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Department of the

Treasury

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not ontor cocial cocurity numbers on this form as it may be made public

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493132010051

2019

Open to Public Inspection

		e 2019 c	alendar year, or tax year begin	ning 07-01-2019 , and ending 06	-30-20			
		pplicable:	C Name of organization Bucknell University			D Employe	r identi	fication number
	dress of me cha	change				24-0772	407	
☐ Ini	tial ret	urn	Doing business as					
		n/terminated I return		ail is not delivered to street address) Room	/cuito	E Telephone	e numbe	r
		n return on pending	1 Dent Drive Finance Office		/suite	(570) 57	77-3811	L
			City or town, state or province, cour Lewisburg, PA 17837	ntry, and ZIP or foreign postal code		<b>G</b> Gross red	eipts \$ 6	577,072,534
			<b>F</b> Name and address of principa	l officer:	HC	a) Is this a group ret		
			John C Bravman 219 Marts Hall Bucknell Univ			subordinates?	ui i i i i i	□Yes <b>☑</b> No
			Lewisburg, PA 17837		H(1	b) Are all subordinate	es	☐ Yes ☐No
<b>T</b> a	x-exen	npt status:	<b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b>	(insert no.) 4947(a)(1) or 527		included?  If "No," attach a li	st. (see	
) W	ebsit	e:▶ ww	w.bucknell.edu		H(	c) Group exemption	•	•
<b>K</b> Forr	n of or	ganization	: 🗹 Corporation 🗆 Trust 🗀 Asso	ciation Other ►	<b>L</b> Ye	ar of formation: 1846	<b>M</b> State	of legal domicile: PA
D	art I	Sum	mary					
P			mary scribe the organization's mission o	r most significant activities:				
a				re liberal arts and professional progran	ns comp	olement each other.		
<u>ို</u>	-							
e E	-							
Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization dis	continued its operations or disposed o	f more t	than 25% of its net as	sets.	
3				ig body (Part VI, line 1a)			3	37
<b>ಶ</b> ഗ	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	36
Activities &	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .			5	3,723
Š	6	Total nun	nber of volunteers (estimate if ned	essary)			6	1,811
ĕ	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	35,379
	b	Net unrel	ated business taxable income fror	n Form 990-T, line 39			7b	
						Prior Year		Current Year
91	8	Contribut	tions and grants (Part VIII, line 1h)		L	43,891,0	88	31,298,25:
Ravenue	9	Program	service revenue (Part VIII, line 2g)			239,946,3	98	240,667,270
RÿV	10	Investme	ent income (Part VIII, column (A), l	ines 3, 4, and 7d) . . . .		51,629,7	92	55,397,153
	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		5,447,2		3,409,038
	12	Total rev	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		340,914,5	11	330,771,712
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3 )	L	62,768,0	78	62,641,890
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)	L			(
&	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5–10	)	148,228,5	75	151,720,57:
SUS.	1		• , ,	mn (A), line 11e)				(
Expenses	b	Total fundr	raising expenses (Part IX, column (D),	line 25) ►10,442,664				_
ш			penses (Part IX, column (A), lines	•		91,983,3	26	84,585,872
	1	•	enses. Add lines 13–17 (must equ			302,979,9		298,948,333
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		37,934,5	32	31,823,379
Net Assets or Fund Balances					8	Beginning of Current Ye	ear	End of Year
aar	20	Total ass	ets (Part X, line 16)		F	1,417,140,0	21	1,432,401,486
AB B			ilities (Part X, line 26)		-	282,411,0	_	321,036,85
S E	1		s or fund balances. Subtract line 2		-	1,134,728,9	_	1,111,364,629
	rt II		ature Block			_,,,		
				ined this return, including accompanyi	ng sche	dules and statements	, and to	the best of my
know	ledge	and belie		. Declaration of preparer (other than o				
any k	nowle	edge.						
		*****	*			2021-05-12		
Sign		Signati	ure of officer			Date		
Here	•	Eileen	E Petula VP-Finance & Admin					
		Type o	r print name and title					
		P	rint/Type preparer's name	Preparer's signature	Date	Check I if	TIN	
Paid	d	L				self-employed		
Pre	pare	er 📙	irm's name 🕨			Firm's EIN ►		
	On	ı ⊢	ïrm's address ▶			Phone no.		
		-   '						
May t	he IR	S discuss	this return with the preparer show	vn above? (see instructions)			1 1	Yes ∐No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Ī	Page <b>2</b>
Pa	rt III Statement	of Program Servi	ice Accomplis	hments			
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .			<b>✓</b>
1	Briefly describe the o	organization's mission:	:				
lifetir enab resid deep justic	ne of critical thinking a les students to interac ential, co-curricular er understanding of diffe e in ways sensitive to	and strong leadership it daily with faculty wh nvironment in which st erent cultures and dive the moral and ethical	characterized by no exemplify a pa cudents develop in erse perspectives dimensions of lif	continued intellectual ex ssion for learning and a ntellectual maturity, pers . Bucknell seeks to educa	plement each other. Bucknell ed kploration, creativity, and imagin dedication to teaching and scho sonal conviction and strength of ate our students to serve the co and heritage will influence its plant liberal arts c	nation. A Bucknell edu arship. Bucknell foste character, informed b mmon good and to pr	rs a oy a
2	Did the organization	undertake any signific	cant program ser	vices during the year wh	ich were not listed on		
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 N	0
	If "Yes," describe the	ese new services on So	chedule O.				
3	Did the organization	cease conducting, or	make significant	changes in how it conduc	cts, any program		
	services?					☐ Yes 🗹	No
	If "Yes," describe the	ese changes on Sched	ule O.				
4	Section 501(c)(3) an		ions are required	to report the amount of	argest program services, as mea grants and allocations to others		
4a	(Code:	) (Expenses \$	180,048,133	including grants of \$	62,493,065 ) (Revenue \$	209,057,440 )	
	See Additional Data						
4b	(Code:	) (Expenses \$	44,714,249	including grants of \$	) (Revenue \$	1,577,269 )	
	See Additional Data	, (=::	,. = .,=		, ( ,	_,,	
	(Code:	) (Expenses \$	32,538,689	including grants of \$	) (Revenue \$	33,333,307 )	
	See Additional Data	) (Expended ¢		modamiy granic or p	, (terende p		
4d	Other program servi	ces (Describe in Sche	dule O.)				
	(Expenses \$	3,478,250 inc	cluding grants of	\$ 148.83	25 ) (Revenue \$	1	
	(Expenses 4	3,170,230 111		4 10,01	-5 ) (Nevende \$	,	

Par	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D,Part I 🥦	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	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? If "Yes," complete Schedule D, Part IV 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

orm 9	990 (2019)			Page <b>4</b>				
Part	Checklist of Required Schedules (continued)							
			Yes	No				
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes					
	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 25a	24a	Yes					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No				
	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				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
	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,</i> Part I	25b		No				
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No				
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes					
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No				
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes					
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes					
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No				
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes					
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes					
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes					
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes					
Pari	V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4,107							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0			i				

**1**c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3				
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	1						
	Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	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)?  If "Yes," enter the name of the foreign country: ►OC	4a	Yes					
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
_	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
D	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Enter the amount of reserves on hand	_						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b						
	parachute payment(s) during the year?	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				

Form	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	ines
Se	ction A. Governing Body and Management			
4-	Enter the number of voting members of the governing body at the end of the tax year   1a   37	,	Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-		
b	Enter the number of voting members included in line 1a, above, who are independent  1b 36			
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 2	Yes	
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?	$\vdash$		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	$ \label{lem:poisson} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: $			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL , AZ , CT , HI , KY , MA , MD , MI , MN OR , SC , UT , VA , WA	1, HN,	, YN , CN	он,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website  Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Eileen E Petula 217 Marts Hall Bucknell University Lewisburg, PA 17837 (570) 577-3811			2 (2010)

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ 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. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (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)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

										Page <b>8</b>				
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title Average hours per week (list any hours		Position (do not check more than one box, unless person is both an officer and a director/trustee) rogal							(D) (E) ortable Reportable ensation compensation m the from relate nization organization		on amount of d compens ns from t		ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`	2/1099- ISC)	(W-2/1099- MISC)		organizati relat organiza	ed
See	Additional Data Table													
												$\dagger$		
												+		
												+		
1b 9	Sub-Total			<del></del>	٠.		<u> </u>					┰		
	otal from continuation sheets to Pa						•		6	682,607				1,416,095
2	Total (add lines 1b and 1c)	but not limited	to thos			bove	e) who	rece			.00,000			1,410,055
3	Did the organization list any <b>former</b> o	officer, director	or trust	ee, k	ey e	mple	oyee,	or hid	ghest co	mpensated	I employee on		Yes	No
4	line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is	for such individ	dual .	•	•	•		•				3	Yes	
	organization and related organizations individual	s greater than \$	150,00	0? <i>If</i>	"Yes •	," c	omple: •	te Sc	hedule J	for such		4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									tion or ind	ividual for	5		No
	ction B. Independent Contract		al : al					LL - L			- +100 000 -5			
1	Complete this table for your five higher from the organization. Report comper	nsation for the c									n's tax year.	npens		
		(A) and business addre	ess							Des	(B) cription of services		(C Comper	sation
	an Construction Inc									Constructio	n		19	,921,564
North	Point Township Dr umberland, PA 17857													
Parkhurst Dining Service Food Management										10	,744,865			
PO BOX 644091 Pittsburgh, PA 15264 Park Advance Contraction I.C.									4	063 300				
Poole Anderson Contruction LLC  2121 Old Gatesburg Road Ste 200									4	,962,298				
State College, PA 16803  T-Ross Brothers Construction Inc Construction									2,100,513					
90 Weaver Lane									-	,100,313				
Milton, PA 17847 Silvertip Inc Construction									1	,229,439				
600 St Mary Street									•	,,				
	burg, PA 17837 Total number of independent contractor	s (includina but	not lim	ited t	o th	ose	listed	abov	re) who r	eceived m	ore than \$100.00	00 of		
	ompensation from the organization > 6							- •	, '		,		Form <b>99</b>	n (2010)
													TOTAL PR	<b>∪</b> (∠U19)

Part		(2019) Statement	of Rev	venue						Page <b>9</b>
ган	VIII	<del></del>			respo	nse or note to any	line in this Part VIII			🗆
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1	a Federated campa	igns .		1a			revenue		512 - 514
Gifts, Grants illar Amounts		<b>b</b> Membership dues	5	Ĺ	<b>1</b> b					
ي س		<b>c</b> Fundraising even	ts .	. [	1c					
ifts, ar A		<b>d</b> Related organizat	tions	L	<b>1</b> d					
s, G m∷		e Government grants			1e	6,613,885				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contribution and similar amounts above	s not inc	cluded	1f	24,684,366				
tig E		g Noncash contributio lines 1a - 1f:\$	ns inclu	ded in	1g	12,905,603				
Contand		h Total. Add lines 1	1a-1f .			•	31,298,251			
						Business Code				
	2a	Golf Course				713910	591,007		591,007	
Program Service Revenue	b	Related Auxiliary Svcs	s			611710	74,066	74,066		
ice Re	c	Residence Halls & Din	ning			611710	30,638,857	30,638,857		
n Serv	d	Summer Conferences	i			721000	305,900		305,900	
rograr	e	Tuition & Fees				611710	209,057,440	209,057,440		
α.	f	All other program	service	revenue.						
	g	<b>Total.</b> Add lines 2	2a-2f.		<b>&gt;</b>	240,667,270				
	3	Investment income similar amounts) .	(includ	ding divide	nds, i	nterest, and other	3,967,03	6	-969,819	4,936,855
		Income from invest				ond proceeds		0		
	5	Royalties				•	•	0		
				(i) Real		(ii) Personal	4			
	6 <i>a</i>	Gross rents	6a		1					
	b	Less: rental expenses	6b							
	С	Rental income					1			
		or (loss)	6c	\	1	l	_	1		1
	`	d Net rental income	01 (105	(i) Securit		(ii) Other				<u> </u>
	7 <i>a</i>	Gross amount from sales of assets other	7a	397,60			4			
	b	than inventory  Less: cost or other basis and	7b	346,30	nn 822		_			
		sales expenses					-			
		Gain or (loss)  I Net gain or (loss)	7c	51,36	67,213		<u>4</u> 51,430,11	7		51,430,117
		Gross income from fu		ig events		•				, ,
Other Revenue		(not including \$contributions reported	d on line	of 1c).						
ev.	_	See Part IV, line 18		• •	8a		_			
erf		Less: direct expense Net income or (los			8b	ents		0		
o E		`	,							
	9a	Gross income from Gross income		activities.	9a					
	ŀ	Less: direct expens	ses .		9b		1			
	(	c Net income or (los	s) from	n gaming a	ctiviti	es <b>&gt;</b>	<u> </u>	0		
	10.	<b>a</b> Gross sales of inve	entory	less						
		returns and allowa			10a					
		Less: cost of goods			<b>10</b> b					
	_	Net income or (los Miscellaneou			nvent	ory ► Business Code	<u> </u>	0		
	11	La Athletics Related				61171	0 1,577,26	9 1,577,269		
	ŀ	Other Auxiliary Re	venue			61171	0 1,723,47	7 1,723,477		
			rtisina			90009	9 81,25	0	81,250	
							<u> </u>			
		All other revenue				·	27,04	1	27,041	
		e <b>Total.</b> Add lines 1:				•	3,409,03	7		
	12	2 Total revenue. Se	ee insti	ructions .	•	• • • •	330,771,71	2 243,071,109	35,379	56,366,973 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co				ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(C)	⊔ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	86,402	86,402		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	53,555,198	53,555,198		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	9,000,290	9,000,290		
<b>4</b> Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,786,682	2,670,826	3,625,650	490,206
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	728,550	728,550		
<b>7</b> Other salaries and wages	102,363,260	86,336,196	10,729,625	5,297,439
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,717,834	7,286,382	988,919	442,533
9 Other employee benefits	25,707,996	21,166,707	3,159,963	1,381,326
<b>10</b> Payroll taxes	7,416,249	6,079,554	948,410	388,285
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	439,126		439,126	_
c Accounting	259,085		259,085	
<b>d</b> Lobbying	121,143	121,143		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,850,649		1,850,649	_
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,120,554	15,038,402	1,793,856	288,296
12 Advertising and promotion	247,768	129,863	116,822	1,083
13 Office expenses	8,169,128	7,625,375	329,299	214,454
14 Information technology	6,126,922	5,105,699	511,638	509,585
15 Royalties	0			
16 Occupancy	587,123	172,249	413,647	1,227
17 Travel	5,433,065	4,681,733	437,624	313,708
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0		· ·	
19 Conferences, conventions, and meetings	0			
20 Interest	5,047,848	4,350,530	697,318	
21 Payments to affiliates	0	, ,		
22 Depreciation, depletion, and amortization	23,677,794	23,175,007	96,361	406,426
23 Insurance	1,645,351	1,581,057	64,294	
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 Repair and Maintenance	9,717,446	9,116,316	531,739	69,391
<b>b</b> Miscellaneous	3,674,164	2,171,989	873,827	628,348
c Utilities & fuel	310,350	443,788	-163,233	29,795
d Real Estate Taxes	158,356	156,065	21,729	-19,438
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	298,948,333	260,779,321	27,726,348	10,442,664
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

72,099,529

6,686,132

47,514,106

2,273,035

25.269.084

98.426

2,941,976

377,628,037

232,554,890 673,490,132

-8,153,861

1,432,401,486

129,801,897

13,968,652

173.835.042

596.116

2,835,150

321.036.857

470,152,892

641,211,737

1,111,364,629

1,432,401,486

Form 990 (2019)

0

0

(B) End of year

Check if Schedule O contains a response or note to any line in this Part IX . . . . . .

Assets

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Liabilities 22

Fund Balances

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Assets 30

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3

Form 990 (2019)

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net .

Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled 

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . . Inventories for sale or use . .

Prepaid expenses and deferred charges .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

10a Land, buildings, and equipment: cost or other

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

10a basis. Complete Part VI of Schedule D

10b b Less: accumulated depreciation

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

755,494,823 Investments—program-related. See Part IV, line 11 .

377,866,786

Beginning of year

12,912,329

2,991,065

62,606,392

2.449.380

25.767.226

108.067

3,698,068

366,935,836

340,501,259

606.444.636

1,417,140,021

130,104,755

11,885,956

137,180,339

634,048

2,605,960

282.411.058

466,317,305

668,411,658

1,134,728,963

1,417,140,021

-7,274,237

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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

3a

3b

Yes

Yes Form 990 (2019)

#### **Additional Data**

Software ID: 19009920 Software Version: 2019v5.0

EIN: 24-0772407

Name: Bucknell University

Form 990 (2019)

FOITH 990 (2019)

Form 990, Part III, Line 4a:

Academic and educational - the expenses of instructional departments and programs and the expenses of activities and services that directly support instruction

Form 990, Part III, Line 4b: Student Services - the expenses of activities and services that indirectly support the educational programs such as library services and athletics/recreation

### Form 990, Part III, Line 4c:

Auxiliary Enterprises - the expenses of room, board, and other services primarily for the University's students

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

Nathan Davis

Pierre D Joanis

......

VP-Human Res

Param S Bedi

VP-Library & IT

Adam Schwartz

William T Conley

VP-Enrollment

Professor

Coach-Men's Basket

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
John C Bravman President	40.00	X		х				772,534	0	187,601
Scott GRosevear VP-Dev & Alum	40.00			х				400,707	0	91,588
David J Surgala VP-Fin & Adm	40.00			х				384,625	0	51,244

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91,181

74,899

57,892

90,016

49,408

52,747

50,066

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0

0

0

0

313,061

243,216

271,885

257,806

258,541

Scott GRosevear	40.00		x		400,707	0	l
VP-Dev & Alum	0.00				400,707	0	
David J Surgala	40.00		Х		384,625	0	
VP-Fin & Adm	0.10		^		304,023	9	
Patrick Mather	40.00				293,744	0	
Dean-Engineering	0.00				293,744	0	
D 181 1	40.00						

David J Surgala	40.00		x		384,625	0	
VP-Fin & Adm	0.10		^		304,023	9	
Patrick Mather	40.00						П
					293,744	0	ı
Dean-Engineering	0.00				,		
Raguel Alexander	40.00						
raquel / llexaltuel					306,178	0	l
Dean - Management	0.00						1

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

Provost

Kathleen Graham

AVP-Advancement

David Cecchini

Coach-Football

James Baish

Professor

Amy Badal

Professor

Dean of Students

Cynthia Guthrie

	arry riours	and	a un	ecco	,,, ,,	usice,	,	Organización	(14, 2/4,000	i i i i i i i i i i i i i i i i i i i
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Robert Midkiff	40.00									
Interim Provost	0.00			X				260,118	0	48,427
	0.00									
Jermaine M Truax	40.00									
								256,220	0	50,880
Director of Athletics & Recreation	0.00									_
Kenneth Ogawa	40.00									
				Х				235,909	0	60,326
AVP-Facilities	0.00							, , ,		,

24,519

46,890

46,641

40,416

33,423

31,551

21,150

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209,392

206,691

206,492

196,071

199,164

	0.00					
Kenneth Ogawa	40.00					
· · · · · · · · · · · · · · · · · · ·			х		235,909	
AVP-Facilities	0.00				,	
Karl Voss	40.00					
Rull V033					242,473	
Dean-Arts and Sciences	0.00				212,173	
Elisabeth Mermann-Jozwiak	40.00					
Endabeth Fightham 302Wak			x		213 734	

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

and Independent Contractors

Karin W Rilley

Chairman

Vice Chair

Vice Chair

General Counsel

Christopher O'Brien

Stephen P Holmes

Harriet Edelman

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	any hours	and	a dir	ecto	or/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Amy C Foerster General Counsel	40.00			х				167,057	0	44,837
Keith Buffinton Professor- Former Dean-Engineering	40.00							169,046	0	42,631

General Counsel	0.00						
Keith Buffinton	40.00						
Professor- Former Dean-Engineering	0.00				169,046	0	
Elizabeth D Stewart	40.00						
			ΙxΙ		173,937	0	
AVP-Treas/Contr	0.10				,		
Josh Grill	40.00						
33311 31111			Ιx		156,062	0	
AVP-Advancement	0.00						
Carol M Konnady	40.00						

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Elizabeth D Stewart	40.00		x		173,937	0	3
AVP-Treas/Contr	0.10				173,337	0	_
Josh Grill	40.00		х		156,062	0	4
AVP-Advancement	0.00				130,002		
Carol M Kennedy	40.00		х		164,631	0	2
Secretary	0.00		^		104,031	0	
Andrew H Hirsch	40.00		×		109 222	0	,

Elizabeth D Stewart	40.00		x		173,937	0	37,373
AVP-Treas/Contr	0.10		^		175,937	0	37,373
Josh Grill	40.00		х		150,000	0	44.262
AVP-Advancement	0.00		^		156,062	0	44,363
Carol M Kennedy	40.00		х		164,631	0	21,512
Secretary	0.00		^		104,031	0	21,312
Andrew H Hirsch	40.00		· ·		100 222	0	24 54 4
Chief Comm Off	0.00		Х		109,222	U	24,514

Elizabeth D Stewart	40.00						
Litzabetii D Stewart			Х		173,937	0	37,373
AVP-Treas/Contr	0.10				,		,
Josh Grill	40.00						
			Χ		156,062	0	44,363
AVP-Advancement	0.00						
Carol M Kennedy	40.00						
			Х		164,631	0	21,512
Secretary	0.00				· ·		
	40.00						

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related

	any hours for related	and	a dir	ecto	or/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Steven A Kohn Secretary	3.00	Х		х				0	0	0
Dawn M Becker Trustee	1.00 0.00	Х						0	0	0
Juanita Ora Luckett Brown Trustee	0.00	Х						0	0	0
Robert A Chrencik	1.00	Х						0	0	0

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Juanita Ora Luckett Brown
Trustee
Robert A Chrencik
Trustee

Laureen R Costa

Frank A Davis

Lisa Cadette Detwiler

Annie Seibold Drapeau

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Brenda Earl

Jane Taylor Elfers

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	any nours		a dir	ecto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Michael E Flowers	1.00	X						0	0	0
Trustee	0.00							0	0	
Makoto Fujimura	1.00	X							0	
Trustee	0.00							0	0	0
Robert J Gilligan	1.00								_	_
Trustee	0.00	Х						0	0	0
	1.00									

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Makoto Fujimura	1.00	Х			0	
Trustee	0.00					
Robert J Gilligan	1.00	X			0	
Trustee	0.00					
Susan D Ginkel	1.00	×			0	
Trustee	0.00					
Fugene A Gorah	1.00					

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and Independent Contractors

Eugene A Gorab

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Sunil Gulati

Marlene A Hurd

Donald N Isken

Alexandra Ahrens Jung

Kathleen M LaPoint

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

,	1 6					•		(11, 2,4,000	(14) 2/4.000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Bridget LaCroix Lecky Trustee	1.00	Х						0	0	0	
Jordy H Leiser Trustee	1.00	х						o	0	0	
David Maurrasse  Trustee	1.00	х						0	0	0	
William B Morrow Jr Trustee	0.00	Х						0	0	0	
Scott A Perricelli	1.00								0	0	

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Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Erika ND Stanat

Christopher B Sullivan

John T Revnolds

Frank Schoeneman

Kirsten Schubauer Heinemann

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

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and a director/trustee)

organization

organizations

from the

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

and Independent Contractors

Trustee

VP-Fin & Adm

Gail Glover

VP for Comm.

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	 Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Garry D Thaniel	1.00							0	0
Trustee	0.00	X					0	U	U
David J West	1.00	х					0	0	0
Trustee	0.00								
Robin G Zafirovski	1.00							0	0

efil	efile GRAPHIC print - DO NOT PROCESS					DLN: 9	DLN: 93493132010051			
SCI	HED	ULE A	Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019		
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of tl	nue Service he organiza	tion				Employer identific			
вискп	ell Univ	rersity					24-0772407			
	rt I		for Public Charity Statu				See instructions.			
_	organiz —		a private foundation because	`	•					
1	Ш	·	onvention of churches, or as							
2	<b>✓</b>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital o	or a cooperative hospital serv	rice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).			
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's		
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	_		, ,		ped in <b>section 170</b>		
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).			
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in		
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. Se					ege or university or a		
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organiza	ation organized and operated	exclusively to test for	r public safety. S	See <b>section 509</b>	(a)(4).			
12		more public	ation organized and operated ly supported organizations d through 12d that describes	escribed in section 5	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See <b>section 509(</b> a			
а		organizatio	supporting organization opera n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	ppoint or elect a majo						
b		Type II. A manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled in tion vested in the san						
c		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its		
d		Type III n	on-functionally integrated integrated. The organization i). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization receiv or Type III non-functionally	red a written determin	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter			· · · · · · · · ·	-		<u> </u>			
g	Provi	de the follow	ing information about the su	pported organization(	s).					
	(i)	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Tota			tion Act Notice, see the In		Cat. No. 11285		Schedule A (Form 9			

Page 2

	If the organization failed						maci rait III.
_	Section A. Public Support	1 /		, ,	•	•	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	30,807,419	49,535,401	41,523,803	43,891,088	31,298,251	197,055,962
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	30,807,419	49,535,401	41,523,803	43,891,088	31,298,251	197,055,962
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).						24,629,218
6	Public support. Subtract line 5						172,426,744
_	from line 4.						
	Calendar year  (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4.	30,807,419	49,535,401	41,523,803	43,891,088	31,298,251	197,055,962
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,797,817	7,570,325	11,923,094	12,317,499	3,967,036	46,575,771
9	Net income from unrelated						

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	30,807,419	49,535,401	41,523,803	43,891,088	31,298,251	197,055,962
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,797,817	7,570,325	11,923,094	12,317,499	3,967,036	46,575,771
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2,204,678				2,204,678
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	5,575,094	7,818,881	8,022,294	5,812,763	3,471,942	30,700,974

	securities loans, rents, royalties and income from similar sources	10,797,817	7,570,325	11,923,094	12,317,499		3,967,036	46,5/5,//1			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2,204,678					2,204,678			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	oss from the sale of capital 5,575,094 ets (Explain in Part VI.).		8,022,294	5,812,763	3,471,942		30,700,974			
11	<b>Total support.</b> Add lines 7 through 10							276,537,385			
12								1,137,504,497			
13	First five years. If the Form 990 is for	or the organization's	first, second, thir	d, fourth, or fifth	n tax year as a sec	tion 501	(c)(3) orga	anization,			
	check this box and <b>stop here</b>						▶□	]			
S	ection C. Computation of Publi	c Support Percei	ntage					_			
14	Public support percentage for 2019 (li	ne 6, column (f) divi	ded by line 11, co	olumn (f))		14		62.350 %			
15	Public support percentage for 2018 Sc	hedule A, Part II, lin	e 14			15		64.750 %			
16a	33 1/3% support test—2019. If the	e organization did no	t check the box o	n line 13, and lin	ne 14 is 33 1/3% or	more, c	heck this l	box			
b	and stop here. The organization qualifies as a publicly supported organization										
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization										

12 13 15 16 17 h 10%-facts-and-circumstances test-2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?					
		11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-				
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2				
	organization.					
S	ection C. Type II Supporting Organizations					
_			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
_		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax					
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's					
	involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.					
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h				

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction	ns		
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

sive (provide	
(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Underdistributions	Distributable
-	ive (provide

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

#### **Additional Data**

**Software ID:** 19009920 **Software Version:** 2019v5.0

**EIN:** 24-0772407

Name: Bucknell University

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

DLN: 93493132010051

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

**SCHEDULE C** (Form 990 or 990-

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

f the S S S f the Prox	Section orgai Section Section orgai xy Tax	n 527 organizations: Complet nization answered "Yes" or n 501(c)(3) organizations that n 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, lin ection 501(h)): Co ider section 501(h	e <b>47 (Lobbying Activities</b> mplete Part II-A. Do not co )): Complete Part II-B. Do i	omplete Part II-B. not complete Part II-A.				
Name of the organization Bucknell University					Employer identification number					
Duck	anen on	iiversity			24-0772407					
Part	I-A	Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organi	zation.				
1	"polit	cical campaign activities")	ization's direct and indirect political can		`	or definition of				
2			itures (see instructions)			\$				
3			aign activities (see instructions)							
	: I-B	<del></del>	nization is exempt under sectio							
1		•	x incurred by the organization under se			\$				
2		•	x incurred by organization managers u			\$				
3	If the	e organization incurred a sect	cion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes 🗹 No				
4a	Was	a correction made?				☐ Yes 🗹 No				
b		es," describe in Part IV.								
Pari	i I-C	Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)	•				
1	Enter	the amount directly expende	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$				
2			anization's funds contributed to other o			\$				
3	Total	exempt function expenditure	es. Add lines $f 1$ and $f 2$ . Enter here and or	Form 1120-POL,	line 17b ▶	\$				
4	Did tl	he filing organization file <b>For</b>	m 1120-POL for this year?			☐ Yes ☐ No				
5	orgar of po	nization made payments. For litical contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	. Also enter the amount				
		(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
1										
2										
3										
4										
5										
6										
or Pa	nerwo	ork Reduction Act Notice, see t	he instructions for Form 990 or 990-F7.	C-1	No E00946 Schodulo C (	Form 900 or 900-E7) 2019				

Schedule C (Form 990 or 990-EZ) 2019

Part II-B		rganization is exempt under section 501(c)(3) and has NOT fil ion under section 501(h)).	led				-
	s" response on lines 1a thi	rough 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
ectivity.			Yes	No	4	Amour	nt
		ganization attempt to influence foreign, national, state or local legislation, be public opinion on a legislative matter or referendum, through the use of:					
a Volunt	eers?			No			
<b>b</b> Paid st	aff or management (includ	de compensation in expenses reported on lines 1c through 1i)?	Yes				
				No			
-		, or the public?		No			
		adcast statements?		No			
		lobbying purposes?	.,	No			
		neir staffs, government officials, or a legislative body?	Yes	N.	-	1	21,14
		s, conventions, speeches, lectures, or any similar means?		No No	+		
				NO	+		21,14
-	_	the organization to be not described in section 501(c)(3)?		No			21,17
		/ tax incurred under section 4912			┨		
		tax incurred by organization managers under section 4912					
		l a section 4912 tax, did it file Form 4720 for this year?		No			
Part III-	Complete if the o	rganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion		
	501(c)(6).						
						Yes	No
		nore) dues received nondeductible by members?			1		
	=	n-house lobbying expenditures of \$2,000 or less?			3		
		ry over lobbying and political expenditures from the prior year?					)/C
Part III-E	and if either (a) E	rganization is exempt under section 501(c)(4), section 501(c) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				301(0	:)(0
1 Dues,	answered "Yes."	mounts from members	1				
•		obying and political expenditures (do not include amounts of political	<u> </u>				
exper	ses for which the section	on 527(f) tax was paid).					
			2a				
•	•		2b				
			2c				
	= -	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
the or	ganization agree to carryo	ount on line 2c exceeds the amount on line 3, what portion of the excess does wer to the reasonable estimate of nondeductible lobbying and political	4				
		political expenditures (see instructions)	5				
Part IV	Supplemental Inf						
Provide the	descriptions required for	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); to, complete this part for any additional information.	Part II	-A, line	s 1 an	d 2 (se	ee
	eturn Reference	Explanation					
	ne 1i - Other Activities	During the year ended June 30, 2020, Bucknell University engaged a Washing provides a comprehensive range of services to a diverse group of clients with government to assist the University in professional grant writing and identifyil benefit programs of Bucknell University. Professional fees paid to the firm tot	issues ng fede	before ral fun	the fe	ederal vhich m	

expended on these activities represent less than one-tenth of 1% of the University's total expenses.

DLN: 93493132010051

Cat. No. 52283D Schedule D (Form 990) 2019

OMB No. 1545-0047

### (Form 990)

**SCHEDULE D** 

## **Supplemental Financial Statements**

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

2019

De

	artment of the Treasury Attach to Form 990.  Final Revenue Service Solution    Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest inf	ormatio	n.		n to Public spection
Na	ame of the organization	Emp	loyer ic	lentification	
Bu	ıcknell University	24-0	772407		
Đ	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds		<b>(b)</b> Fun	ds and other	accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a organization's property, subject to the organization's exclusive legal control?		unds are		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?			ermissible	] Yes □ No
Pa	Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g., recreation or education)	an histori	cally im	portant land	area
	Protection of natural habitat Preservation of a	a certified	d historia	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the f	form of a	concer	ation	
_	easement on the last day of the tax year.			at the End	of the Year
а	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
c	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated b tax year •	y the org	janizatio	n during the	
4	Number of states where property subject to conservation easement is located ▶				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	g of viola	- itions,	☐ Yes	□ No
_	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conserva	ation ear		
6	I will all a volunteer mount devoted to monitoring, inspecting, nationing or violations, and emoraling	CONSCIVE	icion cas	remenes adm	ing the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	ervation	easemer	nts during the	e year
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$ ?	170(h)(4	1)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp balance sheet, and include, if applicable, the text of the footnote to the organization's financial stathe organization's accounting for conservation easements.			and	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ther Sir	nilar A	ssets.	
<b>1</b> a	TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n furthera			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furl following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	(ii)Assets included in Form 990, Part X		_		
2	If the organization received or held works of art, historical treasures, or other similar assets for fir following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		_	ide the	
а			. 🕨 \$		
h	Accete included in Form 000 Part V				

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

d Equipment . . . .

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

Sch	edule D (Form 990) 2019					Page <b>2</b>
Pai	rt III Organizations Maintaining Col	lections of Art, I	listorical Treas	ures, or Other	Similar Assets (	(continued)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records,	check any of the t	following that are a	significant use of it	s collection
а	Public exhibition		<b>d</b> Loa	n or exchange prog	rams	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's col Part XIII.	lections and explain	how they further t	he organization's ex	kempt purpose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to					es ☑ No
Pa	Complete if the organization ansv X, line 21.		m 990, Part IV,	line 9, or reporte	ed an amount on	Form 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?					es 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		Amount	
c	•	•	-	1c	7	
d				4.1		
е	- · ·					
f				46		
2a					hilitus D v	es 🗆 No
_	-					es 🗆 NO
b		. Check here if the e	xpianation has bee	n provided in Part )	Ш ⊔	
-	art V Endowment Funds.  Complete if the organization answ	vered "Yes" on For	m 990. Part IV.	line 10.		
		(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
<b>1</b> a	Beginning of year balance	866,834,767	851,308,903	800,764,420	722,425,013	789,354,076
b	Contributions	20,415,212	20,444,393			9,792,462
c	Net investment earnings, gains, and losses	4,970,889	41,854,050	73,021,116	103,201,192	-34,299,185
d	Grants or scholarships	14,739,118	14,043,466	13,440,869	13,260,120	12,987,677
е	Other expenditures for facilities and programs	30,745,495	30,067,201	29,546,478	28,900,237	28,538,762
f	Administrative expenses	1,970,649	2,661,912	2,294,825	2,114,919	895,901
g	End of year balance	844,765,606	866,834,767	851,308,903	800,764,420	722,425,013
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (	a)) held as:		
а	Board designated or quasi-endowment 🟲	35.170 %				
b	Permanent endowment ► 39.540 %					
c	Temporarily restricted endowment ▶ 25.2	290 %				
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.				
3а	organization by:	sion of the organizat	ion that are held a	nd administered for	r the	Yes No
	(i) unrelated organizations				<u> </u>	a(i) Yes
	(ii) related organizations				3	<b>a(ii)</b> No <b>3b</b> No
ь 4	<ul> <li>If "Yes" on 3a(ii), are the related organization</li> <li>Describe in Part XIII the intended uses of the</li> </ul>				· · · L	<b>3b</b>   No
	art VI Land, Buildings, and Equipmen		willenc fullus.			
Œ	Complete if the organization answ		m 990, Part IV.	line 11a. See For	m 990, Part X. li	ne 10.
	Description of property (a) Cost or oth	ner basis (b) Cost	or other basis (other			(d) Book value
	(investme	ent)				
<b>1</b> a	Land		5,204,38	6		5,204,386
b	Buildings		536,015,03	7 :	205,007,362	331,007,675
	Leasehold improvements					_

163,613,299

50,662,101

39,590,817

1,825,159

377,628,037

124,022,482

48,836,942

Part VII	Investments—Other Securities.	00 Davit IV II	na 111	h Caa Farma 000	امسا ۷ انمم ۱	2
	Complete if the organization answered "Yes" on Form 99  (a) Description of security or category	(b) Book	ne III	(c) Metho	d of valuation	
(1) Financia	(including name of security)	value		Cost or end-of	year market	/alue
(2) Closely-I	held equity interests					
(3)Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	673,490,132				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99		ne 110	See Form 990.	Part X. line	13.
	(a) Description of investment	50, Tare 10, II	iic II	(b) Book value	(c) Metho	d of valuation:
						of-year market alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	,		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 99	0, Part IV, lir	ne 11d	. See Form 990, Par	t X, line 15.	
(1)	(a) Description				(b	) Book value
(2)						
(3)						
(4) (F)						
(5)						
(6)						
(7)						
(8)						
(9)	4)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.				<b>•</b>	
	Complete if the organization answered 'Yes' on Form 99	0, Part IV, lir	ne 11e	or 11f.See Form	990, Part X, (b) Book	line 25.
1. (1) Federal i	(a) Description of liability income taxes				value	
(2) Funds he					1,314,301	
(3) Funds he	eld for student organizations				1,520,849	
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the or	ganiza		2,835,150 nents that rea	oorts the organizat
	x positions under FIN 48 (ASC 740). Check here if the text of the					

Schedule D (Form 990) 2019

	Complete if the organi	zation answered 'Yes' on Form 990, Part	IV, li	ine 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) $\ .$		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	·	zation answered 'Yes' on Form 990, Part			T .	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,		I		
a	Donated services and use of facili		2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c		_	
d	Other (Describe in Part XIII.) .		2d		_	
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F			1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		_	
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5		1c. (This must equal Form 990, Part I, line 18.	) .		5	
Pai	t XIII Supplemental Info	ormation				
Prov XI,	ride the descriptions required for P ines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ s 2d and 4b. Also complete this part to provide	4; Pari any a	t IV, lines 1b and 2b; Par Idditional information.	t V, line	e 4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: 19009920 Software Version: 2019v5.0

**EIN:** 24-0772407

Name: Bucknell University

## Supplemental Information

Return Reference	Explanation
Part III, Line 1a: If organization elected under SFAS 116 to not	As permitted by generally accepted accounting principles, the University does not capitali ze works of art, historical artifacts, and collectibles, which are principally acquired by
report are, historical treasures, o	donation.

Supplemental Information	
Return Reference	Explanation
	The University has obtained certain art work, rare books, and historical artifacts that ar e held in safekeeping at the University's library and art gallery. These items are used fo r educational purposes as the University is a private institution of higher education.

\_ \_ \_

Supplemental Information							
Return Reference	Explanation						
Part V, Line 4: Intended uses of the endowment fund.	The university's endowment fund provides a relatively stable investment income stream to t he university's operations. As noted in Schedule D, Part V, Line 1(d), a significant porti on of that investment income is restricted by endowment donors for student scholarships. T he remaining endowment investment income provides annual support to various programs of the university.						

Supplemental Information	
Return Reference	Explanation
	The University records income tax liabilities and assets using a theshold of more likely t han not for recognition and derecognition of tax positions taken or expected to be taken i n a tax return. The University does not believe that there are any unrecognized tax benefi ts or costs that should be recorded in the financial statements.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132010051 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel & the cospanization **Employer identification number** Bucknell University 24-0772407 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . . . . . . . . . . . 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)						
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.						
Return Reference	Explanation					
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized	The University's racially nondiscriminatory policy is available on the university's website and is printed in University publications.					
Schedule E, Line 4 - Explanation of Records and Materials Not Maintained						
Schedule E, Line 5 - Explanation of Organization Discrimination by Race						
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency	Bucknell University receives research grants and contracts from various governmental agencies as well as funds for student aid.					

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print -	- DO 1401	FRUCESS /	As Filed Data		DLIV	: 93493132010051
SCHEDULE F	State	ement of A	Activities (	Outside the Un	ited States	OMB No. 1545-0047
(Form 990)	► Comp	lete if the organiz	ine 14b, 15, or 16.	2019		
Department of the Treasury Internal Revenue Service	'	► Go to www.irs.g	gov/Form990 for I	nstructions and the latest i	ntormation.	Open to Public Inspection
Name of the organization Bucknell University					Employer ide	ntification number
Bucknell University					24-0772407	
<b>Part I General In</b> Form 990, P			Outside the I	<b>Jnited States.</b> Comple	ete if the organization a	answered "Yes" on
other assistance, th	e grantees'	eligibility for th	ie grants or assi	substantiate the amoun stance, and the selection	=	✓ Yes □ No
2 For grantmakers. outside the United S		Part V the orga	anization's proce	edures for monitoring the	use of its grants and o	ther assistance
3 Activites per Region.	(The following	ng Part I, line 3 t	table can be dupl	icated if additional space is	s needed.)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data						
3a Sub-total b Total from continuation	In sheets to	3	3			10,337,263
Part I	4 21-)	3				130,739,804 141,077,067
- T-4-1- (- 14 D	c Totals (add lines 3a and 3b)					1 141 0 / / 06 /

Cat. No. 50082W Schedule F (Form 990) 2019

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

chedule F (Form 990) 2019									
	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		North America	Collab. Research	18,450	check			FMV	
		North America	Collab. Research	41,352	check		1	FMV	
			above that are recogn unsel has provided a se				<b>•</b>	2	

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	t 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)	<b>☑</b> 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 separately 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; don't file with Form 990)		
		Yes	<b>✓</b> 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)		
		<b>✓</b> 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>☑</b> 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)		
	· ·	<b>✓</b> 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	<b>☑</b> No

Schedule F (Form 990) 20	Page <b>5</b>					
Provide the amounts o method); a any additio	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.					
Return Reference	plemental Information  Explanation					
Part I, Line 2 - Grantmakers Explanation	The University provides grants in the form of University scholarship for certain non-US citizens attending the University. These scholarships are posted directly to the recipient's University billing account and, thus, reduce tuition, room and/or board fees billed to the					

For Monitoring Use of recipient. The University also provides grants in the form of University scholarship for certain Bucknell University students to study Funds Outside US abroad. These scholarships are posted directly to the recipient's University billing account and, thus, reduces tuition, room and/or board fees billed to the recipient. The majority of these scholarships are need-based financial aid.

## **Additional Data**

East Asia and the Pacific

**Software ID:** 19009920 **Software Version:** 2019v5.0

**EIN:** 24-0772407

Name: Bucknell University

2,541,615

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America	0	0	Scholarships		353,214

0 Scholarships

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) 0 Scholarships 3,003,432 Europe Middle East/Nrth Africa 0 Scholarships 341,499

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America 0 Scholarships 335,815 Russia and Ind. States 0 Scholarships 138,083

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 0 Scholarships 202,155 South Asia 0 Scholarships 895,925

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 0 Scholarships 1,126,131 East Asia and the Pacific 0 Program Services Study Abroad Pro 1,140

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Study Abroad Pro 1,220,457 Europe 3 Program Services Sub-Saharan Africa 0 Program Services Study Abroad Pro 19,374

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Central America 46,896 0 Program Services Student Philanthropy East Asia and the Pacific 0 Program Services Academic and Related 5,688

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) 0 Program Services Academic and Related 74,755 Europe Middle East/North Africa 0 Program Services Academic and Related 15,823

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America 0 Program Services Academic and Related 15,261 South America 0 Program Services Academic and Related 7,053

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 0 Program Services Academic and Related 8,680 Sub-Saharan Africa 0 Program Services Academic and Related 3,286

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Central America 120,328,002 0 lInvestments Europe 0 linvestments 10,392,783

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or I (b) Region (d) Amount of (e) Manner of cash (a) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Scholarships to Non- | Central America 326,014 |Financial Aid IFMV US Citizens Scholarships to Non- East Asia/Pacific | 58 2.000.417 | Financial Aid IFMV US Citizens

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships to Non- Europe 28 1,272,167 Financial Aid IFMV US Citizens Scholarships to Non-341.499 Financial Aid IFMV Mid East/Nrth **US Citizens** Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships to Non- North America 335,815 |Financial Aid **IFMV** US Citizens Scholarships to Non- Russia/Ind. 138.083 |Financial Aid IFMV **US Citizens** States

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or I (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Scholarships to Non-93.404 |Financial Aid **IFMV** South America US Citizens Scholarships to Non-14 874.275 | Financial Aid IFMV South Asia US Citizens

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships to Non-959,709 Financial Aid **IFMV** Sub-Saharan US Citizens Africa Scholarships-BU 27,200 Financial Aid **IFMV** Central Students Abroad lAmerica

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (g) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Scholarships-BU 541,198 Financial Aid |FMV East Asia/Pacific Students Abroad Scholarships-BU 101 1.731.264 Financial Aid IFMV Europe Students Abroad

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance FMV, appraisal, assistance other) Scholarships-BU 108,751 |Financial Aid IFMV South America Students Abroad Scholarships-BU 21.651 |Financial Aid IFMV South Asia Students Abroad

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or 1 (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships-BU 166.423 |Financial Aid IFMV Sub-Saharan Students Abroad Africa

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493132010051
Note: To capture the full o	ontent of this do	ocument, please sel	ect landscape mode	(11" x 8.5") whe	n printing.	1	OMP No. 1545 0047
Schedule I (Form 990)		Governments a	ther Assistand and Individuals tion answered "Yes," o		2019		
Department of the Treasury Internal Revenue Service			► Attach to Form v.irs.gov/Form990 for	990.			Open to Public Inspection
Name of the organization Bucknell University						24-077240	dentification number
Part I General Inform	ation on Grants	and Assistance					
the selection criteria used  Describe in Part IV the org  Part II Grants and Other	to award the grants anization's procedure Assistance to Dom	or assistance?	e of grant funds in the Un  In Domestic Governme	ited States.			✓ Yes □ No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assistar	
(1) Geisinger Clinic 100 North Academy Avenue Danville, PA 17822	23-6291113	501(c)(3)	70,726	0			Collaborative Research
(2) Kutztown University Main Street Kutztown, PA 19530	23-2710197	Section 115	13,234	0			Collaborative Research
2 Enter total number of sect	ion 501(c)(3) and go	vernment organizations	listed in the line 1 table .				2
3 Enter total number of othe	r organizations listed	l in the line 1 table				•	0
For Paperwork Reduction Act Notic	e, see the Instruction	ns for Form 990.		Cat. No. 50055	P		Schedule I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

(5) (6)

(7)

Schedule I (Form 990) 2019

Ifinancial aid.

(4)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Explanation

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

Compensation Information   For certain Officers, Directors, Trustees, Key Employees, and Highest Compensation Employees   For certain Officers, Directors, Trustees, Key Employees, and Highest Compensation Employees   For certain Officers, Directors, Trustees, Key Employees, and Highest Compensation Employees   For certain Officers   For cer	efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	32010	051
Part   Questions Regarding Compensation   Attach to Form 990.   Part IV, line 23.   Participate   Attach to Form 990.   Part IV, line 23.   Participate   Part IV, line 23.   Participate   Part IV, line 23.   Participate   Part IV, line 24.   Participate   Part IV, line 24.   Participate   Part IV, line 25.   Participate   Part IV, line 25.   Participate   Part IV, line 25.   Participate   Part IV, line 26.   Participate   Part IV, line 27.	Sch	nedule J	Coi	mpensati	ion Information	OI	ИВ No.	1545-0	0047
Speatment of the Treaty   Port 990   Port 1   Port 990   Port 99	(For	m 990)	For certain Officers			hest			
Speatment of the Treaty   Port 990   Port 1   Port 990   Port 99			► Complete if the organ			line 23.	20		)
Image: Comparison   Imag	D	to the Towns		▶ Attach	to Form 990.				
Part   Questions Regarding Compensation   24-0772407	•	•	V GO to <u>www.ms.gov</u> /	101111990	mistractions and the latest miori	lation.			
Questions Regarding Compensation    Part VI   Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   Part VII, Section A, line 1a. Complete Part III to provide any selevant information regarding these items.   Part VIII, Section A, line 1a, did the organization follows a written policy regarding payment or relevant policy regarding payment policy payment policy regarding payment policy payment policy regarding payment policy payment payment payment payment payment payment policy payment payment payment payment payment payment payment pay			ation			Employer identifica	tion nu	ımber	
Check the appropiate box(es) if the organization provided any of the following to or-for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   Page 1						24-0772407			
1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	Pa	rt I Questi	ons Regarding Compensation	on				l	
First-class or charter travel	<b>1</b> a							Yes	No_
Travel for companions			,						
Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Personal services (e.g., maid, chauffeur, chef)					•				
Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)			•	<u> </u>	· ·				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the cryanization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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 astablish compensation of the CEO/Executive Director, but explain in Part III.  3 Compensation committee  4 Compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  4 Receive a severance payment or change-of-control payment?  5 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  6 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  7 Participate in, or receive payment from, an equity-based compensation arrangement?  8 Participate in, or receive payment from, an equity-based compensation arrangement?  9 Participate in, or receive payment from, an equity-based compensation arrangement?  1 Progresson listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  1 The organization?  5 Pro persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  2 Progressons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  3 The organization?  5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in hene standings of the payments not described in lines 5 and 67 If "res," describe									
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the cryanization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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 astablish compensation of the CEO/Executive Director, but explain in Part III.  3 Compensation committee  4 Compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  4 Receive a severance payment or change-of-control payment?  5 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  6 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  7 Participate in, or receive payment from, an equity-based compensation arrangement?  8 Participate in, or receive payment from, an equity-based compensation arrangement?  9 Participate in, or receive payment from, an equity-based compensation arrangement?  1 Progresson listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  1 The organization?  5 Pro persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  2 Progressons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  3 The organization?  5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in hene standings of the payments not described in lines 5 and 67 If "res," describe		T66 +1 1			£-11				
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?    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.    Verificate memployment contract	D						1b	Yes	
and 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.  □ Compensation committee □ Independent compensation consultant □ Compensation survey or study □ Form 990 of other organizations □ Approval by the board or compensation committee □ Unring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment from, a supplemental nonqualified retirement plan?  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation orntingent on the revenues of:  a The organization?  5 Description of Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 Description or 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?  5 Description line 6a or 6b, describe in Part III.  7 For persons listed on 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?  a The organization?  5 Description line 6a or 6b, describe in Part III.  7 No  By any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," or describe in Part III.  7 No  8 Were any amounts reported on Form 990, Part VII, padd or	2					- 1-2	2	Yes	
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.    Compensation committee		directors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Lin	ela?			
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee	3					e			
Independent compensation consultant						n Part III.			
Independent compensation consultant		✓ Compens	ation committee		Written employment contract				
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  4a No b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b Yes c Participate in, or receive payment from, an equity-based compensation arrangement? 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a No b Any related organization?  1f "Yes," on line 5a or 5b, describe in Part III.  6 For persons listed on 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?  6 Any related organization?  1f "Yes," on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accured 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.  8 No  1f "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?				$\checkmark$	· ·				
related organization:  a Receive a severance payment or change-of-control payment?  A Receive a severance payment from, a supplemental nonqualified retirement plan?  A Participate in, or receive payment from, a supplemental nonqualified retirement plan?  A 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  Any related organization?  For persons listed on 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?  Any related organization?  Any related organization?  Any related organization?  For persons listed on 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?  For persons listed on 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?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  7 No  Were any amounts reported on Form 990, Part VII, paid or accured 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.  8 No  1 F "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensat	tion committee			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4			0, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a No  b Any related organization?  For persons listed on 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?  5b No  The organization?  6a No  6b No  1f "Yes," on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  7 For persons listed on Form 990, Part VII, paid or accured 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.  8 Were any amounts reported on Form 990, Part VII, paid or accured 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.  8 No  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	Receive a sever	ance payment or change-of-contro	ol payment? .			4a		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  The organization?  For persons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  The organization?  Any related organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accured 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.  The organization is a did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	Participate in, o	r receive payment from, a suppler	nental nonqual	ified retirement plan?		4b	Yes	
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  To persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII.  For persons listed on Form 990, Part VIII.  To Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  To Por persons listed on Form 990, Part VII, paid or accured 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.  To Por persons listed on Form 990, Part VII, paid or accured 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.  To Por persons listed on Form 990, Part VII, paid or accured 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.  To Port Port Port Port Port Port Port Por	С				-		4c		No
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?		If tes to any t	or lines 4a-c, list the persons and p	provide the app	meable amounts for each item in Part	111.			
compensation contingent on the revenues of:  a The organization?		Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9.				
Any related organization?	5				the organization pay or accrue any				
If "Yes," on line 5a or 5b, describe in Part III.  6 For persons listed on 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?	а	The organization	1?				5a		No
compensation contingent on the net earnings of:  a The organization?	b						5b		No
Any related organization?  If "Yes," on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accured 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.  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	6			A, line 1a, did	the organization pay or accrue any				
If "Yes," on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	а	-							No
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	b						6b		No
payments not described in lines 5 and 6? If "Yes," describe in Part III	7	•	·	A line to distri	the every provide and according	1			
subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	,						7		No
in Part III	8								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?									N/a
	9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	8		INO
								000	2015

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			and other	( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+							

Page 3

Schedule J (Form 990) 2019

Part I, Line 1a: Relevant information in FIRST CLASS OR CHARTER TRAVEL - the president is permitted to travel by first class airfare in limited circumstances per university policy. First class travel costs is regards to selections on 1a. not considered taxable compensation. TRAVEL FOR COMPANIONS - Travel costs of companions of university trustees, officers, and key employees are reimbursed in limited circumstances and such reimbursement is considered taxable income to the trustee, officer, or key employee unless the companion's travel would otherwise be considered deductible under the Internal Revenue Code. Any such taxable reimbursements to companions of university officers are included in Schedule J. Part III, column (B)(iii). TAX INDEMNIFICATION & GROSS UP PAYMENTS - Tax gross-up payments, considered taxable compensation, were provided to 4 officers and key employees listed in Part II of Schedule J for years of service recognition awards/gifts. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - The university requires the president and provost to reside in a specific campus housing. The estimated fair rental value of the personal living space, including utilities, is not considered taxable income since on-campus residency is an employment requirement imposed by the university. The estimated fair value is included in Schedule J. In addition, certain facilities staff are responsible for the maintenance of those buildings and grounds; while other staff are responsible for various activites and meetings hosted at those properties. Neither the allocable costs of those staff nor incidental personal benefit of hosted activites/meetings are considered taxable compensation. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - Certain employees have golf memberships at the university owned golf course. The value of Ithese dues are taxed and reported on Schedule J, Part II, column B(iii). In addition, the university pays membership dues at certain private establishments for the purpose of holding business or fundraising events. PERSONAL SERVICES - The university pays for certain personal financial planning and child care services for the president and includes those amounts as taxable compensation. Schedule 1 (Form 990) 2019

**Software ID:** 19009920 **Software Version:** 2019v5.0

**EIN:** 24-0772407

Name: Bucknell University

Form 990, Schedule	e J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
<b>1</b> Adam Schwartz Professor	(i) (ii)	257,806 			23,150	29,597 	310,553	
<b>1</b> Amy Badal Dean of Students	(i) (ii)	196,071			20,142	11,409	227,622	
<b>2</b> Amy C Foerster General Counsel	(i) (ii)	167,057			16,712	28,125	211,894	
<b>3</b> Carol M Kennedy Secretary	(i) (ii)	156,991	7,500	140	16,200	5,312	186,143	
<b>4</b> Cynthia Guthrie Professor	(i) (ii)	199,164			17,463	3,687	220,314	
<b>5</b> David Cecchini Coach-Football	(i) (ii)	201,402		5,289	19,594	20,822	247,107	
<b>6</b> David J Surgala VP-Fin & Adm	(i) (ii)	369,625	15,000		28,000	23,244	435,869	
<b>7</b> Elisabeth Mermann-Jozwiak Provost	(i) (ii)	183,734	30,000		13,542	33,348	260,624	
<b>8</b> Elizabeth D Stewart AVP-Treas/Contr	(i) (ii)	173,937			18,180	19,193	211,310	
<b>9</b> James Baish Professor	(i) (ii)	206,492			15,912	17,511	239,915	
10Jermaine M Truax Director of Athletics & Recreation	(i)	250,656	5,000	564	25,313	25,567	307,100	
<b>11</b> John C Bravman President	(ii) (i) (ii)	741,451		31,083	99,000	88,601	960,135	
<b>12</b> Josh Grill AVP-Advancement	(i) (ii)	156,062			16,735	27,628	200,425	
13Karl Voss Dean-Arts and Sciences	(i) (ii)			313	24,216	303	266,992	
14Kathleen Graham AVP-Advancement	(i) (ii)	208,829		563	22,175	24,466	256,033	
<b>15</b> Keith Buffinton Professor- Former Dean- Engineering	(i) (ii)	169,046			17,670	24,961	211,677	
<b>16</b> Kenneth Ogawa AVP-Facilities	(i) (ii)	235,709		200	23,811	36,515	296,235	
17Nathan Davis Coach-Men's Basket	(i) (ii)	308,893		4,168	28,000	29,892	370,953	
<b>18</b> Param S Bedi VP-Library & IT	(i) (ii)	264,385	7,500		26,560	22,848	321,293	
<b>19</b> Patrick Mather Dean-Engineering	(i) (ii)	293,744			28,000	63,181	384,925	
	לייאן							<u> </u>

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation (i) 21Pierre D Joanis 243,145 25,484 64,532 333,232 VP-Human Res

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

42,500

345,101

256,601

3Scott GRosevear

4William T Conley

VP-Dev & Alum

VP-Enrollment

(i)

(i)

	(ii)							
<b>1</b> Raquel Alexander Dean - Management	(i)	306,178			23,767	51,132	,	
_	(ii)							

<b>1</b> Raquel Alexander Dean - Management	(i)	306,178			23,767	51,132	381,077	
	(ii)							,
<b>2</b> Robert Midkiff Interim Provost	(i)	260,118			27,000	21,427	308,545	
		I	I					

13,106

1,940

Dean - Management	(ii)			 	51,132		
2Robert Midkiff Interim Provost	(i)	260,118		27,000	21,427	308,545	
	/			 			

Dean Flanagement	(ii)		 				
<b>2</b> Robert Midkiff Interim Provost	(i)	260,118		27,000	· · · · · · · · · · · · · · · · · · ·	308,545	_
	(ii)		 				

28,000

26,831

63,588

23,235

492,295

308,607

DLN: 93493132010051 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Bucknell University 24-0772407 Part I **Bond Issues** (c) CUSIP # (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No UCHEFFA Series 2013A 23-2228275 906459FH0 04-04-2013 17,294,121 Refund 2002A bonds Х Χ Χ UCHEFFA Series 2015B 23-2228275 906459FU1 06-29-2015 24,995,531 Acquisition, construction, reno Х Χ Χ UCHEFFA Series 2015A 23-2228275 01-30-2015 25,000,000 Acquisition, construction, reno Х Χ Χ Part  ${
m I\hspace{-.1em}I}$ **Proceeds** C D Α В 3,885,000 2 3 17,294,121 24,995,531 25,000,000 4 5 6 7 184,294 105.638 167,650 8 9 10 24,889,893 24,832,350 11 17,109,827 12 13 2004 2015 2015 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Part Ⅲ **Private Business Use** C Α D Yes Yes No Yes Yes No No No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Χ 

Cat. No. 50193E

Schedule K (Form 990) 2019

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

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply? . . .

Rebate not due yet? . . . . .

Exception to rebate? . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2019

3a

6

8a

Part IV

b

C

Arbitrage

Page 2

,								
		Α		В		С	ŗ	D
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?		Х		Х		Х		

Χ

Χ

В

Yes

Χ

Χ

No

Χ

Χ

Χ

Νo

Χ

Х

Α

Yes

Χ

Х

Х

Yes

Χ

Χ

No

Χ

Х

C

Х

Χ

D

Schedule K (Form 990) 2019

No

Yes

	bond-infanced property:						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside						
	counsel to review any management or service contracts relating to the financed property?						
С	Are there any research agreements that may result in private business use of bond-financed						
ı	property?		X	X	, X !	, !	
		1		1	, ,	, ,	

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

Part VI

Arbitrage (Continued)

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

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

requirements of section 148? . . .

Return Reference

Was the regulatory safe harbor for establishing the fair market value of

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Part IV - Column B 2(c) - rebate computation performed July 1, 2020

Α

Nο

В

No

**Explanation** 

No

Χ

Yes

Χ

В

No

Yes

No

C

Nο

Yes

Χ

Yes

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DL	.N: 93	4931	3201	0051
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	าร			OI	MB No.	1545-	0047
(Form 990 or 990	-EZ) ► Complet	te if the orga	anization 28b, or 2	answered "Yes 8c, or Form 99 1ch to Form 99	s" on Form 9 00-EZ, Part V	90, Part IV, I , line 38a or •	ines 2	25a, 2	25b, 26	5,	<b>20</b>	19	)
Department of the Trea	,	Go to <u>www.ii</u>		<i>rm</i> 990 for inst			forma	tion.		(	Open t Insp		
Name of the org Bucknell University								•	•	entifica	ation n	umbe	r
	ss Benefit Trar						(29)	_	nization				
	Name of disquali			Relationship be					escript		_	Corre	ected?
	·			(	organization		transaction		on	Ye	es	No	
4958 3 Enter the ar  Part II Loa Con repr  (a) Name of	mount of tax incur mount of tax, if an ans to and/or I applete if the organ orted an amount o (b) Relationship with organization	y, on line 2, a  From Inter ization answe n Form 990, l (c) Purpose	ested Pered "Yes" (Part X, line (d) Loan	hbursed by the cersons. on Form 990-EZ, 5, 6, or 22	rganization .	88a, or Form 99	90, Pa	: :	line 26	\$ \$ b; or if	(i)	anizati <b>)</b> Writt	ten
					amount				1	nittee?	<b>I</b>		
			То	From			Yes	No	Yes	No	Yes	N	lo
	nts or Assistar	nce Benefit	ina Inte		▶ \$ ns.								
	plete if the orga		_			, line 27.							
(a) Name of inter		) Relationship erested perso organizat	n and the	(c) Amount	of assistance	(d) Type	of assi	stanc	e	<b>(e)</b> Pu	rpose o	f assis	tance
									-+				
	uction Act Notice, s					at. No. 50056A					990 or		

(a) name of medicated person	between interested person and the organization	transaction	(a) Description of transaction	organiz reven	f ation's	
				Yes	No	
(1) Wendelin J Wright	Spouse-Pres.	150,489	Employment		No	

	No
	No
	No
	No
, i	

Spouse-Off.

Spouse-Off.

Spouse-Fmr KE

Provide additional information for responses to questions on Schedule L (see instructions).

116,828 Employment

Explanation

100,886 Employment

146,187 Employment

Schedule I. (Form 990 or 990-F7) 2019

Part V Supplemental Information

**Return Reference** 

(2) Joseph F Jozwiak

(4) Christine M Buffinton

(3) Eric A Kennedy

DLN: 93493132010051 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Bucknell University 24-0772407 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Χ Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 177 12,905,603 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► ( Supplies ) 26 Other ▶ ( \_\_\_\_\_ 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2						
<b>Part II Supplemental Information.</b> 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.							
Return Reference Explanation							
Part I, Line 33, Revenues Not Reported As permitted under ASC 958.605.25, Works of Art, Historical Treasures, and similar items, the University does not capitalize its collections of artwork and historical collections for financial statement purposes.  Furthermore, certain donated goods incidental to University operations are acknowledged by the University but not recorded in revenues nor expenses for financial statement purposes.							
	Schedule M (Form 990) (2019)						

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(Form 990 oı EZ)	► Attach to Form 990 or 990-EZ.  Department of the Treasury				
<b>Name</b> l <b>Bethe</b> rofe Bucknell Universit	gariization y	olemental Information	<b>Employer</b> 24-077240	Inspection er identification number	
Return Reference		Explanation			
Form 990, Part III, Line 4d: Other Program Services Description	1	ROGRAM SERVICES 4: Research and Public Services - expenses relativices conducted/provided by students, faculty and staff.	ed to research and	d	

Return Reference	Explanation
Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et	The following individuals have business relationships with each other based on their posit ions within the University's related organizations. Bucknell University Bucknell Real Esta te Bison VenturesEileen E. Petula VP for Finance President/ President/ and Administration Board Member Board MemberElizabeth D Stewart Associate VP, Treasurer Vice President/ Vice President/ & Controller/ Assistant Board Member Board Member SecretaryRonald E. Stauffer,I I Employee Board Member Secretary/ Board Member Lori Wilson Employee Secretary/ Board Member r

Return

Form 990.

#### Explanation Reference

The Form 990 is internally prepared by the controller's office with input from the Univers ity's Investment Office. University Advancement, the Office of Financial Aid and the Offic e of Global and Off-campus Education. An external review of the Form 990 is performed by t he outside tax preparer. The final Form 990 is provided to the University's Audit. Complia

its Form 990 electronically to all members of the governing body before filing.

Part VI. Line 11b: Form 990 Review nce, and Risk Management Committee for review. The University provides a complete copy of Process

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	All trustees, officers and key employees are required to complete and submit an annual con flict of interest statement. All statements are reviewed by the VP for Finance and Adminis tration Division to determine if the possible conflicts of interest noted are actual conflicts and what action should be taken including prohibiting an individual from participatin g in any deliberations, decisions or transactions related to the conflict, and whether dis closures regarding the conflict should be made in financial statements or other documents.

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The president's compensation was reviewed and approved by the Executive Resource Committee of the Board of Trustees. The Committee used various sources of data, including but not I imited to, financial and legal consultants, other organizations' Form 990s and compensatio n surveys. There is a written employment contract in place which is signed by the presiden t and the Chairperson of the Board of Trustees.Part VI, 15bIn addition, compensation of ce rtain officers and key employees (those employees reporting directly to the president) are reviewed by the Executive Resource Committee and approved by the president of the univers ity. The president and Committee used various sources of data, including but not limited t o, other organizations' Form 990s and compensation surveys. Contemporaneous substantiation of deliberations are recorded and kept.

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

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	The University has audited financial statements available on the University's Finance Office website.

Return
Reference

Other Other-loss on defeasance of debt = -\$701660

Changes In		
Net Assets		
Or Fund		
Balances -		
Other		
Decreases		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Postretiree healthcare costs other than periodic expense = -\$5292461

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(Form 990)

Department of the Treasury

#### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs,gov/Form990 for instructions and the latest information.

2019

DLN: 93493132010051 OMB No. 1545-0047

> Open to Public Inspection

Internal Revenue Service										Insp	ection	
Name of the organization Bucknell University							Emp	loyer identif	fication	number		
							24-0	772407				
Part I Identification of Disregarded Entities. Comple	ete if the orgar	nization answ	ered "Ye:	s" on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		( <b>d)</b> Total income		<b>(e)</b> End-of-year a	l Ir assets Direc		<b>f)</b> ontrolling tity	
Part II Identification of Related Tax-Exempt Organiza	ations. Compl	ete if the org	anization	answered	"Yes" on I	orm 990	, Part I	V, line 34 b	ecause	it had one o	r more	
related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization		<b>(b)</b> ary activity	Legal do	(c) micile (state gn country)	Exempt Co	de section	Public (if secti	(e) charity status on 501(c)(3))	Dire	(f) ect controlling entity	(13) cc	g) n 512(b) ontrolled tity?
(1)Bucknell Real Estate Inc 701 Moore Avenue Lewisburg, PA 17837 27-3576298	Real Estate Managemei			PA	501 (c) (2)				Bucknell	University	Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990		C=	ıt No 50135	5Y				School	dule R (Form	990) 2	019

I General or ox managing partner?	ng owr	eral or naging	manag	00X I	(i) Code V-UBI mount in box 20 of schedule K-1 Form 1065)	s? a	(h) oprtiona cations?	Disprop	(g) Share of end-of-year assets	of	(f) Share of total incor	nant elated, ed, from der 512-	(e) Predominincome(reunrelateexcluded tax undesections	(d) irect trolling ntity	e co	(c) Legal domicile (state or foreign country	<b>(b)</b> Primary activity			(a) Iress, and EIN of organization	( <b>a</b> Name, addres related org				
Yes No	10	No	Yes	$-\Gamma$		0	No	Yes				<u> </u>	311)		-	-									
	_	+		+																					
+	+	+	$\rightarrow$	$\dashv$												-									
		+		$\dagger$												1									
V line 24	24	24	lino		O Dowt IV	2.00	Form	o" on	warad "Vas	2001	-ation ar		if the or	malata	<u> </u>	0 T T		rable as a C	tions T	ated Oversion	Identification of Relate				
v, iiie 34	· <del>+</del>	= 34	e	. v ,	J, Pail IV	11 95	FUIIII	S UII	vereu res	alisw	zation ai										because it had one or mo				
(h) centage s nership (	Section (13) co	S:	tage	(h) centa		-	(g) ire of en year assets		<b>(f)</b> hare of total income	y SI	(e) e of entity rp, S corp, trust)	Type (C corp	(d) controlling entity	Direct	<b>(c)</b> Legal domicile (state or foreign		Legal domicile		l ile		Lo doi (state o	(b) ary activity	d EIN of Primary activity		nal Data Table (a) Name, address, and EIN of related organization
<u>_</u>	Yes	$\dashv$		—	+											intry)	cou								
				_																					
	_																								
	+	+			+			+																	

(1)Bucknell Real Estate Inc

(2)Bison Ventures Inc

(3)Bison Ventures Inc

(4)Bison Ventures Inc

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
no Deufermanne of continue an experience of industrian a clinical property of the continue of	1m		No

Page 3

(d) Method of determining amount involved

Schedule R (Form 990) 2019

e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
^	Sharing of paid employees with related organization(s)	10		No

g	Sale of assets to related organization(s)	119		NO
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
٥	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

**(b)** Transaction type (a-s)

а

а

(c) Amount involved

163,519

185,677

82,592

243,534

Estimated FMV

Estimated FMV

Estimated FMV

Estimated FMV

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

(a) Name of related organization

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income  (g) Share o end-of-ye assets		(h) Disproprtiona allocations?	(h) Disproprtionate allocations?		(j) General or managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019	Page <b>5</b>						
Part VII Supplemental Information							
Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference	Explanation						
	As part of a New Markets Tax Credit project in Lewisburg, PA, Bucknell University loaned \$12,022,694 in December 2010 to an entity controlled by Wells Fargo Community Investment Holdings, LLC. That entity then loaned the \$12,022,694 (loan A) and an additional \$4,167,306 (loan B) to Wells Fargo Community Development Enterprises 7, LLC, which in turn loaned those funds to Bucknell Real Estate, Inc. in December 2010. The funds were used for the acquisition and improvement of certain properties in Lewisburg, PA. During the 2018 tax year, the university wound down the New Markets Tax Credit project resulting in the entire loan becoming the responsibility of Bucknell Real Estate, Inc.The loans require interest payable quarterly at 1.01% with principal payments beginning April 1, 2018 through January 1, 2046. Interest due to Bucknell University from the controlled entity relating to the loan was \$163,519 for the year ended June 30, 2020.						

**Software ID:** 19009920 **Software Version:** 2019v5.0

**EIN:** 24-0772407

Name: Bucknell University

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

rorm 990, Schedule R, Part IV - Ide	1					l (-)	71-3	1 .	: \
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ip (b)(13) controlle entity?	
		D4	D 1 1111 :		250 444	4 420 745	100.000.0/		No
Bison Ventures Inc 701 Moore Ave Lewisburg, PA 17837 26-4730096	Bookstore Operations	PA	Bucknell Univ	С	-258,411	-1,430,745	100.000 %	Yes	
Charitable remaind trusts 37 1 Dent Dr Bucknell University Lewisburg, PA 17837	Support Bucknell University	PA	N/A	Trust					No
Charitable lead trusts 2 1 Dent Dr Bucknell University Lewisburg, PA 17837	Support Bucknell University	PA	N/A	Trust					No
Pooled income funds 3 1 Dent Dr Bucknell University Lewisburg, PA 17837	Support Bucknell University	PA	N/A	Trust					No
Funds held trust by others 1 201 Milan Pkwy-2nd Floor Birmingham, AL 35211	Support Bucknell University	AL	N/A	Trust					No
Funds held trust by others 1 PO Box 4655 Atlanta, GA 30302	Support Bucknell University	СО	N/A	Trust					No
Funds held trust by others 1 2951 Centerville Road Wilmington, DE 19801	Support Bucknell University	DE	N/A	Trust					No
Funds held trust by others 1 2801 Buick-Cadillac Blvd Bloomington, IN 47401	Support Bucknell University	IN	N/A	Trust					No
Funds held trust by others 1 4967 Ten Oaks Road Dayton, MD 21036	Support Bucknell University	MD	N/A	Trust					No
Funds held trust by others 1 PO Box 95021 Henderson, NV 89009	Support Bucknell University	NC	N/A	Trust					No
Funds held trust by others 1 1100 North Market Street Wilmington, DE 19890	Support Bucknell University	NY	N/A	Trust					No
Funds held trust by others 1 PO Box 1558 Columbus, OH 43216	Support Bucknell University	ОН	N/A	Trust					No
Funds held trust by others 1 1712 Glenbrook Ave Lancaster, PA 17603	Support Bucknell University	PA	N/A	Trust					No
Funds held trust by others 2 753 Ameriprise Financial Center Minneapolis, MN 55747	Support Bucknell University	MN	N/A	Trust					No