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Form 990

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 black lung benefit trust or private foundation)

OMB No 1545-0047 2008

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number C Name of organization MUHLENBERG COLLEGE B Check if applicable Please use IRS 3-1352664 Address change label or Doing Business As E Telephone number Name change print or type. See (484) 664-3140 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 133,749,137 Instruc-2400 Chew Street Termination tions. Amended return City or town, state or country, and ZIP + 4 Allentown, PA 18104 Application pending Name and address of Principal Officer **H(a)** Is this a group return for Dr Peyton R Helm affiliates? 2400 Chew Street Allentown, PA 18104 H(b) Are all affiliates included? ☐ 4947(a)(1) or ☐ 527 501(c) (3) ◀ (insert no) (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► www muhlenberg edu L Year of Formation 1848 M State of legal domicile PA Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 40 39 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 2,080 Total number of employees (Part V, line 2a) . 25 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a 167,746 Net unrelated business taxable income from Form 990-T, line 34 . 167,746 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 8 13,845,814 9,385,556 9 Program service revenue (Part VIII, line 2g) . . 89,276,575 97,125,565 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 34,203,202 4,660,051 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,129,814 1,291,041 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 138,455,405 112,462,213 24,153,400 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 22,081,076 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 39,671,836 42,376,399 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{2,760,975}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 34,345,883 32,728,303 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 96,098,795 99,258,102 18 Revenue less expenses Subtract line 18 from line 12 19 42,356,610 13,204,111 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 372,049,564 372,883,830 21 Total liabilities (Part X, line 26) 77,393,762 101,071,953 22 Net assets or fund balances Subtract line 21 from line 20 294,655,802 271,811,877 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-01-12 Sign Signature of officer Here Jason Feiertag Assistant Treasurei Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours EIN F if self-employed). **Use Only** address, and ZIP + 4 Phone no

May the IRS discuss this return with the preparer shown above? (See instructions) .

┌Yes ┌No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 29,142,238 including grants of \$ 0) (Revenue \$ 81,146,483) Instruction and research expenditures for approximately 2,182 full-time undergraduate students
4b	(Code) (Expenses \$ 40,956,985 including grants of \$ 24,153,400) (Revenue \$ 0) Other program services Library, depreciation, interest, non-cash financial aid, amortization of bond settlement costs (2,182 ft undergraduate students) Student services including the recruiting for admissions, counseling, tutoring career development, financial aid admin , and student record admin The College has gained national recognition for its peer tutoring program, its Writing Center and its Theatre and Dance program was recently ranked fourth in the country
4c	(Code) (Expenses \$ 8,845,158 including grants of \$ 0) (Revenue \$ 16,620,978) Auxiliary services housing of 1,954 students, meals for approximately 1,750 students, and a Bookstore for approximately 2,182 students and 715 employees
	(Code) (Expenses \$ 9,463,390 including grants of \$ 0) (Revenue \$ 0)
	Operation and maintenance of physical plant educational and administrative buildings and grounds (97 buildings) The beautiful 91 acre campus is highlighted by Gothic architecture and its signature historical buildings the Haas College Center, Baker Center for the Arts and Egner Memorial Chapel Recent additions include the Trexler Pavilion for Theatre and Dance, a new science building, an addition to Seegers Union and eight spectacular residence halls in the past decade
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 9,463,390 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses \$88,407,771 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as 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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent 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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	282			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: •		1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this					
_	return	2a	2,080			
b	If at least one is reported in 2a, did the organization file all required federal employr Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a	Yes	
b	If "Yes," enter the name of the foreign country BD , CJ					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited		·	5b		Νο
				<u> </u>		
C	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp Tax Shelter Transaction</i> ?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itributi	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			_ _		
	required?			7h		
8	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11a 11b				
17=	Section $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form 990 in	ساءا د	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			a		
	year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, descr	ribe the circumstances,
.a	Enter the number of voting members of the governing body	1a	40
Ь	Enter the number of voting members that are independent	1b	39
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	sıness	relationship with any

•	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? .
ļ	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa

Did the organization make any significant changes to its organizational documents since the prior Form	990	was
filed?		
Did the organization become aware during the year of a material diversion of the organization's assets?		

Does the organization have members or stockholders?				•						-					
Does the organization have members, stockholders, or o	ther	pers	ons	who	ma	y el	ect	one	orı	mor	e m	e mb	ers	of t	:he

	governing body?										•			•													
b	Are any decisions	of	the	gov	erni	ng	body	y su	bje	ct to	оар	pro	val	by n	nem	ber	s,s	toc	khol	der	s, o	r ot	her	pers	on:	5?	

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

	car by the following
а	ne governing body?
Ь	ach committee with authority to act on behalf of the governing body?

)	Does the organization have local chapters, branches, or affiliates?													
ь	If "Yes," does the organization have written policies and procedures	go	vern	ıng	the	actı	vitie	es	ofsu	ch (cha	ptei	s,	

	, and branches		•			-	-						
Wasaco	by of the Form	n 990 provid	ed to the or	anızatıon	's aovernir	na bodv I	oefore i	t was file	ed? All	oraa	anıza	atioi	าร

	must describe in Schedule O the process, if any, the organization uses to review the Form 990 🔒			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	e rea	ached	d at
	the organization's mailing address? If "Vos " provide the names and addresses in Schedule O			

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		Νο

Section B. Policies

10

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$.	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Muhlenberg College 2400 Chew Street Allentown, PA 18104 (484) 664-3140

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
			+				\vdash			
			₩		\vdash		\vdash			
			+							
1b Total							►	1,811,349	C	499,237

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►26

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

Section B. Independent Contractors

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

\$100,000 of compensation from the organization								
(A) Name and business address	(B) Description of services	(C) Compensation						
Sodexo Dining Services 4880 Paysphere Circle Chicago, IL 60674	dining and catering services	4,912,182						
Highmark Blue Shield PO Box 827142 Philadelphia, PA 191827142	health insurance	3,601,568						
Hess Corporation PO Box 905216 Charlotte, NC 28290	fuel and natural gas	801,062						
General Sports Venue 11550 Common Oaks Drive Raleigh, NC 27614	Artifical turf contractor	659,023						
Bruner Cott and Associates 130 Prospect Street Cambridge, MA 02139	Architectural services	654,934						
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization								

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a	0				
まま	ь	Membership d	ues	0				
필			1b					
ું€	С	Fundraising ev	vents 1c					
₩	d	Related organ	ızatıons1d	0				
Contributions, gifts, grants and other similar amounts	е	Government grar	nts (contributions) 1e	592,934				
<u> </u>	f	All other contribu	tions, gifts, grants, and	8,792,622	İ			
ē ē		sımılar amounts ı	not included above					
d d	g		rıbutıons ıncluded ın					
္မ			11,512		0 205 556			
	h	Total (Add lin	es 1a-1f)		9,385,556			
o)				Business Code				
Ĭ	2a	Tuition and fees		900,099	81,146,483	81,146,483	0	0
9. 9.	ь	Auxiliary enterpri	ses	721,000	15,971,924	15,804,178	167,746	0
ъ	с	Game admissions		711,210	7,158	7,158	0	0
rwc	d							
38	e							
ran	f	All other prog	ram service revenue		0	0	0	0
Program Service Revenue								
Δ	g	Total. Add line ▶ \$ 97,125,56	es 2a-2f 55					
	3		come (including divid	dends, interest				
			amounts)	·	7,693,584	7,693,584	0	0
	4	Income from inve	estment of tax-exempt bo	and proceeds	6,040	6,040	0	0
	4	meome nom my	estiment of tax exempt by	F	·	·		
	5	Royalties .			0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	ь	expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	16,838,498	0				
	ь	than inventory Less cost or	19,878,071	0				
	"	other basis and	15,070,071	· ·				
	С	sales expenses Gaın or (loss)	-3,039,573	0				
	d	Net gaın or (lo	oss)	_	-3,039,573	-3,039,573	0	0
				. •				
. .	8a	Gross income events (not in \$	from fundraising cluding					
Ĕ		of contribution	ns reported on line					
क >-		1c) See Part Attach Schedul	le G if total exceeds					
쮼		\$15,000	a	0				
Other Revenue	b	Less directe	xpensesb					
돌	С	Net income or	(loss) from fundraisi	ng events				
_	9a	Gross income	from gaming	-				
		activities See Complete Scher exceeds \$15,00						
		, ,-,-	а					
	b	Less directe	xpensesb					
	С		(loss) from gaming a	activities •				
	10a	Gross sales o returns and al	fınventory, less lowances .	٢				
			а	2,057,907				
	ь		goods sold b				-	
	С		(loss) from sales of		649,054	649,054	0	0
	11a	Miscellaneou	is Kevenue	Business Code 900,099	63,937	63,937	0	
	_	fines		900,099	1,000	,	0	
	Ь	concessions		900,099	577,050	,	0	
	С	other miscella	ineous revenue	900,099			0	
	d		nue		0	0	0	0
	e	Total. Add line	es 11a-11d	 \$ 641,987				
	12	Total Revenue	a. Add lines 1h, 2g, 3		112,462,213	102,908,911	167,746	0
		8c,	l1e					
	J	ac, ioc, and i		۰ ا				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	. 0		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	24,072,055	24,072,055		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	81,345	81,345		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,844,418	417,738	1,042,920	383,760
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	30,722,426	26,479,258	0	1,020,606
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,474,070	1,928,363	376,163	169,544
9	Other employee benefits	5,068,557	4,570,175	459,827	38,555
10	Payroll taxes	2,266,928	1,767,372	255,113	244,443
11	Fees for services (non-employees)				
а	Management	0	0	0	0
Ь	Legal	281,714	0	281,714	0
c	Accounting	71,827	0	71,827	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	138,658	0	138,658	0
g	Other	2,401,479	2,006,842	369,398	25,239
12	Advertising and promotion	431,295	403,082	28,213	0
13	Office expenses	1,911,630	1,371,103	236,894	303,633
14	Information technology	402,084	78,605	323,479	0
15	Royalties	0	0	0	0
16	Occupancy	7,514,790	7,450,573	64,217	0
17	Travel	781,307	604,576	36,231	140,500
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	1,288,277	945,818	241,030	101,429
20	Interest	1,984,826	1,984,826	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	6,168,710	6,168,710	0	0
23	Insurance	605,455	516,382	89,073	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Constituency programs	590,068	277,145	20,603	292,320
ь	Special Program Instruction	1,087,436	1,074,172	13,264	0
c	Education Abroad Fees	2,217,150	2,217,150	0	0
d	Equipment Maintenance	702,035	239,548	456,216	6,271
e	Memberships	240,935	240,935	0	0
f	All other expenses	3,908,627	3,511,998	361,954	34,675
25	Total functional expenses. Add lines 1 through 24f	99,258,102	88,407,771	8,089,356	2,760,975
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200 (2008)

Part X	Balance	Sheet
	Dalalice	SHEEL

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				4,341,108	1	2,945,089
	2	Savings and temporary cash investments				15,942,446	2	31,736,567
	3	Pledges and grants receivable, net				7,164,934	3	8,024,818
	4	Accounts receivable, net				1,023,427	4	752,204
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	oyees or	0	5	0		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of		0	6	0		
	7	Notes and loans receivable, net				1,466,818	7	1,582,197
	8	Inventories for sale or use				488,038	8	557,492
ø	9	Prepaid expenses and deferred charges		983,927	9	784,450		
ssets	10a							
Ass		Land, buildings, and equipment cost basis	10a		235,243,592			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		83,444,426	151,552,968	10c	151,799,166
	11	Investments—publicly traded securities		<u> </u>		138,971,334		113,604,775
	12	Investments—other securities See Part IV, line 11 Complete in Schedule D	•	39,462,139		33,037,182		
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .		0	13			
	14	Intangible assets		0	14	0		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	,			10,652,425		28,059,890
		D				,	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	372,049,564	16	372,883,830			
	17	Accounts payable and accrued expenses .				6,767,011	17	7,524,124
	18	Grants payable		0	18	0		
	19	Deferred revenue		4,052,727	19	4,509,799		
	20	Tax-exempt bond liabilities		57,780,000	20	76,380,000		
<u>, o</u>	21	Escrow account liability Complete Part IV of Schedule D				488,270	21	517,672
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ï		persons Complete Part II of Schedule L				0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	s .			0	23	0
	24	Unsecured notes and loans payable				1,374,370	24	1,374,370
	25	Other liabilities Complete Part X of Schedule D				6,931,384	25	10,765,988
	26	Total liabilities. Add lines 17 through 25				77,393,762	26	101,071,953
У		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comthrough 29, and lines 33 and 34.	plet e l	lines 2	27			
Balance	27	Unrestricted net assets				191,147,655	27	180,460,058
- 80 - 80	28	Temporarily restricted net assets				47,401,391	28	35,216,636
Ā	29	Permanently restricted net assets				56,106,756	29	56,135,183
r Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	2					
S Of	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	_		
AS	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		294,655,802	33	271,811,877		
Z	34	Total liabilities and net assets/fund balances				372,049,564	34	372,883,830
	1							
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493046015210

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

MUHL	ENBERG	G COLLEGE							,,,			
									-135266			
	rt I			harity Status (to be co					Instruct	ions)		
	organı			ation because it is (Please								
1	<u> </u>	•	church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	고			t ion 170(b)(1)(A)(ii). (Attac								
3		-	·	e hospital service organizati			-		- '			
4	ı		-	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5	ı	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	l by a gove	ernmental	unit desc	rıbed ın	
	_			(Complete Part II)								
6	<u>_</u>	•	-	overnment or governmental								
7				ally receives a substantial p		support fro	om a gove	rnmental ı	ınıt or fror	n the gene	eral publi	С
	_		-	o)(1)(A)(vi) (Complete Par	•	D	.					
8	<u> </u>		•	ed in Section 170(b)(1)(A)		•	•					
9	'			ally receives (1) more than								055
		•		ated to its exempt functions	_		•		•			
			-	estment income and unrelate						x) IIOIII Du	511165565	
10	_		=	on after June 30, 1975 See			•			oo inatriio	tions \	
11	<u>'</u>	=	-	and operated exclusively to	•		-				-	sas of
11	'	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h										
		аГ⊤	ype I b	Type II c	Type III	- Function	nally Integ	grated	d	Гтуре	iII - Ot	her
e	\sqcap	•	-	rtify that the organization is			•			•	•	
		other than section 50		agers and other than one or	more pub	licly supp	orted orga	nizations	described	ın sectioi	n 509(a)(1) or
f				d a written determination fro	m the IRS	S that it is	a Type I.	Type II o	r Tvpe III	supportu	na oraani	zation.
_		check this					/ [/	. , ,	/ F		.,,	Ť
g				as the organization accepted	d any gıft	or contrib	utıon from	any of the)			
		following pe		r indirectly controls, either a	olono orta	aathar w	th narcana	doceribo	d in (ii)		V	
			·	ng body of the the supported		-	tii persons	describe	u III (II)	110	(i) Yes	No
			· -	erson described in (i) above	_	LIGHT				11g		+
			•	ty of a person described in (hovo?				11g(11g(
h				nation about the organizatio			cupports			119(/	
h		. IOVIGE LITE	. Tonowing infoli	nation about the organizatio	us the old	garrization	Jupports					
-	(i) N	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) 1	s the	(vii) Ar	nount of
		orted	(,	(described on lines 1- 9		ation in		ınızatıon		ation in	1 '	ort?
	0 rgar	nization		above or IRC section		listed in		i) of your		organized		
				(See Instructions))		verning	supp	ort?	ın the	US?		
		document?					-					
					Yes	No	Yes	No	Yes	No		
						-	-	-		1		
-						-	-	-		1		
						-		-				
						-				-		
								I	I	1	1	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 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						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

Jina	1			
	me of the organization HLENBERG COLLEGE		Employer identificati	on number
			23-1352664	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts.	Complete If the
	-	(a) Donor advised funds	(b) Funds and oth	ner accounts
L	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvised	┌ Yes ┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	┌ Yes ┌ No
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV,	line 7.
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of ce	historically importantly rtified historic structure of a conservation ease	1
	on the last day of the tax year		Hald at A	ne End of the Year
-	-			ne End of the Year
a	Total number of conservation easements		2a	_
b	Total acreage restricted by conservation easement	2b		
С .	Number of conservation easements on a certified hi	2c		
d	Number of conservation easements included in (c) a		2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization di	ırıng
	the taxable year 🟲			
1	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	=	ations, and	┌ Yes ┌ No
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$	
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	?(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		
ar	Complete if the organization answered '		or Other Similar A	ssets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of publ	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	0
	(ii) Assets included in Form 990, Part X		▶ \$	2,692,278
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide	the
а	Revenues included in Form 990, Part VIII, line 1		b \$	0
b	Assets included in Form 990, Part X		b ¢	0
			F +	

Par	TITL Organizations Maintaining Co	liections of Art,	, HIS	tori	<u>cai ire</u>	<u>easu</u>	res, or O	tne	r Simila	Ir ASSE	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	owing th	at are	e a significai	nt u	se of its o	ollectio	n	
а	▼ Public exhibition		d	✓	Loan or	rexch	nange progra	ams				
b	✓ Scholarly research e C Other											
c	✓ Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV											
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes V No											
Pa	rt IV Trust, Escrow and Custodial						nızatıon ar	ารพ	ered "Ye	s" to F	orm 9	90,
	Part IV, line 9, or reported an ar											
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No											
Ь	If "Yes," explain why in Part XIV and comple	ete the following tabl	е				_					
_							<u> </u>	_		A mou		400 270
C	Beginning balance						<u> </u>	1c				488,270
d	Additions during the year						<u> </u>	1d				993,678
e	Distributions during the year						_	1e				964,276
f	Ending balance						_ 1	1f				517,672 —
2a	Did the organization include an amount on Fo	,	21?							~	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\				-1 11371		000	<u> </u>	1 T) (1	- 10		
Pa	rt V Endowment Funds. Complete	IF the organization (a)Current Year)Prior			orm 990, O Years Back				1 Four Y	ears Back
1a	Beginning of year balance	150,484,306		y		(0)	To Tears Back	1(4)	Timee rear	, Back (c	.,. ou	caro back
ь	Contributions	7,802,904										
c	Investment earnings or losses	-27,540,347										
d	Grants or scholarships	1,208,466										
e	Other expenditures for facilities	3,638,156										
	and programs	.==										
f	Administrative expenses	155,190										
g	End of year balance	125,745,051										
2	Provide the estimated percentage of the yea		S									
а	Board designated or quasi-endowment 🕨	43 %										
Ь	Permanent endowment 🕨 15 %											
c	Term endowment ► 42 %											
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ition	that a	re held a	and a	dministered	for	the		Yes	No
	(i) unrelated organizations									3a(i)	163	No
	(ii) related organizations									3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	l on S	ched	ule R?					3b		
4	Describe in Part XIV the intended uses of th											
Pa	rt VI Investments—Land, Building	s, and Equipmer	nt. S	ee F	orm 99	0, Pa	rt X, line 1	10.				
	Description of investment				Cost or oth		(b) Cost or oth basis (other)		(c) Depre	ciation	(d) Bo	ok value
1a	Land					0	2,523,	375				2,523,375
b	Buildings					0	190,676,	544	53,5	509,307	13	7,167,237
c	Leasehold improvements					0		0		0		0
d	Equipment					0	39,865,	576	28,2	248,665	1	1,616,911
e	Other					0	2,178,	097	1,6	586,454		491,643

151,799,166

Part VIII Investments—Other Securities. Sec	e Form 990, Part X, line 1,		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products	0	2032 01 0114 01	F
Closely-held equity interests	0		
Other See Additional Data			<u> </u>
other see Additional Satu			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	33,037,182		
Total. (Column (b) Should equal Form 990, Part A, Col (b) line 12)	33,037,102		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(-,	(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,			/L\ Daalamalaa
(a) Descr	iption		(b) Book value
Funds held by trustee			20,355,067
net cash value of life insurance policies			883,142
beneficial interest in perpetual trusts			6,821,681
Table (Column (b) about descriptions 2000, Book V, and (B) book			20.050.000
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part			28,059,890
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	(b) A mount		
Federal Income Taxes	3,750		
accrued post retirement benefit cost	2,869,421		
bond swaps liability	7,729,535		
deposits/withholdings to be paid to others	40,764		
employee flexible spending deposits	43,317		
unpaid claims liability for worker's compensation	79,201		
anyana cianno nabinty for worker o compensation	/ 9,201		
	+		
Total. (Column (b) should equal Form 990. Part X. col (B) line 25)	10.765.988		

 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 	1 112,462,213 2 99,258,102
3 Excess or (deficit) for the year Subtract line 2 from line 1	99,258,102
Zxeess of (deficit) for the year substant line 2 from the 2	
4 Net unrealized gains (losses) on investments	3 13,204,111
	4 -34,090,570
5 Donated services and use of facilities	5 0
6 Investment expenses	6 0
7 Prior period adjustments	7 0
8 Other (Describe in Part XIV)	8 -1,957,466
9 Total adjustments (net) Add lines 4 - 8	9 -36,048,036
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-22,843,925
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return
1 Total revenue, gains, and other support per audited financial	79,780,496
statements	<u>. </u>
A mounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
to keep or prior your grants.	
	e -32,681,717
e Add lines 2a through 2d	· · · · ·
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	112,402,213
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	c 0
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	
· · · · · · · · · · · · · · · · · · ·	1 100,666,955
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	le 1,408,853
3 Subtract line 2e from line 1	99,258,102
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b Other (Describe in Part XIV) 4b 0	
c Add lines 4a and 4b	lc 0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5 99,258,102
Part XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier Return Reference Explanation

Additional Data

Software ID: Software Version:

EIN: 23-1352664

Name: MUHLENBERG COLLEGE

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Pooled Income Fund	263,582	F
Tımbervest Partners II - real asset fund	801,965	F
Metropolitan Real Estate VI fund	813,038	F
Hammond PIP 2008 Private Equity fund	543,534	F
Goldman Sachs Distressed Opportunities IV fund	133,968	F
Newbury Secondary Opportunities Fund II	495,712	F
Portfolio Advisors Private Equity Fund V	906,328	F
Newbury Secondary Fund	2,007,225	F
Newlin Energy Fund II	782,554	F
Black Rock Diamond Property Fund	1,775,375	F
Pınehurst Institutional LTD - hedge fund	7,110,743	F
Silver Creek Low Vol II - hedge fund	6,157,534	F
Common Sense Investors Offshore LTD A	3,994,525	F
UBS Realty Investors	4,674,704	F
Comerica Natural Resources Fund	2,576,395	F

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization MUHLENBERG COLLEGE

Employer identification number

23-1352664

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS MUHLENBERG COLLEGE Muhlenberg College			
	does not discriminate against any person based on age, color, disability, gender, gender identity, national or ethnic			
	origin, race, religion, sexual orientation, veteran status, or any other basis protected by applicable federal, state or local laws. All inquiries regarding this policy and complaints of discrimination in violation of this policy may be			
	directed to Vice President of Human Resources, Muhlenberg College, Allentown, PA 18104, 484-664-3165			
	Complaints will be handled in accordance with the appropriate procedures established for resolving such complaints as set forth in student, faculty and staff handbooks. In addition, inquiries concerning the application of Title IX of the			
	Education Amendments of 1972 may be directed to the Assistant Secretary for Civil Rights, U.S. Department of			
	Education			
4	Does the organization maintain the following?			
	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		.	
_	basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
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, attach a separate statement)	- -	163	
	Tryou answered No to any or the above, please explain (11 you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		No
l.	Admissions nelleige?			
U	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
				-110
d	Scholarships or other financial assistance?	5d		No
_	Educational policies?	5e		No
				NO
f	Use of facilities?	5f		Νo
	Athletic programs?	_		
y	Attriette programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
_		_ ا		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
ט	If you answered "Yes" to either 6a or b, please explain using an attached statement	שט		140
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," attach an explanation	7	Yes	
	, , , , , , , , , , , , , , , , , , , ,			

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DLN: 93493046015210

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization HLENBERG COLLEGE						ntification number
	Conoral Info		-tiiti.a. Otai	do the United Clates	- Complete	23-135266	
P	General Information "Yes" to Form 9			de the United States	s. Complete	e ii the organ	iizauon answered
1	For grantmakers. Doe assistance, the grante	es the organiza	ation maintain r or the grants or	records to substantiate to assistance, and the se	lection crite	rıa used to a	
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	nt funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
	(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)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in
_							
Tota	als ▶						

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	(
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Financial aid for foreign students attending Muhlenberg College	East Asia and the Pacific	1	0	o		credit towards tuition, fees, room and board necessary to attend Muhlenberg College	cash value
Financial aid grants toward tuition and fees at Muhlenberg College	Europe (including Iceland and Greenland)	2	0	o	,	Credit toward the students tuition and fee expenses for attending Muhlenberg College	cash value

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID: 08000095

Software Version: v1.00

EIN: 23-1352664

Name: MUHLENBERG COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

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Schedule I

(Form 990)

Name of the organization

DLN: 93493046015210

OMB No 1545-0047

2008

Governments and Individuals in the U.S. Department of the Treasury Internal Revenue Service

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

Grants and Other Assistance to Organizations,

Open to Public Inspect ion

Employer identification number

MUHLENBERG COLLEGE						23-1352664	
Part I General Infor	mation on Grai	nts and Assistance	 e			I	
 Does the organization mathematics the selection criteria use Describe in Part IV the organization 	d to award the gran	nts or assistance?					F Yes Γι
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the original rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
3 Enter total number of oth							-
For Paperwork Reduction Act Not				Cat No 50055			nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Stipends for students awarded research assistance opportunities	36	46,538	0	cash value	
A cademic and civic achievement awards for students of the College	67	49,877	0	cash value	
Travel assistance grants provided to students attending academic conferences	36	6,984	0	cash value	
Summer research grants to students selected for research projects	7	18,095	0	cash value	
Financial aid grants and assistance for students of Muhlenberg College	1612	0	23,950,561	cash value	Students received this aid in the form of a credit towards their tuition and fee expenses for attending Muhlenberg College

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		The College maintains records for all students receiving financial aid assistance. Records include the financial and academic performance data relevant to award decisions

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As Filed Data -

DLN: 93493046015210

Employer identification number

OMB No 1545-0047

Compensation Information

Department of the Treasury

ın Part III

Name of the organization

Internal Revenue Service

Schedule J

(Form 990)

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

MOI	ILENBERG COLLEGE		23-1352664			
Pa	rt I Questions Regarding Compensation	n	23 1332001			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	<u> </u>	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant	nat app	ly Written employment contract Compensation survey or study			
	Form 990 of other organizations	10	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, F	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal no	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of		, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Dr Peyton R Helm	(I) (II)		0	0	42,833	20,741 0	377,742	0
Mr Kent Dyer	(I) (II)		0	0	24,682	56,286 0	243,386	0
Dr Marjorie Hass	(ı) (ıı)		0	0	17,654 0	26,017 0	199,150	0
Mr Chris Hooker Haring	(ı) (ıı)		0	0	23,128	83,783 0	253,599 0	0
Mr Mike Bruckner	(I) (II)		0	0	17,073 0	19,613 0	153,926 0	0
Harry Miller	(I) (II)		0	0	13,613	13,041 0	. 150,412 0	0
Donald Shive	(I) (II)		0	0	16,107 0	17,926 0	5 153,218 0 0	0 0
	(ii)							
	(i)							1
	(ii)		 					
	(i)	 			<u> </u>		<u> </u> '	4
	(ii)	<u> </u>	 		<u> </u>		<u> </u> !	1
	(i) (ii)				 	-	 	1
	(i)				 		 	1
	(ii)	,			-			1

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	Housing is provided for the Provost, Dean of Students and President of the College The housing provided to the Dean of Students is considered a condition of employment. Only a portion of the President's housing is treated as taxable due to the fact that a substantial portion of the residence is utilized for College events and activities. Travel is provided for the President's spouse only when she is considered to be conducting College business. Housekeeping services are provided for the President.
SchJ_P01_S00_L03		The process for determining the President's compensation is documented Feedback from Trustees, Parent's Council, and direct reports is compiled This feedback, as well as the CUPA salary survey data and data collected from the 990 returns of competitors, is reviewed by the Compensation Committee of the Board of Trustees The Compensation Committee then makes a recommendation to the full Board for its approval
SchJ_P02_S00_L00		Deferred compensation includes retirement contributions Nontaxable benefits may include medical, life and or disability insurance premiums, as well as tuition benefits

DLN: 93493046015210

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization MUHLENBERG COLLEGE

Employer identification number 23-1352664

										23 1332	004			
Pa	rt I Bond Issues (Required	d for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) Defeased		Beh	On alf of suer
												No	Yes	No
A	Lehigh County General Purpose Authority	91-1886539	5248058X9	04-04-	04-04-2008		56,505,000		advance refund of Authority's College Revenue Bonds Series of 2005 and 2007			x		x
В	Lehigh County General Purpose Authority	91-1886539	52480RAD2	05-14-2009				capital projects including design, construction, renovation, equipping and furnishing of instruction				х		х
Pa	rt III Proceeds (Optional for	2008)		_		_				,			•	
	Total Proceeds of Leave				4		В		С	D			E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3														
4														
5	5 Issuance Costs from Proceeds													
6	6 Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	sue [?]											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and red	cords to support the											
Par	t IIII Private Business Use	(Optional for 2008	3)							_				
							B	_	<u>C</u>	D			E	
_	Was the sugar section of the sugar sections		ambar of ar 110	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,											
A re there any lease arrangements with respect to the financed property which may result in private business use?														
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Cat No 50:	193E			Sch	nedule K	(Form 99	0) 2008	}	

Schedule K	(Form 990)	2008		
Part III	Private I	Business	Use	(Continued)

			A	E	3	C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	<u> </u>	E	3	(<u> </u>	ı	<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

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As Filed Data -

DLN: 93493046015210

Employer identification number

OMB No 1545-0047

2000

2008

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Open to Public Inspection

MUHLENB	ERG COLLEGE						2:	3-135	2664	1					
Part I	Excess Benefit Transact						(4) organiz	atıor	ns on	ıly).	. Dan	+ \/ _luno	40h		
	To be completed by organizatio (a) Name of disqualified			5 011									(c) Corrected?		
1	(a) Name of disqualified	a perso	on	ion of transa	of transaction					No					
2 Ente	er the amount of tax imposed on t	the ora	ianization manai	gers (or disqualified pers	ons	during the v	earu	nder						
sec	tion 4958 er the amount of tax, if any, on lin	• • ne 2, al	bove, reimburse	 d by t		•			►	\$ — \$					
Part II	Loans to and/or From To be completed by organization				on Form 990, Part	IV,I	ıne 26, or Fo	orm 9	90-E	Z, Part	V , lır	ne 38a			
(a) N	ame of interested person and purpose	fro	oan to or om the nization?	(c)	Original principal amount	(d)∃	Salance due	(e) defa		(f) Approved by board of		r agree	/rıtten ment?		
		То	From					Yes	No	Yes	No	_	No		
Γotal .		<u> </u>			> \$										
Part III		enefi	tting Interes	sted	Persons	00	Dart IV Jun	0.27							
(a	a) Name of interested person	IIZatio	(b)Relationship	betv	veen interested pe					nt or tv	pe of	assista	ınce		
Samantha		d	and aughter of Trust		the College			merit-based, non-cash financial aid							
					<u> </u>			,							
Part IV	Business Transactions To be completed by organ					90,	Part IV, lın	e 28	a, 28	b, or	28c.				
(a) Name of interested person (b) Relations between interested person and the organization				ed	(c) A mount of transaction	(d) Descr	(d) Description of transaction				(e) Sharing of organization's revenues? Yes No				
Mr Robert Wood			<u> </u>				company wh	or dining services to which Mr Wood serves utive Vice President			es		N o		
		_													
		+													
-															

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization MUHLENBERG COLLEGE

Employer identification number

23-1352664

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	There shall be an Executive Committee consisting of the Chairperson of the Board, plus all duly elected Board Officers of the Board and other members of the Board elected by the Board such that there shall be at least nine (9) members of the Executive Committee. The President of the College shall serve as an ex officio member of the Executive Committee. The Executive Committee shall have authority to act for and on behalf of the Board during intervals between meetings of the Board.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	A draft of the completed 990 return is posted to the Trustee wieb page maintained by the College Trustees have the opportunity to review the return prior to a regularly scheduled meeting of the Trustees. The Audit and Compliance Committee of the Board of Trustees reviews the return in detail. The Audit and Compliance Committee approves the return and reports findings to the full Board of Trustees.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	All faculty, staff and Trustees must complete a Conflict of Interest Statement on an annual basis Noted conflicts are reviewed by the Audit and Compliance Committee of the Board of Trustees The College also implements controls to limit the stated conflicts when considering pertinent contracts or other potential College business

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The annual compensation for the President is established by the Compensation Committee of the Board of Trustees, subject to the approval of the Board A wide array of feedback from stakeholders inlouding Trustees, Parent's Council, and the President's direct reports is reviewed by the Committee In addition, the Human Resources Office provides comparative data from the CUPA salary survey and collects compensation data, via 990 returns, from those institutions considered the top competitors of Muhlenberg College. The Compensation Committee of the Board also reviews the President's performance appraisals of all other College officers. The Committee also receives comparative data from the CUPA Salary Survey and competitor institutions.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The College's Conflict of Interest Policy is available to the public via the College wiebsite College financial statements and governing documents are available upon request

Software ID: Software Version:

EIN: 23-1352664

Name: MUHLENBERG COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<u> </u>								
		Posit t	(C non (hat a	chec	I				(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Former Highest compensated employee Key employee Officel Institutional Trustee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Mr John W Blend III , Trustee	2	Χ					0	0	0
Ms Joan Triano , Trustee	2	Х					0	0	0
Mr Richard F Brueckner , Chair	2	Х					0	0	0
Ms Susan Kienzle Pobjoy , Trustee, Vice Chair	2	Х					0	0	0
Rev Samuel Zeiser , Trustee	2	Х	Ì				0	0	0
Mr Alexander Adelson , Trustee	2	Х					0	0	0
Mr Paul C Brucker , Trustee, Vice Chair	2	Х					0	0	0
Mr A dam M Brodsky , Trustee	2	Х					0	0	0
Ms Cecilia A Conrad , Trustee	2	Х					0	0	0
Ms Susan Eisenhauer , Trustee	2	Х					0	0	0
Ms Marion E Glick , Trustee	2	Х					0	0	0
Rev Wilma S Kucharek , Trustee	2	Х					0	0	0
Dr Arthur Al Altman , Trustee	2	Х					0	0	0
Rev Claire S Burkat , Trustee	2	Х					0	0	0
Mr Richard C Crist Jr , Trustee	2	Х					0	0	0
Dr Alan H DeCherney , Trustee	2	Х					0	0	0
Dr Lona M Farr , Trustee	2	Х					0	0	0
Mr Stuart W Freiman , Trustee	2	Х					0	0	0
Mr John M Heffer , Trustee	2	Х					0	0	0
Mr Bruce G Kılroy , Trustee	2	Х					0	0	0
Mr N Dante LaRocca , Trustee	2	Х					0	0	0
Mr John W McConomy , Trustee	2	Х					0	0	0
Mr William D Miers , Trustee	2	Х					0	0	0
Mr Mark J Parıs , Trustee	2	Х					0	0	0
Mr Edward M Davis , Trustee	2	Х					0	0	0
Ms Sandra Schuyler Jaffee , Trustee	2	Х					0	0	0
Ms Melanie R Mason , Trustee	2	Х					0	0	0
Mr Richard R Romeo , Trustee, Secretary	2	Х					0	0	0
Mr John B Rosenberg , Trustee	2	Х					0	0	0
Mr Paul Silverman , Trustee	2	Χ					0	0	0

Form 990, Part VII - Section Aaa

·		Posit tl	(C lion (d	chec		l			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Mr Robert C Wood , Trustee	2	Х						0	0	0
Mr Jeffrey R Porphy , Trustee	2	Х						0	0	0
Mr James A Skidmore Jr , Trustee	2	Х						0	0	0
Ms Karen Wagoner , Trustee	2	Х						0	0	0
Mr Eric Berg , Trustee	2	Х						0	0	0
Ms Barbara Crosette , Trustee	2	Х						0	0	0
Ms Julie Hamre , Trustee	2	Х						0	0	0
Mr John Ladley , Trustee	2	Х						0	0	0
Dr Peyton R Helm , President	50			Х				314,168	0	51,486
Mr Mike Bruckner , VP Public Relations	40			Х				117,240	0	32,636
Mr Philip Ellmore , Interim VP of Advancement	40			х				115,761	0	14,548
Dr Marjorie Hass , Provost	40			Х				155,479	0	43,672
Mr Kent Dyer , CBO and Treasurer	40			Х				162,418	0	75,752
Ms Karen Green , Dean of Students	40			Х				115,041	0	25,561
Mr Chris Hooker Haring , Dean of Admissions	40			Х				146,688	0	101,289
Mr Tilghman Moyer , VP of Development and Alumni Relations	40			х				83,658	0	18,613
Carol Shiner Wilson , Dean of Academic Lif	40					Х		119,514	0	26,197
James N Marshall , Professor	40					Х		115,967	0	29,069
Charles Richter , Professor	40					Х		122,472	0	19,727
Harry Miller , Dir of Info Tech	40					Х		123,758	0	26,655
Donald Shive , Professor	10					Х		119,185	0	34,032

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Muhlenberg College aims to develop independent critical thinkers who are intellectually agile, characterized by a zest for reasoned and civil debate, knowledgeable about the achievements and traditions of diverse civilizations and cultures, able to express ideas with clarity and grace, committed to life-long learning, equipped with ethical and civic values, and prepared for lives of leadership and service. The College is committed to providing an intellectually rigorous undergraduate education within the context of a supportive, diverse residential community. We are also committed to educating the whole person through experiences within and beyond the classroom. Our curriculum integrates the traditional liberal arts with selected pre-professional studies. Our faculty are passionate about teaching, value close relationships with students, and are committed to the pedagogical and intellectual importance of research.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Muhlenberg College aims to develop independent critical thinkers who are intellectually agile, characterized by a zest for reasoned and civil debate, knowledgeable about the achievements and traditions of diverse civilizations and cultures, able to express ideas with clarity and grace, committed to life-long learning, equipped with ethical and civic values, and prepared for lives of leadership and service. The College is committed to providing an intellectually rigorous undergraduate education within the context of a supportive, diverse residential community. We are also committed to educating the whole person through experiences within and beyond the classroom. Our curriculum integrates the traditional liberal arts with selected pre-professional studies. Our faculty are passionate about teaching, value close relationships with students, and are committed to the pedagogical and intellectual importance of research.