrative staff? 5d Scholarships or other financial assistance? . 5e Educational policies? 5f Use of facilities? . 5g Athletic programs? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). 1 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? 6b **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 Schedule O (Form 990). Sch O, Stmt 1 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 Schedule O

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

LINCOLN UNIVERSITY

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

1352655

Employer identification number

23

Open to Public Inspection

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ✓ Housing allowance or residence for personal use ☐ Payments for business use of personal residence Travel for companions ✓ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on 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 1 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... c Participate in, or receive payment from, an equity-based compensation arrangement?. 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. 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: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	reported in prior Form 990 or Form 990-EZ	
DR IVORY V NELSON	(i)	250,908	0	0	0	98,691	349,599	0	
	(ii)	0	0	0	0	0	0	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2009	age 3
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this per any additional information.	part
Schedule J, Part I, Line 1a - The President is required by contract to reside on campus. The President's residence is also used for various University and Board	
of Trustee functions. The University provides for premises housekeeping and maintenance. University policy allows for very limited travel expenses for	
companions. All Presidential travel and other expenses are reviewed yearly by the Audit Committee of the Board of Trustees.	
Schedule J, Part I, Line 3 - Employment of the President is initiated by the Board of Trustees. The Evaluation Committee of the Board reviews the President's performance and compensation and reports to the full Board. The Committee recommends any adjustment to the President's compensation through a Resolution	
that the full Board discusses and votes on. All Board Resolutions are public information and are posted on the University's web page.	

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Inspection
Employer identification number

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average hours	Positi	ion (c	•	•	that ap	(vlac	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
PHYLLIS G WOOLLEY ROY										
Trustee	0	~						0	0	0
HONORABLE EDWARD G RENDELL GOV										
Ex officio Trustee	0	~						0	0	0
MR WARREN R COLBERT SR										
Trustee	0	~						0	0	0
PHOEBE A HADDON										
Trustee	0	~						0	0	0
DR DONNA M LAWS										
Trustee	0	~						0	0	0
MR GARY A MICHELSON										
Trustee	0	~						0	0	0
DR DONALD L										
Trustee	0	V						0	0	0
DR GUY A SIMS									-	
Trustee	0	V						0	0	0
Michael Hill									-	
VP of Development and External Relation	37.5			/	~			150,826	0	0
DR Grant Venerable	0110				_			100,020		
Vice President for Academic Affairs	37.5			/	~			139,614	0	0
Howard Merlin	0110							100,011		
Vice President for Fiscal Affairs	37.5			/	~			134,162	0	0
DR Jerryl Briggs	07.0							104,102		
Interim Vice President for Student Affairs	37.5			/	~			107,353	0	0
DR William Bynum Jr	07.0							101,000		
Vice President for Student Affairs	37.5			~	~			72,286	0	0
DR Delroy Louden	07.0							12,200		
Professor	37.5					_		157,119	0	0
DR Willie Williams	37.3							107,113		
Professor	37.5					_		124,392	0	0
DR Robert Langley	37.3							124,532	•	
Chemistry Chair/Professor	37.5					_		117,227	0	0
John Thompson	37.3							111,221	0	
Director for Physical Plant	37.5					_		105,113	0	0
DR Patricia Joseph	37.3							100,113	0	
Professor	37.5					_		105,113	0	0
1 10103301	37.3							100,113	0	
		L								
		I	1	1	Ì	1	1	l l		

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. See separate instructions.

LINCOLN UNIVERSITY 1352655 Part I **Bond Issues** (h) On (a) Defeased (c) CUSIP # (d) Date issued (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose behalf of Pennsylvania Economic Development Financing Construct/equip 400 bed residence 40.140.000 Yes No Yes No 70869PDP9 06/10/2004 **A** Authority hall, oth cap projects, pay capital В C D **Proceeds** Ε В C D 0 Gross proceeds in reserve funds Proceeds in refunding or defeasance escrows . . . Working capital expenditures from proceeds . . . Capital expenditures from proceeds Yes No Yes Nο Yes No Yes Nο Yes No 1 Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance Has the final allocation of proceeds been made? . . Does the organization maintain adequate books and records to support the final allocation of proceeds? **Private Business Use** Α В C D Ε Yes No Yes No Yes No Yes No Yes Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by ~ 2 Are there any lease arrangements with respect to the financed property which may result in private business use?

Pa	rt III Private Business Use (Continued)										
	3a Are there any management or service contracts with respect to the financed property which may result in private business use?		Α		В	(C	D		E	
3a			No V	Yes	No	Yes	No	Yes	No	Yes	No
b	b Are there any research agreements with respect to the financed property which may result in private business use?		V								
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		V								
4			0 %		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .		0 %		%		. %		· %		. %
6	Total of lines 4 and 5		0 %		%		%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	~									
Pa	rt IV Arbitrage		'								!
		Α		В		С		D			E
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2	Is the bond issue a variable rate issue?	~	/								
	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		~								
	Name of provider										
C	Term of hedge										
	Were gross proceeds invested in a GIC?		V								
	Name of provider										
_	Term of GIC										
d 	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		~								
6	Did the bond issue qualify for an exception to rebate? .		~								

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

LINCOLN UNIVERSITY 23 1352655 Form 990, Part VI, Section A, Line 7a - The Commonwealth of Pennsylvania appoints the following voting Board members: the Governor appoints five members including him or herself; the Senate appoints four members and the House of Representatives appoints four members. The University Alumni Association also nominates six Board members. Form 990, Part VI, Section B, Line 11 - The Form 990 is provided to the Audit Committee of the Board before it is transmitted to the IRS. The Form 990 is also made available to all Board members at the next scheduled board meeting and the Form 990 is posted on the University's website. Form 990, Part VI, Section B, Line 12c - The Audit Committee monitors and tracks compliance with the University's By-Laws Conflict of Interest Statement. The issuance and collecting of the yearly statements is coordinated through the University's Internal Audit Department which reports to the Committee. The chair of the board and the chair of the Audit Committee are provided with copies of all statements. Enforcement of policy and oversight of any reported conflicts are adjudicated by the two chairs. Form 990, Part VI, Section B, Line 15 - The Board sets and approves the President's compensation (see statement 10). All other employees' compensation is administered by University's Human Resources Department through the University's budget process. The Board and various Board Committees are provided the University's yearly Operating and Capital budget details, which are reviewed and approved by a Board Resolution. Form 990, Part VI, Section C, Line 19 - The University posts the following governing documents on its public web page: University By-Laws, University Policies, all passed Board of Trustees Resolutions, Board of Trustees meeting minutes, a listing of Board members and committee assignments, a listing of the twenty five highest paid employees, the Minutes of the President's cabinet meetings, and the University's Form 990.

Schedule O, Statement 1 LINCOLN UNIVERSITY 23-1352655

Form: Schedule E

Page: 1

Line Number: Line 6

Government Financial Aid Explanation

Explanation

As a state-related university, the organization receives legislated direct financial assistance from the commonwealth of Pennsylvania. In addition, the University's students receive state and federal aid that is paid to the University for tuition and related expenses. Student financial aid is in the form of federal Pell, SEOG, ACG and other grants, Commonwealth grants and various federal loans.

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