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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 са	lendar yea	r, or tax year beginning 07	-01-2009	and ending 06-30-20	10				
<b>B</b> Che	eck ıf a	pplicable	Please	C Name of organization MUHLENBERG COLLEGE					D Employer id	dentific	cation number
	Iress ch	-	use IRS label or	Doing Business As					23-13526 E Telephone r		<u> </u>
Mar Nar	ne cha	nge	print or type. See	Doing Business As							
Init	ıal retu	rn	Specific Instruc-	Number and street (or P O b	ox ıf maıl ıs	not delivered to street add	ress) Roor	n/suite	(484) 664 <b>G</b> Gross receipt		
☐ Ter	mınate	d	tions.	2400 Chew Street					G Gloss leceipt	.5 ф 104	-,004,124
┌ Am	ended	return		City or town, state or country Allentown, PA 18104	, and ZIP +	4	<b>_</b>				
☐ App	lication	n pending		Allentown, PA 18104							
			<b>F</b> Nan	ne and address of principal	officer		H(a)	Is th	I Is a group retu	rn for	
			•	R Helm Chew Street				affilia			┌ Yes ┌ No
				own, PA 18104			Н(Р)	Δre al	l affiliates inclu	ided?	□ Yes □ No
											instructions)
<b>I</b> Ta	x-exem	npt status	<b>ア</b> 501(c)	) (3) ◀ (insert no )	(a)(1) or \( \subseteq \)	527	H(c)	_	p exemption n		
y W	ebsit e	e: ► www	w muhlenbe	erg edu							
K Forr	n of or	ganization	✓ Corporat	tion Trust Association C	ther 🕨		LYe	ar of fo	rmation 1848	M State	e of legal domicile PA
_	rt I	Sum	· · · · · · · · · · · · · · · · · · ·	tion, muse, masociation, e	THE F		12.0		indion 1010	- State	e or legar dofficile 177
	1			e organization's mission or	most sigr	nificant activities					
Governance		reasone express	ed and civil	to help students become in debate, knowledgeable abo n clarity and grace, commit service	out the ac	hievements and tradit	ions of di	verse	civilizations ai	nd cul	tures, able to
E E											
,0 k											
	2	Checkt	:his box 🛏	if the organization discon	itinued its	operations or dispose	ed of more	than	25% of its net	asse	ts
Activities &	3	Number	of voting r	members of the governing b	ody (Part	VI, line 1a)				з	37
乬	4			ndent voting members of th			1b) .		•		36
ទ្ឋ	5			mployees (Part V , line 2a)						5	2,129
•	6			olunteers (estimate if neces							25
		-		ted business revenue from		, ,,					118,445
	ь	Net unr	elated busi	iness taxable income from	Form 990	-T, line 34				7b	118,445
								Prio	r Year	-	Current Year
<u>a</u>	8			d grants (Part VIII, line 1h			9,385,556		8,638,447		
Ravenue	9 10			revenue (Part VIII, line 2g me (Part VIII, column (A),					97,125,565 4,660,051		101,918,654
歪	11			art VIII, column (A), lines			. —		1,291,041		1,146,457
	12			dd lines 8 through 11 (mus			ıne 🖳		1,291,041		1,140,437
					•				112,462,213		111,715,294
	13	Grants	and simila	ar amounts paid (Part IX, c	olumn (A)	lines 1-3)			24,153,400		27,180,435
	14			or for members (Part IX, co					0		0
92	15	Saları 10)	es, other co	ompensation, employee ber	nefits (Par	t IX, column (A), lines	5 -		42,376,399		43,980,873
Expenses	16a	•	sional fund	Iraısıng fees (Part IX, colur	nn (A.), lin	e 11e)			0		0
<b>⊕</b>	ь			penses (Part IX, column (D), line							
Ð	17			(Part IX, column (D), line (Part IX, column (A), lines					32,728,303		33,665,822
	18			Add lines 13-17 (must equ					99,258,102		104,827,130
	19			penses Subtract line 18 fro					13,204,111		6,888,164
* o							Ве	ginnin	g of Current		· · · · · ·
Not Assets or Fund Balances									ear	_	End of Year
33.4g	20			rt X, line 16)				:	372,883,830		396,605,601
2 Z	21		-	Part X, line 26)					101,071,953		103,093,389
	22	_		nd balances Subtract line 2	1 from lin	e 20		:	271,811,877		293,512,212
Pai	t II		ature Blo								
				егјигу, I declare that I have exam correct, and complete Declaratio							
		l				,					
Sign		<b>I</b>						•	01-13		
Here	2	Sign:	ature of office	er				Date			
			n Feiertag As e or print nam	sistant Treasurer							
		<b>y</b> τyρε	. от ринк пат	ic and thic	Т		1		T_		
_		Preparer signature				Date	Check if self-		Preparer's iden (see instruction		number
Paid		-	<b>"</b>				empolyed	• [		,	
Prepa			ame (or yours	s			-		EIN Þ		
Use (	Jnly		nployed), and ZIP + 4	<b>r</b> —							
									Phone no 🕨		
Mav t	he IR	S discus	s this retu	rn with the preparer shown	above? (s	ee instructions) .					res $\Gamma$ No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Muhlenberg aims to help students become 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

						Form <b>990</b> (2009)
4e	Total program serv	/ice expenses <b>►</b> \$	94,825,62	6		
	(Expenses \$	9,382,621 inc	luding grants o	f \$	O ) (Revenue \$	0 )
4d	Other program ser	vices (Describe in Sch	edule O ) <b>See a</b>	Ilso Additional Data	for Description	
	Auxiliary services hou	sing of 1,953 students, meal	s for approximatel	y 1,750 students, and a l	Bookstore for approximately 2,193 s	students and 730 employees
4c	(Code	) (Expenses \$	8,522,068	including grants of \$	) (Revenue \$	17,510,709 )
	services including the i	ecruiting for admissions, cou	nseling, a nationali	ly recognized peer tutorin	g program, career development, fin rienced by Muhlenberg Students wh	ancıal aıd admın , and student
4b	(Code Other program service	) (Expenses \$ s. Library, depreciation, inter	46,779,574 est. non-cash finar	including grants of \$ ncial aid, amortization of l	27,180,435 ) (Revenue \$ cond settlement costs (2,193 ft und	9,164,286 ) ergraduate students) Student
	sciences and natural so Muhlenberg professors and win awards Muhle	ciences, in addition to strong are experts in their fields. The	pre-professional p ney conduct cutting ce behind the Colle	rograms in such areas as g-edge research, publish l ege's unmatched connecti	s The College offers 40 majors in t pre-health, pre-law, pre-theology, pooks and papers, are quoted in the vity They drive the rich and reward	business and education e media, present at conferences,
4a	(Code	) (Expenses \$	30,141,363	including grants of \$	) (Revenue \$	85,040,299 )
4	Section 501(c)(3) a		ions and sectio	on 4947(a)(1) trusts	e largest program services by are required to report the am service reported	•
	If "Yes," describe th	nese changes on Sched	ule O			
3	•	n cease conducting, or r · · · · · ·	nake sıgnıfıcan • • • •	t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese new services on So	hedule O			
2	=	n undertake any signific or 990-EZ?		rvices during the yea	r which were not listed on	┌ Yes ┌ No

Part IV	Check	dist of	Required	Schedules
		11136 01	NC dull Cd	Schoules

			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		N o
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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 U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III	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? If "Yes," complete Schedule G, Part I	17		Νο
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		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> " <i>Yes,"</i> complete Schedule R, Part I	33		Νο
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2009)

	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 291			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	
	Statements filed for the calendar year ending with or within the year covered by this			
<b>L</b>	return			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-	Vaa	
h	return?	3a 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	165	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		
	account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country BD, CJ, EI  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
ь	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).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
а	services provided to the payor?	7 a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d	file Form 8282?			
-	74 Test, indicate the number of forms of the daring the year 1. 1. 1.			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		
f	benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12D			ı

2400 Chew Street Allentown, PA 19530 (484) 664-3140

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 37	.		
ь	Enter the number of voting members that 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	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?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	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		105	
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
С	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	
	If "Yes" to line a or b, 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		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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. 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	ıe orga	nızatıor	n 🕨
	Muhlenberg College			

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

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

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

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

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

Check this box if the organization did i	r, dırector, trustee	or key employee								
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 40

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	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	_		NI -
	, , , , , , , , , , , , , , , , , , ,	, 5 '		N o

#### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Sodexo Dining Services 4880 Paysphere Circle Chicago, IL 60674	dining and catering services	4,897,039
LVAIC Health Insurance Trust 2201 Rıdgewood Road Wyomıssıng, PA 19610	health insurance	4,739,212
Alvin H Butz Inc 840 Hamilton Street Suite 600 Allentown, PA 18105	Construction management	1,960,484
The Whiting Turner Contracting Company PO Box 17596 Baltimore, MD 21297	Construction	1,158,403
Bruner Cott and Associates 130 Prospect Street Cambridge, MA 02139	architectural services	835,601
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►55	) who received more than	

111,715,294

102,930,828

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
(B) (C) (D)								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	27,054,824	27,054,824					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	125,611	125,611					
4	Benefits paid to or for members	0	0	1				
5	Compensation of current officers, directors, trustees, and key employees	1,887,930	410,655	1,068,193	409,082			
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	31,024,368	27,426,604	2,652,292	945,472			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,401,528	1,939,085	307,637	154,806			
9	Other employee benefits	6,409,806	5,249,030	888,604	272,172			
10	Payroll taxes	2,257,241	1,838,339	211,569	207,333			
11	Fees for services (non-employees)							
а	Management	0	0	0	0			
b	Legal	296,996	0	296,996	0			
c	Accounting	68,485	0	68,485	0			
d	Lobbying	0	0	0	0			
e	Professional fundraising See Part IV, line 17	0			0			
f	Investment management fees	134,283	0	134,283	0			
g	Other	2,300,087	1,963,977	289,639	46,471			
12	Advertising and promotion	388,790	360,685	28,105	0			
13	Office expenses	1,789,209	1,457,534	82,935	248,740			
14	Information technology	360,160	63,495	296,665	0			
15	Royalties	0	0	0	0			
16	Occupancy	7,817,685	7,817,685	0	0			
17	Travel	785,848	652,756	37,705	95,387			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings	1,261,346	967,598	217,483	76,265			
20	Interest	3,640,257	3,640,257	0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization	6,549,693	6,549,693	0	0			
23	Insurance	628,980	628,980	0	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	Equipment	2,359,798	2,349,583	10,215	0			
b	Education abroad fees	1,805,628	1,805,628	0	0			
c	Special program instruction	1,056,536	1,044,284	12,252	0			
d	Equipment maintenance	921,654	270,433	648,015	3,206			
е	Constituency programs	501,613	337,482	38,412	125,719			
f	All other expenses	998,774	871,408	93,741	33,625			
25	Total functional expenses. Add lines 1 through 24f	104,827,130	94,825,626	7,383,226	2,618,278			
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

1 Cash—non-interest-bearing	(A) Beginning of year 2,945,089 31,736,567 8,024,818 752,204	1 2	(B) End of year 2,206,051 23,267,317
2 Savings and temporary cash investments	31,736,567 8,024,818	2	<u> </u>
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets	8,024,818	$\vdash$	23,267,317
4 Accounts receivable, net	<u> </u>	3	<del></del>
Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	752,204		8,243,985
highest compensated employees Complete Part II of Schedule L  Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L  Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  b Less accumulated depreciation  Investments—publicly traded securities  Investments—other securities See Part IV, line 11  Investments—program-related See Part IV, line 11  Intangible assets  Intangible assets		4	986,846
Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			
persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	5	0
7 Notes and loans receivable, net			
Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  b Less accumulated depreciation	0	6	0
Prepaid expenses and deferred charges	1,582,197	7	1,628,628
Prepaid expenses and deferred charges	557,492	8	458,309
Part VI of Schedule D  b Less accumulated depreciation	784,450	9	963,089
11 Investments—publicly traded securities	4		
12 Investments—other securities See Part IV, line 11	7 151,799,166	10c	165,509,457
13 Investments—program-related See Part IV, line 11 14 Intangible assets	113,604,775	11	133,472,857
14 Intangible assets	33,037,182	12	40,677,124
	0	13	
15 Other assets See Part IV, line 11	0	14	0
	28,059,890	15	19,191,938
16 Total assets. Add lines 1 through 15 (must equal line 34)	372,883,830	16	396,605,601
17 Accounts payable and accrued expenses .	7,524,124	17	8,587,929
18 Grants payable	0	18	0
19 Deferred revenue	4,509,799	19	3,999,794
20 Tax-exempt bond liabilities	76,380,000	20	75,205,000
	517,672	21	555,745
21 Escrow or custodial account liability Complete Part IV of Schedule D  Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			
persons Complete Part II of Schedule L	0	22	0
23 Secured mortgages and notes payable to unrelated third parties	0	23	0
24 Unsecured notes and loans payable to unrelated third parties	1,374,370	24	1,374,370
25 Other liabilities Complete Part X of Schedule D	10,765,988	25	13,370,551
26 Total liabilities. Add lines 17 through 25	101,071,953	26	103,093,389
Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
27 Unrestricted net assets	180,460,058	27	195,606,746
through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets	35,216,636	28	38,960,564
	56,135,183	29	58,944,902
☐ Organizations that do not follow SFAS 117, check here ► ☐ and complete			
29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
		30	
31 Paid-in or capital surplus, or land, building or equipment fund			1
		31	
33 Total net assets or fund balances		31 32	
34 Total liabilities and net assets/fund balances	271,811,877	32	293,512,212

# Part XI Financial Statements and Reporting

			Yes	No
L	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 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
За	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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

## OMB No 1545-0047

Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

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

**Public Charity Status and Public Support** 

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

Employer identification number

MUHLENBERG COLLEGE 23-1352664 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN		(iv)  Is the organization in col (i) listed in your governing document?		Did you no organizat col (i) of	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
			Yes	No	Yes	No	Yes	No	
Total									

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

Provide the following information about the supported organization(s)

11g(iii)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)			
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/					
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual									
_	grants ") Tax revenues levied for the									
2	organization's benefit and either									
	paid to or expended on its									
	behalf									
3	The value of services or facilities									
_	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the									
	amount shown on line 11, column									
_	(f) <b>Dublic Support</b> Subtract line F from									
6	<b>Public Support.</b> Subtract line 5 from line 4									
S	ection B. Total Support	1		-						
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total			
7	A mounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
9	sources Net income from unrelated									
9	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income (Explain in Part									
	IV ) Do not include gain or loss									
	from the sale of capital assets									
11	Total support (Add lines 7									
4.5	through 10)	/5								
12	Gross receipts from related activities	,	•			12				
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□			
	check this box and <b>stop here</b>						-1			
S	ection C. Computation of Pub	lic Support P	ercentage							
14	Public Support Percentage for 2009			11 column (f))		14				
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15				
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox			
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □			
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi				
	box and <b>stop here.</b> The organization				,		▶			
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14									
	ıs 10% or more, and ıf the organizat									
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp				
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□			
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_								
	Explain in Part IV how the organizat						clv			
	supported organization				gaao., quu		<b>▶</b> ┌			
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•			

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-1352664

Name: MUHLENBERG COLLEGE

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services										
(Code	) (Expenses \$	9,382,621	ıncludıng grants of \$	) (Revenue \$	0)					
(Code ) (Expenses \$ 9,382,621 including grants of \$ ) (Revenue \$ 0)  Operation and maintenance of physical plant educational and administrative buildings agrounds (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, additions to hte Seegers Union building including a beautiful new campus restaurant, and eight spectacular new residence halls over the past decade.										

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

<b>(A)</b> Name and Title	(B) A verage hours		<b>(C)</b> ition (check that apply)	ː all	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Officer Institutional Trustee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Dr Arthur Altman Trustee	2	Х			0	0	C
Mr Eric Berg Trustee	2	Х			0	0	0
Mr John Blend III Trustee	2	Х			0	0	C
Ms Tammy Bormann Trustee	2	Х			0	0	C
Dr Paul Brucker Trustee	2	X			0	0	C
Mr Richard Brueckner Trustee	2	Х			0	0	C
Rev Claire Burkat Trustee	2	Х			0	0	(
Ms Cecilia Conrad Trustee	2	X			0	0	C
Mr Richard Crist Jr Trustee	2	X			0	0	C
Ms Barbara Crossette Trustee	2	Х			0	0	C
Mr Edward Davıs Trustee	2	Х			0	0	C
Dr Alan DeCherney Trustee	2	X			0	0	(
Ms Susan Eisenhauer Trustee	2	X			0	0	(
Dr Lona Farr Ph D Trustee	2	X			0	0	(
Mr Stuart Freiman Trustee	2	X			0	0	(
Ms Marion Glick Trustee	2	X			0	0	(
Ms Julie Hamre Trustee	2	X			0	0	C
Mr John Heffer Trustee	2	X			0	0	C
Mr Jeffrey Hoffman Trustee	2	X			0	0	C
Ms Sandra Jaffe Trustee	2	X			0	0	C
Rev Wilma Kucharek Trustee	2	X			0	0	C
Mr John Ladley Trustee	2	X			0	0	C
Mr Dante LaRocca Trustee	2	X			0	0	C
Ms Melanie Mason Trustee	2	X			0	0	C
Mr William Miers Trustee	2	X			0	0	C

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

<b>(A)</b> Name and Title	(B) Average hours per	Pos	(C) Position (check all that apply)					( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Mr Mark Parıs Trustee	2	Х						0	0	0
Mr Jeffrey Porphy Trustee	2	X						0	0	0
Mr Mitch Possinger Trustee	2	Х						0	0	0
Mr Richard Romeo Trustee	2	x						0	0	0
Mr John Rosenberg Trustee	2	Х						0	0	0
Mr James Skıdmore Jr Trustee	2	x						0	0	0
Ms Joan Triano Trustee	2	Х						0	0	0
Ms Donna Bradley Tyson Trustee	2	x						0	0	0
Ms Karen Wagoner Trustee	2	Х						0	0	0
Mr Robert Wood Trustee	2	x						0	0	0
Rev Samuel Zeiser Trustee	2	X						0	0	0
Peyton R Helm President President	50			X				328,254	0	72,200
Kent A Dyer CBO Chief Business Officer	40			X				172,831	0	89,798
John Ramsay Provost Provost	40			Х				94,671	0	40,760
Christopher Hooker-Haring Dean Dean of Admissions	40			Х				153,546	0	100,438
Michael S Bruckner VP of PR Vice President of Public Relations	40			X				122,201	0	40,537
Karen Green Dean Dean of Students	40			Х				120,003	0	32,783
Connie Harris VP of Development Vice President of Development	40			X				188,394	0	38,500
Jason Feiertag Assistant Treasurer	40				Χ			82,584	0	32,524
Harold E Miller Director of Information Technology	40					X		129,190	0	28,849
Charles C Richter Professor	40					Х		129,790	0	20,591
Carol Shiner-Wilson Dean	40					X		126,198	0	28,370
George Heitmann Professor	40					X		121,007	0	19,081
Curtis Dretsch Professor	40					Χ		128,547	0	26,379

# Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment	2,359,798	2,349,583	10,215	0
Education abroad fees	1,805,628	1,805,628	0	0
Special program instruction	1,056,536	1,044,284	12,252	0
Equipment maintenance	921,654	270,433	648,015	3,206
Constituency programs	501,613	337,482	38,412	125,719

DLN: 93493045015001

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

MUF	ne of the organization LENBERG COLLEGE		Em	oloyer identificat	ion numbe	r
			23-	1352664		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99	90, Part IV, line 6.	ilar Funds	or Accounts.	Complet	e if the
		(a) Donor advised funds		<b>(b)</b> Funds and ot	her accour	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	5		ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber		•		┌ Yes	⊏ No
	t II Conservation Easements. Complete		"V" to F	000 Part IV	•	) NO
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	tion or pleasure)	on of a certifie	rically importantl ed historic structi onservation		1
	easement on the last day of the tax year			T		
				Held at the E	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	• •	2c			
d	Number of conservation easements included in (c) a	acquired after 8/1//06	2d			
	Number of conservation easements modified, transfer the taxable year ►  Number of states where property subject to conserv		miniated by t	ne organization u	uring	
	Does the organization have a written policy regardin enforcement of the conservation easements it holds	ng the periodic monitoring, inspection	on, handling o	f violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation	n easements o	luring the year 🛌		
	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation eas	sements durin	g the year 🟲 \$ _		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements	s of section		☐ 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 eases	the footnote to the organization's fi ments	ınancıal state	ments that descr	ıbes	
a r	Organizations Maintaining Collection Complete if the organization answered			her Similar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held		research in fu			,
а	provide, in Part XIV, the text of the footnote to its fir	nancial statements that describes	these items			
	provide, in Part XIV, the text of the footnote to its fill If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	S 116, to report in its revenue state public exhibition, education, or res	ement and bal		•	
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for	S 116, to report in its revenue state public exhibition, education, or res is	ement and bal		service,	30,000
a 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	S 116, to report in its revenue state public exhibition, education, or res is	ement and bal		service,	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	<b>Titl</b> Organizations Maintaining Co	ollections of Art	, His	torical	Treas	sures, or C	<u> the</u>	er Similar Ass	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ıe followı	ng that a	are a sıgnıfıc	ant u	use of its collect	ion	
а	Public exhibition		d	<b>▼</b> Lo	an or ex	change prog	rams	3		
Ь	Scholarly research		e	┌ ot	ther					
c	✓ Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v they fu	rther the	e organizatioi	ı's ex	xempt purpose ıı	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•					_ Yes	√ No
Pai	t IV Escrow and Custodial Arrang					on answere	d "Y	es" to Form 9'	90,	
_	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other ass	sets	not	Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table	!	Г		I		
_						}	4.	Am	ount	
C	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f	_		
2a	Did the organization include an amount on F		e 21?					Į.	✓ Yes	No
	If "Yes," explain the arrangement in Part XI\				13.4					
Pa	rt V Endowment Funds. Complete	if the organization (a)Current Year		wered ' )Prior Yea					(e)Four Y	'ears Back
la	Beginning of year balance	125,745,051	(12	150,48		zyrwo rears bac	, (u	Tyrrice rears back	(C) Our 1	Cars back
ь	Contributions	5,347,530		7,80	2,904					
c	Investment earnings or losses	11,710,188		-27,54	0,347					
d	Grants or scholarships	1,312,671		1,20	8,466					
e	Other expenditures for facilities and programs	4,035,997		3,63	8,156					
f	Administrative expenses	134,283		15	5,190					
g	End of year balance	137,319,818		125,74	5,051					
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment	44 % %								
ь	Permanent endowment ► 41 % %									
c	Term endowment ► 15 % %	•								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation t	that are	held and	l admınıstere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations							3a(i	i)	Νo
	(ii) related organizations							3a(i	<del>-                                    </del>	No
	If "Yes" to 3a(II), are the related organization	•					•	3b		
4 0 = 1	Describe in Part XIV the intended uses of the triangle of triangle of the triangle of					Dart V Juno	10			
-C	Description of investment	s, and Equipme	iit. 3	(a) Cost	or other vestment)	(b)Cost or o	ther	(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
1a	Land				0	2 52	3,375			2,523,37
	Buildings		•		0	-	-			50,299,92
	Leasehold improvements		•		0		0		1	(
	Equipment				0	1			1	.2,213,251
	Other					<del>                                     </del>	3,097			472,907
_			=	1	,		,	_,,.	1	, 501

165,509,457

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		od of valuation f-year market value
Financial derivatives	0	Cost of ella-o	F
Closely-held equity interests	0		
Other			<u> </u>
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	40,677,124		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		od of valuation
(a) Description of investment type	(b) book value	Cost or end-o	f-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, lin	e 15.		
(a) Descrip			( <b>b</b> ) Book value
Funds held by trustee			10,742,120
Cash value of life insurance policies			775,316
Beneficial interest in perpetual trusts			7,674,502
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		19,191,938
Part X Other Liabilities. See Form 990, Part X			,,-
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes	487		
Accrued Post Retirement Benefit cost	2,947,933		
deposits/withholdings to be paid to others	42,776		
employee flexible spending withholdings	20,763		
unpaid claims liability	-79,201		
liability for interest rate swaps	10,437,793		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	13,370,551		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	111,715,294
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	104,827,130
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,888,164
4	Net unrealized gains (losses) on investments	4	18,537,928
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	-3,725,757
9	Total adjustments (net) Add lines 4 - 8	9	14,812,171
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	21,700,335
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	131,499,976
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	19,784,682
3	Subtract line <b>2e</b> from line <b>1</b>	3	111,715,294
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	111,715,294
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	109,799,641
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	,	
b	Prior year adjustments	<u>.</u>	
c	Other losses		
d	Other (Describe in Part XIV) 2d 5,162,360		
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,162,360
3	Subtract line <b>2e</b> from line <b>1</b>	3	104,637,281
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u>.</u>	
b	Other (Describe in Part XIV) 4b 189,849	<u> </u>	
c	Add lines <b>4a</b> and <b>4b</b>	4с	189,849
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	104,827,130
Pai	t 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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation			
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Martin Art Gallery provides the Muhlenberg and Lehigh Valley communities with significant opportunities for increased understanding of the visual arts, art history, and cultural diversity through the exhibition of works from the College's impressive permanent collection as well as through special exhibitions of work by contemporary artists, art faculty, or in collaboration with other art institutions. The Gallery's exhibition schedule is enhanced by gallery talks, artist receptions, and cross-curriculum programs. It occupies a prominent location on campus, in the Baker Center for the Arts, a striking arts facility designed by renowned American architect, Philip Johnson.			
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	The College holds funds for the Women's Auxiliary of Muhlenberg College in the College's endowment investments The College also holds agency funds on behalf of the Muhlenberg Student Government as well numerous Muhlenberg student clubs and organizations			
SchD_P05_S00_L04 Schedule D, Part V, Line 4		Endowment funds are used to support general operations, provide financial assistance to students, and support researc opportunities for students and faculty			
SchD_P10_S00_L00	Schedule D, Part X	Other liabilities includes accrued post retirement expenses, interest rate swap liability, unpaid claims liability and various withholdings /deposits to be paid to others			
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Comprised of endowment gains used to meet spending policy and investment management expenses netted in the endowment income distribution			
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Cost of goods sold which were netted			
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Cost of goods sold and endowment gains used to meet spending policy			
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Investment management fees netted in income distribution Also includes expenses for Jewish Christian Institute that were netted with proceeds from endowment			

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-1352664

Name: MUHLENBERG COLLEGE

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

<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Pooled Income Fund	269,898	F
Timbervest	949,353	F
Metropolitan Real Estate Fund	1,623,380	F
Hammond Associates Private Investment Partners Fund	953,753	F
Goldman Sachs Distressed Opportunities Fund IV	316,326	F
Newbury Secondary Opportnity Fund	964,566	F
Portfolio Advisors Private Equity Fund	1,400,954	F
Newbury Partners Secondary Fund	2,726,264	F
Newlin Energy Partners	1,371,973	F
Black Rock Diamond Property Fund	922,783	F
Pinehurst Institutional Fund of Funds	8,063,275	F
Silver Creek Low Vol Strategies II	6,050,007	F
Seix Credit Dislocation Fund	2,023,980	F
PIMCO TALF Investment and Recovery Fund	340,383	F
Commonfund Capital Partners VII	20,678	F
Crown Global Secondaries II	409,752	F
Common Sense Offshore fund of funds	3,661,102	F
UBS Realty Fund	2,428,602	F
Comerica Natural Resources Fund	6,180,095	F

**Employer identification number** 

#### SCHEDULE E

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MUHLENBERG COLLEGE

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

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? Yes 1 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 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 (prohibiting discrimination on the basis of sex) may be directed to the Assistant Secretary for Civil Rights, U S Department of Education 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 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, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **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 Νo f Use of facilities? 5f Νo g Athletic programs? No\_ 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🍠 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 Schedule O (Form Yes

990)

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DLN: 93493045015001

2009

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury

Totals .

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

Internal Revenue Service

	ne of the organization HLENBERG COLLEGE	Employer identification number					
						23-1352664	
Pa	General Infor "Yes" to Form 9			de the United States	<b>s.</b> Complete	e if the orgar	nization answered
1		•		ecords to substantiate	the amount	of the grant	s or
				assistance, and the se			
	the grants or assistan	ıce <sup>?</sup>					
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring tl	ne use of gran	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed )			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		ty listed in (d)	(f) Total expenditures
		offices in the	employees or	fundraising, program services,		am service, pecific type of	for region
		region	agents in region	grants to recipients located in the region)		s) in region	
Euro	ope (including Iceland and	0	1	Program Services	Professorsp		440,472
Gre	enland)				semester on		
					partner insti		
					by Muhlenbe	es developed era College	

1

440,472

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (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)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

**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.

Use Schedule i	F-1 (FORM 990) IF ad	ditional space	is needed.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	( <b>h)</b> Method of valuation (book, FMV, appraisal, other)
Financial aid assistance for foreign students attending Muhlenberg College	South America	1		credit on tuition and fee bill	,	Credit toward the student's tuition and fee expenses for attending Muhlenberg College	cash value
Financial aid for foreign student attending Muhlenberg College	East Asia and the Pacific	1		credit on tuition and fee bill	*	Student received credit toward their tuition and fee expenses for attending Muhlenberg College	cash value
student attending Muhlenberg	Europe (including Iceland and Greenland)	1		credit toward tuition and fee bill	,	Student received credit toward their tuition and fee expenses for attending Muhlenberg College	cash value

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information.  Explanation
	+	

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OMB No 1545-0047

DLN: 93493045015001

Schedule I (Form 990)

Name of the organization

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Open to Public **Inspection** Employer identification number

MUHLENBERG COLLEGE 23-1352664									
Pa	rt I General Infor	mation on Gran	ts and Assistance						
1 2	the selection criteria use	ed to award the gran	ubstantiate the amount of t ts or assistance? dures for monitoring the us				•	√ Yes	
Par	Form 990, Part	IV, line 21 for an	to Governments and y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use	
(a	) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, . <del>.</del> ,	(h) Purpose of grant or assistance	

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

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

(a)Type of grant or assistance	<b>(b)</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 reasearch assistant opportunities	37	44,171	0	cash value	
A cademic and civic achievement awards for students of the college	96	113,625	0	cash value	
Travel assistance grants provided to students traveling to academic conferences and events	108	13,077	0	cash value	
Summer research grants to students selected for research projects	8	17,767	0	cash value	
Financial aid grants and assistance for students of Muhlenberg College	1690	0	25,866,185	1	Recipients receive a credit towards their tuition and fees 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.							
Ident if ier	Return Reference	Explanation					
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The College maintains records for all students receiving financial aid assistance administered through the College Records include the financial and academic performance data relevant to award decisions					

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DLN: 93493045015001

OMB No 1545-0047

**Employer identification number** 

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MOI	ILENBERG COLLEGE		23-1352664			
Pa	rt I Questions Regarding Compensation	1	, 50 50 50 50			
					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	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or- reimbursement orprovision of all the expenses descr	-		1b	Yes	
2	Did the organization require substantiation prior to roofficers, 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	at appl	У			
	Compensation committee		Written employment contract			
	☐ Independent compensation consultant☐ Form 990 of other organizations		Compensation survey or study  Approval by the board or compensation committee			
	Form 990 of other organizations	Į <b>v</b>	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nor	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	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	line 1a	, 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		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					NI
9		rebutt	able presumption procedure described in Regulations	8		No

section 53 4958-6(c)?

### 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Peyton R Helm President	(I) (II)	328,254 0	0 0	0 0	48,355 0	23,846 0	400,455 0	377,742 (	
Kent A Dyer CBO	(I) (II)	172,831 0	0	0	27,428 0	62,370 0	262,629 0	243,386	
Christopher Hooker- Haring Dean	(ı) (ıı)	153,546 0	0	0	27,040 0	73,398 0	253,984 0	253,599	
Michael S Bruckner VP of PR	(ı) (ıı)	122,201 0	0	0	19,494 0	21,043 0	162,738 0	153,926	
Karen Green Dean	(I) (II)	120,003	0	0	18,305 0	14,479 0	152,787 0	140,602	
Connie Harris VP of Development	(I) (II)	188,394 0	0	0	23,072 0	15,428 0	226,894 0	C	
Harold E Miller	(I) (II)	129,190 0	0	0	14,271 0	14,578 0	158,039 0	150,412	
Charles C Richter	(I) (II)	129,790 0	0	0	11,958 0	8,633 0	150,381 0	142,199	
Carol Shiner-Wilson	(ı) (ıı)	126,198 0	0	0	13,835 0	14,535 0	154,568 0	145,711	
Curtis Dretsch	(I) (II)	128,547 0	0	0	12,019 0	14,360 0	154,926 0	C	

### 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	Return Reference	Explanation
	Part I, Line 1a	Housing is provided for the Provost, Dean of Students and the 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 of 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 and it treated as a taxable benefit.
	Part I, Line 3	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 CIPA salary survey and data collected from the 990 returns of competitor institutions is reviewed by the Compensation Committee of the Board of Trustees The Committee then makes a recommendation to the full Board of Trustees for approval
	•	Senior staff of the College are eligible to participate in a Supplemental Executive Retirement Plan Participation is permitted after approval by the Management Compensation Committee of the Board of Trustees

DLN: 93493045015001

OMB No 1545-0047

Inspect ion

#### Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

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

Open to Public

Name of the organization **Employer identification number** MUHLENBERG COLLEGE 23-1352664 **Bond Issues** (h) 0 n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Lehigh County General Purpose current refund of Authority's Bonds 56,505,000 Х Authority 91-1886539 04-04-2008 Х Series of 05 & 07 Lehigh County General Purpose capital projects incl design, Authority 91-1886539 05-14-2009 19.744.064 Χ construction, renovation Proceeds Α В С D Ε Total proceeds of issue 56.508.367 19.773.355 Gross proceeds in reserve funds 2 0 Proceeds in refunding or defeasance escrows Other unspent proceeds 7,191,481 3,367 Issuance costs from proceeds 526,389 338,628 Working capital expenditures from proceeds Capital expenditures from proceeds 12,243,246 Year of substantial completion Yes No Yes Yes No Yes No Yes Were the bonds issued as part of a current refunding issue? Х Χ Were the bonds issued as part of an advance refunding issue? Х 10

Part III Pri	vate Bus	iness Use
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the final allocation of proceeds?

11

12

Has the final allocation of proceeds been made?

Department of the Treasury Internal Revenue Service

		~				_		•		-	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		Х		Х						
For	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			Cat No 50	)193F				Schedule K	(Form 990)	2009

Χ

Χ

Does the organization maintain adequate books and records to support

Х

Х

D

F

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Yes	No	Yes	No	Yes	No	Yes	No	Yes	- No
3а	Are there any management or service contracts with respect to t financed property which may result in private business use?	he		X	X							
3b	Are there any research agreements with respect to the financed publich may result in private business use?	oroperty		X		×						
3с	Does the organization routinely engage bond counsel or other out counsel to review any management or service contracts or resea agreements relating to the financed property?		Х		X							
4	Enter the percentage of financed property used in a private busin by entities other than a section $501(c)(3)$ organization or a state government			0 %		0 %						
5	Enter the percentage of financed property used in a private busin as a result of unrelated trade or business activity carried on by y organization, another section 501(c)(3) organization, or a state of government	our		0 %		0 %						
6	Total of lines 4 and 5			0 %		0 %						
7	Has the organization adopted management practices and procedu ensure the post-issuance compliance of its tax-exempt bond liab		X		X							
Par	t IV Arbitrage											
		A Yes	No	Yes	B No	Yes	C N	_	D Yes	No	E Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	ies	×	res	X	ies		o	ies	No	res	NO
2	Is the bond issue a variable rate issue?	X			X							
2 3a	Has the organization or the governmental issuer identified a	^			^							
Ja	hedge with respect to the bond issue on its books and records?		X		Х							
b	Name of provider											
c	Term of hedge											
4a	Were gross proceeds invested in a GIC?		X		Х							
b	Name of provider											
c	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?		×		Х							
6	Did the bond issue qualify for an exception to rebate?	x		x								

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DLN: 93493045015001

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** MUHLENBERG COLLEGE 23-1352664 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to (g)Written Approved (e) In (a) Name of interested person and or from the (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Yes Yes Τо From Yes No No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Nο

Mr Robert Wood

person was a Trustee of the College

4,897,039 Payment for dining services to company which Mr Wood serves as Executive Vice President

Νo

Yes

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**NonCash Contributions** 

DLN: 93493045015001

OMB No 1545-0047

Open to Public <u>Inspection</u>

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization MUHLENBERG COLLEGE

**Employer identification number** 

					23-1352664			
Par	t I Types of Property	T		T	Ι			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	Method of c	letermın	ing	
1 /	Art—Works of art	Х	5		appraisals			
2 /	Art—Historical treasures .			,				
	Art—Fractional interests							
. E	Books and publications							
	Clothing and household							
5 (	Cars and other vehicles							
<b>7</b> E	Boats and planes							
<b>3</b> I	ntellectual property							
9 9	Securities—Publicly traded .							
) 9	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
4 (	Qualified conservation contribution—Other							
5 F	Real estate—Residential .							
<b>5</b> F	Real estate—Commercial							
<b>7</b> F	Real estate—O ther							
3 (	Collectibles							
<b>)</b> F	Food inventory							
) [	Orugs and medical supplies .							
L 7	axıdermy							
2 F	Historical artifacts							
3 9	Scientific specimens							
1 /	Archeological artifacts							
	fireplace							
	ınsert, cement							
	hearth,							
	carpet, roof				actual cost of items	s receiv	ed -	
5 (	Other►( <u>gutter</u> )	X	1	6,039	receipts			
6 (	gift Other ► ( <u>certificates/cards</u> )	х	4	239	amount of gift certi	ficate/ca	ard	
	travel and							
	lodging expenses for							
	University of							
_	Michigan		_					
7 (	Other►( <u>visit</u> )	X	2	1,511	receipts depicting a	actual c	osts	
	plaque ınstalled on							
8 (	Other ► (statue)	x	2	1,195	actual cost of plaqu	ıe		
	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	•				
	for which the organization compl				29		Yes	No
0a	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangeme							
1	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
			use or related organizations	to solicit process or selli	non-cash	1		
	Does the organization hire or use contributions?	e third part				322		No
	<u>-</u>	e tnira part		· · · · · · · ·		32a		Νc

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#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
MUHLENBERG COLLEGE

Employer identification number
23-1352664

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Trustees Mark Paris and Tammy Bormann are husband and wife
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	A draft of the completed 990 form 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 reutrn in detail. The Audit and Compliance Committee approves the return and reports its findings to the full Board of Trustees.
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 utilizes controls to limit the stated conflicts when considering pertinent contracts or other potential College business.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The annual compensation of the President is established by the Compensation Committee of the Board of Trustees, subject to approval by the Board. A wide array of feedback from stakeholders including 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 Committee also reviews the President's performance appraisals of all other College officers. The Committee receives and reviews comparative data from the CUPA Salary Survey and competition institutions.
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.