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# Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

2009

Open to Public Inspection

A Fo	rthe 2	2009 calendar yea		1-2009 and ending 06-30-201	0	D Employer is	dentification number
_		pplicable Please	C Name of organization Muskingum University				
_	iress cha	label or	Doing Business As			31-43795 E Telephone	
_	me char	type. See				(740) 826	-8101
_	ial retur	Instruc-	Number and street (or P O box 163 Stormont Street	ıf mail is not delivered to street addre	ss) Room/suite		s \$ 64,867,363
_	minated						
	ended r		City or town, state or country, a New Concord, OH 43762	and ZIP + 4			
App	olication	pending			1		
			me and address of principal of S R WILSON	fficer	<b>H(a)</b> Is th affilia	ıs a group retu stas?	rn for ┌ Yes
			TORMONT STREET				
		I NEW C	CONCORD,OH 43762		1	II affiliates inclu	
r Ta:	x-exem	pt status 🔽 501(c	c) (3) <b>4</b> (insert no )	(1) or		o," attach a lis ip exemption r	t (see instructions) jumber <b>&gt;</b>
ı w	ebsit e	: ► www musking	um edu		11(c) 3131	.,,	
			ation Trust Association Other	or <b>b.</b>	Vear of fe	rmation 1937	M State of legal domicile OH
	n or org rt I	· · · · · · · · · · · · · · · · · · ·	ition   Trust   Association   Othe	er <b>F</b>	L Year of to	rmation 1837	M State of legal domicile. On
			ne organization's mission or m	nost significant activities			
	I		lemic programs in the liberal a ent is encouraged and human o	arts and sciences in the setting	of a residenti	al, church-rela	ited university where
<u>ဗ</u>		individual fullilline	ent is encouraged and numan	digility is respected			
Governance							
<u>ş</u>	١,	Chack this hav bu		nued its operations or disposed	of more than	25% of its not	· negata
		•		dy (Part VI, line 1a)			3 37
<b>න</b> ගු		_		governing body (Part VI, line 1t			4 33
Ĕ			mployees (Part V, line 2a)		,		<b>5</b> 1,327
Activities &			olunteers (estimate if necess				<b>6</b> 500
q,				art VIII, column (C), line 12		;	<b>7a</b> 33,640
	b	Net unrelated bus	iness taxable income from Fo	rm 990-T, line 34		;	<b>7b</b> -2,210
					Prio	r Year	Current Year
a.	8		nd grants (Part VIII, line 1h)		3,599,812	4,460,788	
antie	9		revenue (Part VIII, line 2g)		40,056,719	42,929,451	
Ravenue	10		me (Part VIII, column (A), lin		1,510,435	772,113	
_	11 12	•	Part VIII, column (A), lines 5,	, 6d, 8c, 9c, 10c, and 11e) equal Part VIII, column (A), lin		1,528,990	1,231,049
	12		· · · · · · · · · · · · ·			46,695,956	49,393,401
	13	Grants and sımıl	ar amounts paid (Part IX, colu	umn (A), lines 1-3)		12,556,580	14,382,555
	14	•	or for members (Part IX, colu			0	0
8	15	Salaries, other c	ompensation, employee benef	fits (Part IX, column (A), lines !	5-	19,303,680	19,549,443
Expenses	16a	•	draising fees (Part IX, column	(A), line 11e)		0	0
훘	ь	Total fundraising exp	penses (Part IX, column (D), line 25	) <b>1</b> ,122,473			
ш	17	Other expenses	(Part IX, column (A), lines 11	la-11d, 11f-24f)		14,267,940	12,988,698
	18	Total expenses	Add lines 13–17 (must equa	l Part IX, column (A), line 25)		46,128,200	46,920,696
	19	Revenue less ex	penses Subtract line 18 from	n line 12		567,756	2,472,705
Net Assets or Fund Balances					_	g of Current 'ear	End of Year
6 E	20	Total assets (Pa	ırt X, lıne 16)			102,026,698	115,619,396
A B	21		Part X, line 26)			13,674,299	18,497,634
žŽ	22	Net assets or fur	nd balances Subtract line 21	from line 20		88,352,399	97,121,762
Par	t II	Signature Bl	ock		•		
				ed this return, including accompanying of preparer (other than officer) is base			
Sign		*****				-05-11	
Here	2	Signature of office			Date		
		JAMES R WILSON Type or print nam	N VP FOR BUSINESS & FINANCE me and title				
		<b>     </b>		Date	Check If	Preparer's iden	tifying number
Paid		Preparer's signature grant	thornton llp		self- empolyed F	(see instruction	
	arer's	Firm's name (or your	rs 🛦 GRANT THORNTON LLP		cilipolycu F		
Use (		if self-employed), address, and ZIP + 4	•	3100		EIN Þ	
	-	addic55, and ZIF + 4		2100		Phone no 🕨	(215) 561-4200
Mav t	he IRS	L	PHILADELPHIA, PA 19103  urn with the preparer shown at	nove? (see instructions)			─────────────────────────────────────

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of Muskingum University is to offer quality academic programs in the liberal arts and sciences in the setting of a residential, coeducational, church-related college and in the context of a caring community where individual fulfillment is encouraged and human dignity is respected. Its primary purpose is to develop- intellectually, spiritually, socially and physically- whole persons, by fostering critical thinking, positive action, ethical sensitivity and spiritual growth, so that they may lead vocationally productive, personally satisfying and socially responsible lives.

2	Did the organization undertake any sthe prior Form 990 or 990-EZ? .			which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conduction services?		=	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and 501(c)(4) or allocations to others, the total expensions	ganızatıons and sect	ion 4947(a)(1) trusts a	are required to report the ar	
4a	(Code ) (Expenses	\$ 36,826,021	ıncludıng grants of \$	14,382,555 ) (Revenue \$	38,345,862 )
	The traditional undergraduate program con day-time hours Programs include 44 acad- teacher licensure in 9 areas, and 16 interna- the professionally-staffed Center for the Ad- a strong base in the liberal arts	emic majors, including 13 ational exchange study pi	ınterdisciplinary majors, 9 p ograms in 11 countries. The	pre-professional programs, includ newest programs include engine	ing pre-medicine and pre-law, eering and nursing. Also available is
4b	(Code ) (Expenses	\$ 2,886,190	ıncludıng grants of \$	0 ) (Revenue \$	4,583,589 )
	The Graduate and Continuing Studies prog years since completing any secondary or p Arts and Education, with specializations, Ma Completion (Muskingum Adult Program)	ost-secondary work Man aster of Arts in Teaching,	y balance their study with w with specializations, Master	ork and family responsibilities P of Information Strategy, Systems	rograms offered include Master of
4c	(Code ) (Expenses	\$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe				
	(Expenses \$	including grants o	of \$	) (Revenue \$	)
4e	Total program service expenses►\$	39,712,2	11		

Part IV	Checkl	list of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule D, Part II	7	Yes	
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		No
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 12A No	ļ	ļ	[ •
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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</i> " <i>Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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		No
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		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 IV	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	Yes	
c	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		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% 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?	38	Yes	

Part V	Statements	Regarding	Other IRS	S Filings and	Tax Compliance
					. a.z. compilario

			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	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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		
	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		Νo
	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 services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Č	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization 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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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			

163 STORMONT STREET NEW CONCORD, OH 43762

(740) 826-8101

**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	ction 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 33			
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		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
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		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.3	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14 15	Does the organization have a written document retention and destruction policy?	14	res	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►OH			
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	ne orga	nızatıor	n 🕨
20 State the name, physical address, and telephone number of the person who possesses the books and records o PHILIP E LAUBE				

## 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	not compen	sate any	y curi	rent	or fo	rmer	ffice	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>(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										

Forr	n 990 (2009)					Page
1b	Total	▶ 1,88	6,088	0		321,78
2	Total number of individuals (including but not limited to those listed above) \$100,000 in reportable compensation from the organization▶16	who received mo	ore than			
					Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employe	e, or highest cor	npensated employee		Yes Yes (C) Compens	
	on line 1a? If "Yes," complete Schedule J for such individual			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation a organization and related organizations greater than \$150,000? If "Yes," considered and individual			4	Vas	
5	Did any person listed on line 1a receive or accrue compensation from any urendered to the organization? If "Yes," complete Schedule J for such person	-	ation for services	5	165	No
	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contrac \$100,000 of compensation from the organization	tors that receive	d more than			
	(A) Name and business address		(B) Description of services			
PO E	nerschmidt Construction ox 188 CONCORD, OH 43762	Cons	truction		Compe	244,378
1224	ra Print Imaging Southgate Parkway BRIDGE, OH 43725	Printi	ng Services			104,577
2	Total number of independent contractors (including but not limited to those li	sted above) who	received more than			

Form **990** (2009)

\$100,000 in compensation from the organization >2

Form 99								Page <b>9</b>
Part V	<b>/1111</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f g	Related organiz Government grants All other contributes similar amounts no Noncash contri lines 1a-1f\$	es 1b ents 1c rations 1d s (contributions) 1e ons, gifts, grants, and 1f	246,483 4,214,305	4,460,788			
Program Service Revenue	2a b c d e f			Business Code 713,990 900,099 900,099 900,099	33,640 34,625,627 4,022,787 3,724,998 8,912 513,487 42,929,451	34,625,627 4,022,787 3,724,998 8,912 513,487	33,640	
	3 4 5 6a b	and other similar	ome (including dividendar amounts)	. •	950,245 0 0			950,245
	d 7a	Rental income or (loss)  Net rental income or (sos)  Gross amount from sales of assets other than inventory	17,198 me or (loss) (i) Securities 14,162,489		17,198			17,198
	c d 8a	Less cost or other basis and sales expenses Gain or (loss)	14,340,621 -178,132 s)		-178,132			-178,132
Other Revenue	b	events (not inc \$of contributions See Part IV, lin Less direct ex	reported on line 1c) e 18 a penses b	17,400 10,285	7,115			7,115
•	ga b	Gross income f See Part IV, lin Less direct ex	a penses b		7,113			7,113
	c 10a b	Gross sales of returns and allo	owances .	1,152,378	0			
	11a	Net income or ( Miscellaneous STUDENT TRIE	PDEPOSITS	Business Code 900,099	52,399 236,328	236,328		52,399
	c	PRISON PROG STUDENT ACC All other revenue Total. Add lines	COUNTS	900,099	209,047 184,920 524,042	209,047 184,920 524,042		
	12		See Instructions .	•	1,154,337 49,393,401	44,050,148	33,640	848,825 Form <b>990</b> (2009)

### Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
			(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								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,382,555	14,382,555							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,445,106	444,746	745,970	254,390					
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								
7	Other salaries and wages	14,734,931	12,135,225	2,157,747	441,959					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,127,601	975,781	117,482	34,338					
9	Other employee benefits	1,006,175	696,003	279,456	30,716					
10	Payroll taxes	1,235,630	1,027,409	159,282	48,939					
11	Fees for services (non-employees)		_,,,							
a	Management	0								
ь	Legal	104,580		104,580						
-	Accounting	93,063		93,063						
ا ا		93,003		93,003						
d	Lobbying	0								
e	Professional fundraising See Part IV, line 17									
f	Investment management fees	0								
g	Other	0								
12	Advertising and promotion	98,956	83,355	3,983	11,618					
13	Office expenses	788,369	291,733	354,307	142,329					
14	Information technology	204,096	204,096							
15	Royalties	0								
16	Occupancy	2,070,977	1,728,891	332,408	9,678					
17	Travel	896,885	610,947	242,421	43,517					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	0								
20	Interest	35,981	35,981							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	2,100,828	2,100,828							
23	Insurance	488,697	81,668	407,029						
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	FOOD SERVICE	2,645,443	2,581,144	25,796	38,503					
Ь	STIPENDS	1,133,634	1,128,134	4,000	1,500					
c	PROFESSIONAL FEES	1,023,659	623,867	359,924	39,868					
d	TUITION REMISSION	630,877	201,835	429,042						
e	DUES & SUBSCRIPTIONS	253,568	124,391	124,961	4,216					
f	All other expenses	419,085	253,622	144,561	20,902					
25	Total functional expenses. Add lines 1 through 24f	46,920,696	39,712,211	6,086,012	1,122,473					
26	Joint costs. Check here F 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	13/320/030	35), 12,211	5,555,612	2,222,110					

Part X Balance Sheet (A) (B) Beginning of year End of vear 822.472 1.094.919 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 184,656 2 258,112 2 2,882,217 3 2,607,371 3 4 603.611 1.441.339 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 6 2,793,754 7 3,031,232 322.008 366,156 8 117.084 9 119,794 Land, buildings, and equipment cost or other basis Complete 84.379.034 10a 10a Part VI of Schedule D 10b 34.048.903 44.010,255 **10c** 50.330.131 b Less accumulated depreciation . . . . 43.803.366 11 45.512.354 11 12 5,505,279 9,853,021 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 475,019 13 475,019 13 Investments—program-related See Part IV, line 11 . . 14 14 506.977 15 529.948 15 16 16 102,026,698 115,619,396 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5.340.720 17 6.511.718 17 Accounts payable and accrued expenses . 1,717,612 1,643,132 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 3.920.650 7,348,109 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 2.695.317 25 25 Other liabilities Complete Part X of Schedule D . . . . . 2.994.675 26 **Total liabilities.** Add lines 17 through 25 . . . . . 13,674,299 26 18,497,634 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 43,690,582 27 52,110,571 27 Unrestricted net assets . . . . 28 12.477.593 28 12.219.353 Temporarily restricted net assets . . . . . Fund 32.184.224 29 32.791.838 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 88,352,399 97,121,762 33 Total net assets or fund balances . . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 102.026.698 34 115,619,396

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? 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)

### DLN: 93493132001021

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization Muskingum University

**Employer identification number** 

31-4379515

	rt I			olic Charity Stat						ructions					
	organı —			e foundation because					)						
1	<u> </u>			on of churches, or as				1)(A)(i).							
2	고			in section 170(b)(1)											
3	<u> </u>			perative hospital serv											
4	ı		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ibed in <b>secti</b>	on 170(b)(1)(	(A)(iii).Ente	rthe				
5	Г	An orga	inization ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	jovernmental	unıt describe	_ ed in				
		section	170(b)(1)(	<b>A)(iv).</b> (Complete Pa	rt II )										
6	Γ	A feder	al, state, or	local government or	governmenta	l unıt descri	bed in <b>sectio</b> i	n 170(b)(1)(	A)(v).						
7	Γ	describ	ed ın	t normally receives a <b>A)(vi)</b> (Complete Pa		part of its si	upport from a	government	al unit or fron	n the general	public				
8	Г			described in <b>section</b>		)(vi) (Comr	olete Part II )								
9	Ĺ.			t normally receives					tions. membe	rship fees. a	nd aross				
	•			ties related to its ex											
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted busines:	s taxable inco	ome (less se	ction 511 tax	() from busin	esses				
		acquire	equired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10	$\sqcap$	Anorga	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>												
11	Γ	_	_	anızed and operated	•					•					
		the box		y supported organiza oes the type of suppo <b>b</b> Type II	orting organiz	ation and co		11e through		Type II					
e	Γ	By chec	king this bo	x, I certify that the c					by one or mor	e disqualifie	d persons				
				on managers and oth	er than one o	r more publi	cly supported	l organizatio	ns described	ın section 50	09(a)(1) or				
f			509(a)(2)	eceived a written de	termination f	rom the IDS	that it is a Tv	ne I Tyne I	I or Type III	supporting (	rganization				
•		check t		eceived a writteri de	terrimation i	ioiii tile 1K3	tilat it is a Ty	уре 1, туре 1	.i or rype iii	supporting (	riganiization,				
g			-	006, has the organız	ation accept	ed any gıft o	r contribution	from any of	the						
			g persons?	ectly or indirectly co	ntrole outhor	ralona orto	acthor with no	rcone docer	abod in (ii)		V N-				
				overning body of the	•	•		isons desci	ibed iii (ii)	11g(i)	Yes No				
			-	r of a person describ		=	1011			11g(ii)	<del>                                     </del>				
		` '	•	ed entity of a person	` ,		ove?			11g(iii)					
h				g information about t											
				<b>5</b>		<b></b>	(- /								
	(i) Name suppo rganız	e of orted	(ii) EIN			the ation in isted in verning  Did you organ col (		(v) Did you notify the organization in col (i) of your support?		on in anized S ?	(vii) A mount of support?				
				(see instructions))	Yes	No	Yes	No	Yes	No	1				
Tota	I														

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	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b 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	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose 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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 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						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Software ID: Software Version:

**EIN:** 31-4379515

Name: Muskingum University

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

Compensated Employees, and	Independ	dent C	ont	act	tors	5				
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( hat a	che	')	_	T	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	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
Dr Craig W Anderson Trustee	10	x						0	0	0
Dr Jaime Bermudez Sr Trustee	1 0	Х						0	0	0
Mr Judson E Blaine Trustee	10	x						0	0	0
Mr Harold W Burlingame Trustee	1 0	Х						0	0	0
Mr Larry A Caldwell Trustee	1 0	Х						0	0	0
Mr Philip Caldwell Trustee	1 0	х						0	0	0
Mr William Cooper Trustee	1 0	х						0	0	0
Mr William T Dentzer Jr Trustee	1 0	Х						0	0	0
Mr Gerald L Draper Trustee	1 0	Х						0	0	0
Mrs Ruth Ann Duff Trustee	1 0	Х						0	0	0
Henry D Bullock Trustee	1 0	×						0	0	0
Keith S Campbell Trustee	1 0	Х						0	0	0
John H Glenn Jr Trustee	1 0	Х						0	0	0
Mr Dennis D Grant Trustee	1 0	Х						0	0	0
Mrs Ruth Champlin Hefflin Trustee	1 0	X						0	0	0
Mr Richard O Johnson Trustee	1 0	Х						0	0	0
Mr Carl F Kalnow Trustee	1 0	×						0	0	0
Mr Gordon F Litt Trustee	1 0	Х						0	0	0
Mr Allen E Loomis Trustee	1 0	Х						0	0	0
Dr Myron E Moorehead II Trustee	1 0	Х						0	0	0
Rev Jane Poer Mykrantz Trustee	1 0	Х						0	0	0
Mr Robert W Patın Trustee	1 0	Х						0	0	0
Dr Kım Gage Rothermel Trustee	1 0	Х						0	0	0
Patricia Wilson Fridley Trustee	1 0	Х						0	0	0
Mrs Mırıam GL Schwartz Trustee	1 0	Х						0	0	0

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

(A)	(B)	D	((		-1			(D)	(E)	(F)	
Name and Title	A verage hours		tion ( hat a			H		Reportable compensation	Reportable compensation	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	
Mr Gordon E Spillman Trustee	1 0	х						0	0	0	
Dr J Stark Thompson Trustee	1 0	х						0	0	0	
Mrs Jacqueline Woods Trustee	1 0	х						0	0	0	
Mr Walter R Young Jr Trustee	1 0	х						0	0	0	
John W Gardner Trustee	1 0	Х						0	0	0	
David Thompson McCalmont Trustee	1 0	х						0	0	0	
Barbara Young Morris Trustee	1 0	х						0	0	0	
Daniel H Plumly Trustee	1 0	х						0	0	0	
Robert Revely Trustee	1 0	х						0	0	0	
Rick Nutt Professor of Religion	1 0	х						0	0	0	
Lındsey Wılson Student Senate President	1 0	х						0	0	0	
Jeff Zellers VP of Enrollment	40 0			х				131,054	0	17,591	
Ruthann Fagan Dean of Graduate & Cont Studie	40 0			х				149,150	0	13,423	
John Shorrock VP of Advancement	40 0			х				79,842	0	7,186	
James Wilson VP Busines & Finance	40 0			x				170,360	0	21,128	
Paul Reichardt VP of Academics	40 0			х				149,985	0	16,112	
Anne Steele Presıdent	40 0			x				227,449	0	102,546	
Janet Heeter-Bass VP of Student Affairs	40 0			x				126,984	0	62,300	
Carson Walburn VP of Advancement	40 0			х				153,543	0	15,273	
James Stevens VP of Administration	40 0			x				137,418	0	12,368	
Ray Rataicazk Professor of Chemistry	40 0					х		122,123	0	16,359	
Robert Osgood Assoc Dean of Academics	40 0					Х		112,493	0	10,305	
Doyt Perry Assoc Professor of Informatics	40 0					х		109,568	0	9,861	
Barb Hansen Professor of Education	40 0					х		109,587	0	7,745	
Kevin Wagner Sr Director of Facilities and	40 0					×		106,532	0	9,588	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
COMMISSION	713,990	33,640		33,640	
TUITION AND FEES	900,099	34,625,627	34,625,627		
DORMITORIES	900,099	4,022,787	4,022,787		
FOOD SERVICE	900,099	3,724,998	3,724,998		
SCHEDULING INCOME	900,099	8,912	8,912		

### 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
FOOD SERVICE	2,645,443	2,581,144	25,796	38,503
STIPENDS	1,133,634	1,128,134	4,000	1,500
PRO FESSIO NA L FEES	1,023,659	623,867	359,924	39,868
TUITION REMISSION	630,877	201,835	429,042	
DUES & SUBSCRIPTIONS	253,568	124,391	124,961	4,216

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DLN: 93493132001021

OMB No 1545-0047

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### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only
- If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	ne organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line ection 501(c)(4), (5), or (6) organizations. Complete Part III	e 35a (re	gard	ling	proxy tax)	, then
	ame of the organization skingum University	Employer	ıden	tıfıca	tıon numbe	er
		31-4379				
Pai	t I-A Complete if the organization is exempt under section 501(c) or is a s	ection	<u>527</u>	org	<u>anizatio</u>	<u>n</u>
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures	<b>&gt;</b>		\$		
3	V olunteer hours					
Par	rt I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		F	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		۲	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
ь	If "Yes," describe in Part IV					
Pai	rt I-G Complete if the organization is exempt under section 501(c) except s	ection	501	(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	ivities	<b>-</b>	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27				
	exempt funtion activities			\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	<b>-</b>	\$		
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization fund or a political action committee (PAC). If additional space is needed, provide information in P	Also en on, such	iter tl	he an	nount of po	litical

(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter - 0-

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	(election				
	Check   If the filing organization belongs to a Check   If the filing organization checked bo	an affiliated group x A and "limited control" provisions apply						
	Limits on Lobbying E (The term "expenditures" means a	•	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals				
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)						
b	Total lobbying expenditures to influence a legisl	Total lobbying expenditures to influence a legislative body (direct lobbying)						
c	Total lobbying expenditures (add lines 1a and 1	13,665						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	c and 1d)	13,665					
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	2,733					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

683

10,932

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	(e) Total				
	Lobbying non-taxable amount	2,476	2,523	2,650	2,733	10,382				
b	Lobbying ceiling amount (150% of line 2a, column(e))					15,573				
_с	Total lobbying expenditures	12,380	12,616	13,250	13,665	51,911				
d	Grassroots non-taxable amount	0	0	0	683	683				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,025				
f	Grassroots lobbying expenditures	0	0	0	0	0				

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c	)(5), c	r section

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

<b>Ident if ier</b>	Return Reference	Explanation
Lobbying Expenditures		The University is a member of AICUO (Association of Independent Colleges and Universities of Ohio) Included in the activities of AICUO is the representation of its members' interest during the Ohio legislative and budget process, along with public relations and other member services Expenditures represent the entire dues paid to AICUO

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DLN: 93493132001021

OMB No 1545-0047

2009

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### 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.

Name of the organization
Muskingum University

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1 Total number at end of year

- 1 Total number at end of year
  2 Aggregate contributions to (during year)
  3 Aggregate grants from (during year)
  4 Aggregate value at end of year
- Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

  Yes No
- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

  Yes No.

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

- Purpose(s) of conservation easements held by the organization (check all that apply)

  Preservation of land for public use (e.g., recreation or pleasure)

  Protection of natural habitat

  Preservation of a certified historic structure

  Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- a Total number of conservation easements
- **b** Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶\_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
  - |✓ Yes | No
- 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► 299 50
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ 13,271
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(I) and 170(h)(4)(B)(II)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

**-**\$\_\_\_\_\_

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

a Revenues included in Form 990, Part VIII, line 1

**b**- ¢

**b** Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat

Cat No 52283D Schedule D (Form 990) 2009

Par	<b>411</b> Organizations Maintaining Co	<u>llections of Art</u>	, His	torical Tre	eası	ures, or O	the	<u>r Similar A</u>	<u>sse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e following th	nat ai	re a sıgnıfıca	nt u	se of its collec	tion		
а	Public exhibition		d	┌ Loan o	rexc	hange progr	ams				
ь	Scholarly research		e	┌ Other							
С	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	they further	the	organızatıon	's ex	cempt purpose	ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			•				nılar	Γ,	Yes	√ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form	990	,	
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ions	or other ass	ets	not	Γ,	í es	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г					
_							4 -	A	mou	т	
C C	Beginning balance						1c				
d	Additions during the year					F	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f		_		
2a	Did the organization include an amount on Fo		21?						Γ,	í es	No
	If "Yes," explain the arrangement in Part XIV					F 000	<u> </u>	1 T) ( 1 40			
Рa	rt V Endowment Funds. Complete	IF the organization (a)Current Year		wered "Yes )Prior Year				TIV, IINE IU. Three Years Back		Four Ye	ears Back
la	Beginning of year balance	45,622,202	(5	59,416,800	· · ·	TWO TEATS BACK	1	yrmee rears back	1	- rour re	ars back
b	Contributions	98,513		194,525							
с	Investment earnings or losses	7,842,289		-11,489,123							
d	Grants or scholarships										
e	Other expenditures for facilities and programs	2,494,722		2,500,000							
f	Administrative expenses										
g	End of year balance	51,068,282		45,622,202							
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	29.000 %									
ь	Permanent endowment F 53.000 %										
c	Term endowment ► 18.000 %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are held	anda	administere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		•		(i)		N o
h	(ii) related organizations				•		•	· · · -	(ii) Bb		N o
4	Describe in Part XIV the intended uses of th				•		•				
	t VI Investments—Land, Building				0. P	art X. line	10.			-	
	Description of investment			(a) Cost or o	ther	( <b>b)</b> Cost or of basis (othe	her	(c) Accumulated depreciation	d	( <b>d</b> ) Boo	ok value
1a	Land					670	,757		+		670,757
	Buildings					55,192		20,124,0	96	35	5,068,691
	Leasehold improvements					,		, ,	$\top$		-
	Equipment					12,386	,680	10,196,2	11		2,190,469
e	Other					16,128	,810	3,728,5	96	12	2,400,214

50,330,131

Part VII Investments—Other Securities. See F		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other HEDGE FUND - FUND OF FUNDS	8,704,471	F
PRIVATE EQUITY FUNDS	1,148,550	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	9,853,021	
Part VIII Investments—Program Related. See	Form 990, Part X, line :	
(a) Description of investment type	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, In		
		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description	tion	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 19	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.) , line 25.  (b) A mount  0 1,589,832	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  STUDENT DEPOSITS PAYABLE	5.) , line 25.  (b) A mount  0 1,589,832	

Schedule D (Form 990) 2009  Part XI Reconciliation of C	bango in Not Assots from Eo	rm 000 to Einancial State	monte	Page <b>4</b>
1 Total revenue (Form 990, Part		illi 990 to Filialicial State	1	49,393,401
2 Total expenses (Form 990, Pa			2	46,920,696
3 Excess or (deficit) for the year	Subtract line 2 from line 1		3	2,472,705
4 Net unrealized gains (losses) o			4	7,748,889
<ul><li>5 Donated services and use of fa</li><li>6 Investment expenses</li></ul>	cilities		6	
7 Prior period adjustments			7	
8 Other (Describe in Part XIV)			8	-1,452,231
9 Total adjustments (net) Add II			9	6,296,658
. , , .	per financial statements Combine lin Revenue per Audited Financia		ue per Retur	8,769,363
	er support per audited financial staten		1	42,440,845
	ut not on Form 990, Part VIII, line 12	1 1	990	
-	acılıtıes	2a 7,748,	889	
c Recoveries of prior year grant		. 2c		
<b>d</b> Other (Describe in Part XIV)		<b>2d</b> -15,834,	786	
e Add lines 2a through 2d .			. 2e	-8,085,897
<ul><li>3 Subtract line 2e from line 1.</li><li>4 A mounts included on Form 99</li></ul>	0, Part VIII, line 12, but not on line 1		.   3	50,526,742
	uded on Form 990, Part VIII, line 7b	1 1		
<b>b</b> Other (Describe in Part XIV)		. <b>4b</b> -1,133,	341	
<ul><li>c Add lines 4a and 4b</li><li>5 Total Revenue Add lines 3 an</li></ul>		ort I line 12.)	. 4c	-1,133,341 49,393,401
	xpenses per Audited Financi			
1 Total expenses and losses pe		•	1	33,671,482
statements	it not on Form 990, Part IX, line 25			
a Donated services and use of fa	, ,	2a		
<b>b</b> Prior year adjustments		2b		
<ul><li>c Other losses</li><li>d Other (Describe in Part XIV)</li></ul>		. 2c . 2d 1,133	.341	
e Add lines 2a through 2d			. 2e	1,133,341
3 Subtract line 2e from line 1 .			. 3	32,538,141
	0, Part IX, line 25, but not on line 1:	1 - 1		
<ul><li>a Investment expenses not incl</li><li>b Other (Describe in Part XIV)</li></ul>	uded on Form 990, Part VIII, line 7b	4a 4b	555	
c Add lines 4a and 4b			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14,382,555
	nd <b>4c.</b> (This should equal Form 990, P	art I, line 18 )	. 5	46,920,696
·	scriptions required for Part II, lines 3			•
Part V, line 4, Part X, Part XI, line 8 additional information	, Part XII, lines 2d and 4b, and Part )	(III, lines 2d and 4b Also comp	lete this part to	provide any
Ident if ier	Return Reference	Expl	anat ion	
Conservation Easements	Schedule D, Part II, Line 9	There is a National Historic Disand Muskingum has one buildir		•
Endowment Funds	Schedule D, Part V, Line 4  Schedule D, Part X, Line 2	116 disclosure of art is included statements as the value of the material to the University's fin.  The University uses a total ret policy to determine endowment University adopted a new polic 45% of the prior five-year qual endowment fund Until the new \$2,500,000, the University colonology, which utilizes an amoun annual average market value, to the actual spending rate for fist return concept allows a portion realized capital gains to be usefunds support scholarships, op University operations  The University has been determined to the total content of the content of t	collection is no ancial position urn investment to spending. In fig. y which utilizes interly average in policy calculation times to apply it of 5% of the pup to a maximum cal 2010 was 5 of accumulated of for current operation of the literan organization (I)(A)(II) of the sprescribes recuttributes for the asurement of a time.	management scal 2007, the an amount of narket value of the on exceeds the previous rior three-year n of \$2,500,000 4 % This total unrealized and erations Such orary and other  mpt from federal rnal Revenue described in Code Generally ognition financial ax position taken
Reconciliation of Change in Net Assets Reconciliation of Revenue	Form 990, Schedule D, Part XI, Line 8 Form 990, Schedule D, Part XII	presumed to occur. The amount amount of tax benefit that is grealized on examination. For tallikely-than-not test, no tax ben has concluded that they are unliabilities to be recognized at J would recognize interest and postax benefits in interest and inc. The University has no amounts for the year ended June 30, 20 subject to examination by taxii 2007. The University does not unrecognized tax benefits to si months. Effective July 1, 2009 issued by the FASB to account changes prescribe a comprehe should recognize, measure, prestatements, uncertain tax posito take on a tax return. This gurecognize in its financial stater that meet a "more likely than in technical merits of the position an entity should determine whe settled for purposes of recognize benefits. The adoption of this grandled for purposes of recognizes that meet a "more likely than in technical statements."  Change in annuity obligation (3 (1,054,880)	reater than 50% x positions not a pefit will be reconsisted any tax une 30, 2010. The read of the tax expenses accrued for interest and the University can grant for income to a principal for income to a principal for income to a principal for income to the University can for income to the University can the Impact of Impact	likely of being meeting the more-reded Management to benefits or The University to unrecognized e, respectively erest or penalties sity is no longer ryears before il amount of ge in the next 12 adopted changes axes These how an entity se in its financial taken or expects that an entity it of tax positions ased on the also clarified how ion is effectively unrecognized tax impact on the rial changes ====================================
Reconcination of Expenses	r omi 990, Schedule D, Part XIII	Line 2d - Expenses on books b 23,077 Fundraising expense 1 solds 1,099,979 Tot ======= Line 4b - Expense Student discounts 14,382,555	0,285 Inventor al Line 2d 1,133 es on return but	y cost of good 3,341

Employer identification number

### SCHEDULE E

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Muskingum University

### **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

	31-4379515			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"		100	
	please explain  A nondiscrimination statement is publicized in the Muskingum University bulletin, financial aid brochures, and certain forms distributed to students during the registration period as well as listed on the Muskingum University website	3	Yes	
4	Does the organization maintain the following?			
а	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)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a_		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
<b>6</b> -	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Does the organization receive any financial aid or assistance from a governmental agency? . Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νo
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) #  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		V	.,,0
	agn)	7	Yes	l

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DLN: 93493132001021

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization Muskingum University Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Revenue			Booster		0	(Add col	(a) thi I (c))	rough
92			(event type)	(event type)	(total number)			
≸ I		iross receipts ess Charitable	17,400				17	7 ,4 0 0
¥	<b>3</b> G	ontributions  iross income (line 1 ninus line 2)	17,400				17	7 ,4 0
	<b>4</b> C	ash prizes						
.	5 N	on-cash prizes						
Expenses	<b>6</b> R	ent/facility costs	9,970				·	9,970
<u>8</u>	<b>7</b> F	ood and beverages						
Direct t	8 E	ntertainment						
<u> </u>	9 0	ther direct expenses .	31!	5				315
	<b>10</b> D	Direct expense summary Add lin	es 4 through 9 in column	(d)			1(	0,285
		let income summary Combine li						7,115
ar		Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
_	<b>1</b> Gr	oss revenue						
S	<b>2</b> Ca	sh prizes						
Expenses		n-cash prizes						
	<b>4</b> Re	nt/facility costs						
চ ভূ	<b>5</b> Ot	her direct expenses						
		lunteer labor	Г Yes	Г Yes	┌ Yes <u> </u>			
	<b>7</b> Dir	rect expense summary Add line	s 2 through 5 ın column (	(d)				
	<b>8</b> Ne	t gaming income summary Com	bine lines 1, column d, a	nd line 7	<u> </u>		T v = -	
9 a		the state(s) in which the organization licensed to operate				· 9a	Yes	No
b	If"No,	" Explain						
0a b		ny of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493132001021 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

> Open to Public Inspect ion

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990 Internal Revenue Service Name of the organization **Employer identification number** Muskingum University 31-4379515 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Enter total number of section 501(c)(3) and government organizations . . . . . . . . . . . . . . . . 

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	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	1531	14,382,555			
See Addıtıonal Data Table					

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

<b>Ident if ier</b>	Return Reference	Explanation
Schedule I, Part I, Line 2		Grant funds are monitored in two areas, depending on the use Grant funds for financial aid are monitored by the Student Financial Services office, which oversees the awarding and compliance for all financial aid to University students Grants for research and faculty development are monitored by the Asst to the VPAA for Finance, Administration & Sponsored Programs All grants are monitored for compliance and proper reporting by the Business Office of the University, overseen by the Asst Vice President for Business & Finance and Controller

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493132001021

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization Muskingum University

**Employer identification number** 

31-4379515

Pa	Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u></u>	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		Νo
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Yes	
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, 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	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νο
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebutt	able presumption procedure described in Regulations	9		

### 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-MISC compensation			( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			reported in prior Form 990 or Form 990-EZ	
(I) (II)	142,450 0	6,700 0	0 0	13,423 0	0	162,573 0		
(I) (II)	170,360 0	0	0 0	15,332 0	5,796 0	191,488 0		
(I) (II)	149,985 0	0 0	0 0	13,499 0	2,613	166,097 0		
(I)	227,449 0	0 0	0 0	69,995 0	32,551 0	329,995 0		
(1) (11)	126,984 0	0	0 0	11,429 0	50,871 0	189,284 0		
(1) (11)	153,543 0	0	0 0	13,819 0	1,454 0	168,816 0	(	
	(II) (II) (II) (II) (II) (II) (II)	(i) Base compensation  (i) 142,450 (ii) 0  (i) 170,360 (ii) 0  (i) 149,985 (ii) 0  (i) 227,449 (ii) 0  (i) 126,984 (ii) 0	(i) Base compensation         (ii) Bonus & incentive compensation           (i) (ii) 142,450 (iii) 0 0 0         6,700 0 0           (ii) 170,360 (iii) 0 0 0         0           (ii) 149,985 (iii) 0 0 0         0           (i) 227,449 (ii) 0 0 0         0           (ii) 126,984 (iii) 0 0         0           (i) 153,543 0 0         0	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation           (i) (ii) 142,450 (iii) 0 0 0 0 0         6,700 0 0         0           (ii) 170,360 (ii) 0 0 0 0 0         0         0           (ii) 149,985 (iii) 0 0 0 0 0         0         0           (i) 227,449 (ii) 0 0 0 0         0         0           (ii) 126,984 (iii) 0 0 0 0         0         0           (i) 153,543 0 0 0         0         0	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation         other deferred compensation           (i) (ii) (iii)	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other reportable compensation         other deferred compensation         benefits           (i) (ii) 142,450 (iii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation         (ii) Bouls & incentive compensation         (iii) Other reportable compensation         other deferred compensation         benefits         (B)(I)-(D)           (I) 142,450	

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Schedule J, Part I, Line 1A		Housing Allowance - An allowance for housing is included in Schedule J, Part II, Column D for the President and Vice President of Student Affairs, who are required to reside on campus as a condition of their employment. Tuition Remission is generally available to all full-time employees of the institution. The value of this benefit is included in Schedule J, Part II, Column D. Health or Social Club Dues - The University provides membership to a club to certain officers. The officers provide contemporaneous documentation of their business use
Schedule J, Part I, Line 4B		Anne Steele - President of Muskingum University, is covered by a Section 457(f) plan. The University is accruing the benefit for this plan and the amount of the current year accrual is included in Schedule J, Part II, Column C

Schedule J (Form 990) 2009

DLN: 93493132001021

► 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.

**Transactions with Interested Persons** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule L

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** Muskingum University 31-4379515 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 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 **(e)** In Approved or from the (a) Name of interested person and (c)O riginal (d)Balance due default? by board or agreement? organization? purpose principal amount committee? From Yes Yes 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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
GREGG THOMPSON	SON OF TRUSTEE	46,469	Employment-Head Baseball Coach		No

**NonCash Contributions** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

Name of the organization Muskingum University

**Employer identification number** 

31-4379515

Pa	Types of Property							
		(a) Check If	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> Method of d reven	etermı	nıng	
		applicable		1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	9	643 367	Fair Market Value			
	Securities—Closely held stock			2 13,507	Tan Trance value			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 receive for which the organization comp				29			
30≈	During the year, did the organiz	ation receiv	e hy contribution any prope	erty reported in Part I lines	1-28 that it		Yes	No
500	must hold for at least three yea							
	for exempt purposes for the ent			on, and which is not require	u to be useu	20-		No
<b>.</b>	· · ·					30a		
	If "Yes," describe the arrangem						.	
31	Does the organization have a gi	tt acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь 33	If "Yes," describe in Part II If the organization did not repor describe in Part II	t revenues ı	n column (c) for a type of p	roperty for which column (a	) is checked,			
						ш		

Page 2

### 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

Software ID: **Software Version:** 

**EIN:** 31-4379515

Name: Muskingum University

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DLN: 93493132001021

OMB No 1545-0047

Inspection

**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

**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.

Name of the organization

Muskingum University

**Employer identification number** 

31-4379515

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 2		Robert Patin, Trustee, performed services for Bricker & Eckler, a law firm in which Gordon Litt, Trustee, is a partner

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 11A		An independent tax preparation firm is engaged to assist in reviewing the Form 990 prepared by the University business office. University management reviews the Form 990 for completeness and accuracy Prior to filing, management presents the Form 990 to the officers of the board of trustees. Form 990 is reviewed and signed by the vice president for business and finance.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 12C		Under the University's conflict of interest policy, all trustees, officers, and key employees are required to file annual statements of disclosure. The president of the University and chair of the board reviews those statements for potential conflicts. Any actual or possible conflict of interest must be disclosed to the officers of the board of trustees and either the chair of the board's finance and management committee or another designee of the board's chair. After disclosure and discussion with the board officers, the board officers determine whether a conflict of interest exists. The interested person is not present for these determinations. The board officers shall then determine if further action regarding the transaction or arrangement is necessary, including the potential soliciation of alternative transactions or arrangements.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 15		The compensation of all officers of the University is reviewed and approved annually by the executive committee of the board of trustees. Salary data is gathered from peer institutions to benchmark all officer compensation on an annual basis. Compensation is set within the constraints of the board of trustees' approved operating budget and salary pool. This process was last undertaken for the fiscal year 2010-2011. The executive committee receives a report from the chairman on the president's compensation in relation to her new long-term contract, including his opinion that her compensation and that of other officers is consistent with compensation data reported by peer colleges and universities.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, Line 19		The University's determination letter, articles of incorporation and by-laws, conflict of interest policy, and financial statements are available via the University wieb page of the business office (www muskingumedu/home/business)