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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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization MALONE UNIVERSITY	<b>D</b> Employer identification number  34-0737794
		Doing Business As	<b>E</b> Telephone number  (330) 471-8100
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2600 CLEVELAND AVE NW	<b>G</b> Gross receipts \$ 66,217,803
		City or town, state or country, and ZIP + 4 CANTON, OH 44709	
		<b>F</b> Name and address of principal officer RONALD MESSNER 2600 CLEVELAND AVE NW CANTON, OH 44709	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀(Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.MALONE.EDU			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1899	<b>M</b> State of legal domicile OH
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Part I

Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities THE UNIVERSITY IS COMMITTED TO INTELLECTUAL ENRICHMENT IN THE CONTEXT OF CHRISTIAN FAITH. WE STRIVE TO PROVIDE AN EDUCATION THAT PRODUCES GRADUATES WITH A LOVE OF TRUTH, AND VIBRANT MATURE FAITH		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 31		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 30		
Revenue	<b>5</b>	Total number of employees (Part V, line 2a) . . . . . <b>5</b> 1,332		
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 25		
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . <b>7a</b> 0		
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . <b>7b</b> 0		
			<b>Prior Year</b>	<b>Current Year</b>
			2,111,352	2,263,363
			46,322,441	51,860,128
			-2,334,113	706,053
14,250			0	
46,113,930			54,829,544	
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	10,867,405	14,178,389
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,000,070	23,603,336
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶1,111,324		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	15,197,032	15,485,677
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	49,064,507	53,267,402
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	-2,950,577	1,562,142
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>	
		68,443,122	72,701,106	
		22,031,714	24,429,115	
		46,411,408	48,271,991	

Part II

Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-11-08 Date	
	RONALD B MESSNER, INTERIM VP OF FINANCE Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	BKD LLP 200 E Main St Suite 700 Fort Wayne, IN 46802		EIN ▶
			Phone no ▶ (260) 460-4000	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

THE MISSION OF MALONE UNIVERSITY IS TO PROVIDE STUDENTS WITH AN EDUCATION BASED ON BIBLICAL FAITH IN ORDER TO DEVELOP MEN AND WOMEN IN INTELLECTUAL MATURITY, WISDOM, AND CHRISTIAN FAITH WHO ARE COMMITTED TO SERVING THE CHURCH, COMMUNITY, AND THE WORLD

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes

✓

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .

Yes

✓

No

If “Yes,” describe these changes on Schedule O










4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 30,637,508 including grants of \$ 14,178,389 ) (Revenue \$ 40,674,856 )
	TRADITIONAL UNDERGRADUATE MALONE UNIVERSITY IS COMMITTED TO EQUIPPING GRADUATES TO PUT "CHRIST'S KINGDOM FIRST" IN ALL OF LIFE IN PART, THIS MEANS CULTIVATING IN STUDENTS THE SKILLS, KNOWLEDGE AND DISPOSITIONS THAT WILL EQUIP THEM TO SERVE EFFECTIVELY IN THE WORKPLACE THIS GOAL IS ADDRESSED BOTH THROUGH SPECIALIZED STUDY IN THE MAJOR AND THROUGHOUT THE GENERAL EDUCATION PROGRAM IN A DAY WHEN MOST PEOPLE WILL ENGAGE IN MULTIPLE CAREERS ACROSS A LIFETIME, OUR CURRICULUM CULTIVATES CRUCIAL ABILITIES THAT TRANSCEND SPECIALIZATION, SUCH AS CRITICAL AND CREATIVE THINKING, INTERACTION WITH KNOWLEDGE AND IDEAS, COMMUNICATION, AND PROBLEM SOLVING WHATEVER THEIR CALLINGS, WE ARE COMMITTED TO PREPARING STUDENTS TO SERVE FAITHFULLY AND EFFECTIVELY THIS COMMITMENT ALSO MEANS THAT A MALONE EDUCATION IS PREPARATION FOR LIFE BEYOND THE WORKPLACE, IN SUCH REALMS AS CHURCH, FAMILY, LOCAL COMMUNITY, NATION, AND WORLD UNDERGRADUATE COURSEWORK PROVIDES A SOLID GROUNDING IN CHRISTIAN SCRIPTURES AND TRADITION, ALONG WITH MANY ADDITIONAL OPPORTUNITIES FOR GROWTH IN SELF-KNOWLEDGE, KNOWLEDGE OF GOD, AND KNOWLEDGE OF THE CHALLENGES, COMPLEXITIES, AND OPPORTUNITIES OF OUR CHANGING WORLD WE CHALLENGE STUDENTS TO CULTIVATE A LOVE OF TRUTH, LIFE-LONG HABITS OF THOUGHTFUL REFLECTION, AND A STRONG FOUNDATION OF PRACTICAL WISDOM GROUNDED IN BIBLICAL FAITH, EQUIPPING THEM TO LIVE AND THRIVE IN A WORLD AS AGENTS OF CHRIST'S KINGDOM THE UNIVERSITY IS COMPRISED OF 6 SCHOOLS, OFFERING APPROXIMATELY 50 MAJOR AREAS OF STUDY FALL 2009 FULL TIME EQUIVALENT TRADITIONAL UNDERGRADUATE ENROLLMENT WAS 1688, WITH A STUDENT TO FACULTY RATIO OF 14 8 TO 1 0 RESIDENT HEADCOUNT WAS 1105 AND COMMUTER HEADCOUNT WAS 1103
4b	(Code ) (Expenses \$ 5,948,194 including grants of \$ ) (Revenue \$ 6,232,934 )
	NON-TRADITIONAL UNDERGRADUATE CONTINUING STUDIES MALONE UNIVERSITY OFFERS TWO DEGREE COMPLETION OPTIONS TO ADULT LEARNERS WITH PRIOR UNDERGRADUATE COURSEWORK MMP (MALONE MANAGEMENT PROGRAM), AND BSND (BACHELOR OF SCIENCE IN NURSING DEGREE COMPLETION) MMP FOUR AREAS OF CONCENTRATION ARE OFFERED ORGANIZATIONAL MANAGEMENT, A CONCENTRATION WHICH EMPHASIZES DEALING EFFECTIVELY WITH PEOPLE, PROBLEM SOLVING, CRITICAL AND CREATIVE THINKING, AND ETHICS MARKETING MANAGEMENT, A CONCENTRATION WHICH STUDIES THE BASIC CONCEPTS OF MARKETING, DELVES INTO THE MANAGEMENT DECISION-MAKING PROCESS OF MARKETING, AND PROVIDES AN OVERVIEW OF ELECTRONIC COMMERCE PROJECT MANAGEMENT, A CONCENTRATION WHICH PROVIDES THE KNOWLEDGE AND SKILLS NECESSARY TO MANAGE TECHNICAL TEAMS AND PROJECTS WHILE FOCUSING ON THE ORGANIZATION'S STRATEGY HEALTH SERVICES MANAGEMENT, A CONCENTRATION WHICH PROVIDES AN IN-DEPTH UNDERSTANDING OF HEALTH CARE SYSTEMS AND ORGANIZATIONS, EXAMINES LEGAL ISSUES RELATED TO HEALTH CARE, AND EXPLORES CONSUMER HEALTH CHOICES THE PROGRAM ELIGIBILITY REQUIREMENTS FOR MMP ARE A MINIMUM OF 40 SEMESTER CREDIT HOURS OF UNDERGRADUATE COURSE WORK FROM REGIONALLY ACCREDITED COLLEGES OR UNIVERSITIES, CUMULATIVE GRADE POINT AVERAGE IS AT LEAST 2 0, DEMONSTRATED WRITING PROFICIENCY THROUGH COLLEGE/ UNIVERSITY ENGLISH COMPOSITION OR A WRITING SAMPLE, AND, FIVE YEARS OF WORK EXPERIENCE PARTICIPANTS CAN EARN THE BA DEGREE IN 14 MONTHS FALL 2009 FTE MMP ENROLLMENT WAS 316 4, HEADCOUNT WAS 356 BSND MALONE HAS EARNED AN ESTEEMED REPUTATION FOR EDUCATING PROFESSIONAL NURSES WITH KNOWLEDGE, SKILLS, AND COMPASSION TO PROVIDE EXCEPTIONAL CARE AND INSPIRED LEADERSHIP AS A RESULT, HEALTH CARE EMPLOYERS VIEW MALONE NURSING DEGREES AS HIGHLY RESPECTED ACADEMIC CREDENTIALS A REGISTERED NURSE (RN) WITH A NURSING DIPLOMA OR ASSOCIATE DEGREE CAN EARN A BSN DEGREE IN 20 MONTHS AT MALONE UNIVERSITY FALL 2009 FTE BSND ENROLLMENT WAS 26 4, HEADCOUNT WAS 38
4c	(Code ) (Expenses \$ 6,517,151 including grants of \$ ) (Revenue \$ 4,952,338 )
	GRADUATE ALL GRADUATE PROGRAMS DERIVE THEIR PURPOSES AND RESPONSIBILITIES FROM THE MISSION STATEMENT AND FOUNDATIONAL PRINCIPLES OF MALONE UNIVERSITY ACCORDINGLY, A SALIENT PURPOSE FOR THE GRADUATE PROGRAMS IS TO PROVIDE STUDENTS WITH A QUALITY EDUCATIONAL EXPERIENCE IN A CHRISTIAN UNIVERSITY ENVIRONMENT SPECIFICALLY, THE PURPOSES OF THE GRADUATE PROGRAMS ARE TO COMBINE FAITH AND LEARNING FROM A BIBLICAL PERSPECTIVE THAT LEADS TO AN ADVANCED UNDERSTANDING OF REASONED CHRISTIAN WORLDVIEW AND AN APPLIED CHRISTIAN ETHIC, ADVANCE THE STUDENTS' INTELLECTUAL CURIOSITY, COMPETENCY, AND SKILL TO REASON LOGICALLY, EVALUATE CRITICALLY, IMAGINE CREATIVELY, COMMUNICATE EFFECTIVELY, AND SERVE FAITHFULLY IN A CULTURALLY SENSITIVE MANNER, CREATE A DYNAMIC LEARNING COMMUNITY TO UTILIZE TECHNOLOGIES AND OTHER INSTRUCTIONAL RESOURCES IN EQUIPPING STUDENTS TO REFLECTIVELY AND ETHICALLY CONTRIBUTE TO THEIR PERSONAL AND PROFESSIONAL COMMUNITIES THERE ARE FOUR GRADUATE DEGREES OFFERED AT MALONE UNIVERSITY THE MA IN EDUCATION, THE MA IN CHRISTIAN MINISTRIES, THE MBA, AND THE MS IN NURSING FALL 2009 FTE GRADUATE ENROLLMENT WAS 284 6, HEADCOUNT WAS 430 IN ADDITION, THE CENTER FOR PROFESSIONAL DEVELOPMENT (CPD) AT MALONE UNIVERSITY OFFERS A BROAD RANGE OF HIGH QUALITY, CONTEMPORARY, AND FLEXIBLE PROFESSIONAL DEVELOPMENT OPPORTUNITIES MALONE IS ACCREDITED BY THE HIGHER LEARNING COMMISSION AND IS A MEMBER OF THE NORTH CENTRAL ASSOCIATION MALONE IS AUTHORIZED BY THE OHIO BOARD OF REGENTS AND HAS APPROVAL FROM THE OHIO DEPARTMENT OF EDUCATION TO OFFER WORKSHOPS FOR GRADUATE CREDIT THE WORKSHOPS ALIGN WITH THE NO CHILD LEFT BEHIND (NCLB) STANDARD AND MANDATES
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses➤\$ 43,102,853

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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
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 ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the 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		No
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		No

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	88		
	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? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,332		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b		
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: <input type="text"/> 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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a 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	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No	
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.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		11b			
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			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	31	
b	Enter the number of voting members that are independent . . . . .	1b	30	
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ RONALD MESSNER 2600 CLEVELAND AVENUE NW CANTON, OH 44709 (330) 471-8100





<b>1b</b>	<b>Total</b> . . . . .	1,012,410	0	90,332
-----------	------------------------	-----------	---	--------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BUCKEYE PROTECTIVE SERVICES 2215 6TH ST SW CANTON, OH 447061327	CAMPUS SECURITY	374,995
FINNEY REFRIGERATION 1101 2ND STREET NE CANTON, OH 447041539	INSTALLATION	262,658
TRAVEL LEADERS 6200 SOM CENTER RD A11 CLEVELAND, OH 441392900	TRAVEL AGENT	243,700
JOSEPH A JEFFRIES CO INC 5211 LOUISVILLE STREET NE LOUISVILLE, OH 44641	PAVING CONTRACTOR	187,148
SERVICE MASTERS CLEAN BY STEINBACH 6824 WISE AVE NW NORTH CANTON, OH 447207359	CLEANING CONTRACTOR	167,516

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **22**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	282,150				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,981,213				
	g	Noncash contributions included in lines 1a-1f \$ 7,359						
	h	Total. Add lines 1a-1f . . . . .		2,263,363				
Program Service Revenue			Business Code					
	2a	TUITION, FEES, ETC	611,710	42,772,940	42,772,940			
	b	AUXILIARY REVENUE	900,099	8,841,837	8,841,837			
	c	PARKING FEES	812,930	78,025	78,025			
	d	OCP NON TUITION	900,099	47,660	47,660			
	e	LIBRARY FINES	900,099	35,099	35,099			
	f	All other program service revenue		84,567	84,567			
	g	Total. Add lines 2a-2f . . . . .		51,860,128				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		445,954			445,954	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties . . . . .		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
			42,800					
		b	Less rental expenses	42,800				
		c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			11,605,558					
		b	Less cost or other basis and sales expenses	10,855,459	490,000			
		c	Gain or (loss)	750,099	-490,000			
	d	Net gain or (loss) . . . . .		260,099			260,099	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
			a					
		b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
			a					
		b	Less direct expenses . . . . .	b				
c	Net income or (loss) from gaming activities . .		0					
10a	Gross sales of inventory, less returns and allowances . . . . .							
		a						
	b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		0					
12	Total revenue. See Instructions . . . . .		54,829,544	51,860,128		706,053		

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	14,178,389	14,178,389		
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 . . . . .	1,314,562	406,955	714,717	192,890
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	16,333,810	12,712,625	3,304,240	316,945
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	774,520	582,591	171,408	20,521
9	Other employee benefits . . . . .	3,982,698	2,995,770	881,404	105,524
10	Payroll taxes . . . . .	1,197,746	900,940	265,071	31,735
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	45,840		45,840	
c	Accounting . . . . .	190,031		190,031	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	20,349		20,349	
g	Other . . . . .	1,145,797	795,071	304,924	45,802
12	Advertising and promotion . . . . .	1,148,426	1,027,534	74,841	46,051
13	Office expenses . . . . .	1,404,980	746,517	564,827	93,636
14	Information technology . . . . .	1,050,452	850,866	178,577	21,009
15	Royalties . . . . .	0			
16	Occupancy . . . . .	3,928,145	3,220,388	633,256	74,501
17	Travel . . . . .	915,494	652,874	217,625	44,995
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	359,449	244,508	77,703	37,238
20	Interest . . . . .	404,027		404,027	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	2,707,945	2,029,330	611,403	67,212
23	Insurance . . . . .	259,228	55,017	204,211	
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 )				
a	BOOKSTORE	832,946	832,946		
b	BAD DEBT	129,321	116,609	10,429	2,283
c	OTHER EDUCATION EXPENSE	640,980	634,451	6,529	
d	BOND EXPENSE	171,813		171,813	
e	MISCELLANEOUS	130,454	119,472		10,982
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	53,267,402	43,102,853	9,053,225	1,111,324
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				10,135	1	10,135
	2	Savings and temporary cash investments . . . . .				2,627,167	2	4,741,198
	3	Pledges and grants receivable, net . . . . .				1,788,468	3	2,286,931
	4	Accounts receivable, net . . . . .				527,859	4	103,770
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .					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 Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .				2,494,436	7	2,431,762
	8	Inventories for sale or use . . . . .				131,763	8	163,052
	9	Prepaid expenses and deferred charges . . . . .				2,604,050	9	2,517,175
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	75,987,956				
	b	Less accumulated depreciation . . . . .	10b	30,963,130		43,636,408	10c	45,024,826
	11	Investments—publicly traded securities . . . . .				14,264,692	11	15,097,489
	12	Investments—other securities See Part IV, line 11 . . . . .					12	
	13	Investments—program-related See Part IV, line 11 . . . . .					13	
	14	Intangible assets . . . . .					14	
	15	Other assets See Part IV, line 11 . . . . .				358,144	15	324,768
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				68,443,122	16	72,701,106
Liabilities	17	Accounts payable and accrued expenses . . . . .				4,814,077	17	5,162,752
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .				2,688,189	19	4,409,410
	20	Tax-exempt bond liabilities . . . . .				13,700,000	20	13,505,000
	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 persons Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				829,448	23	1,351,953
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities Complete Part X of Schedule D . . . . .					25	
	26	Total liabilities. Add lines 17 through 25 . . . . .				22,031,714	26	24,429,115
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				28,368,697	27	30,136,596
	28	Temporarily restricted net assets . . . . .				2,729,717	28	2,848,971
	29	Permanently restricted net assets . . . . .				15,312,994	29	15,286,424
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				46,411,408	33	48,271,991
	34	Total liabilities and net assets/fund balances . . . . .				68,443,122	34	72,701,106

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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 . . . .	Yes	
<b>d</b> 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .	Yes	
<b>b</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 . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization MALONE UNIVERSITY	Employer identification number 34-0737794
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

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

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the 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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private 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 D  
(Form 990)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> MALONE UNIVERSITY	<b>Employer identification number</b>  34-0737794
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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.

	<b>(a)</b> Donor advised funds	<b>(b)</b> Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate contributions to (during year)		
<b>3</b> Aggregate grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

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

<b>1</b> Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure	
<b>2</b> 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	
<b>a</b> Total number of conservation easements	<b>Held at the End of the Year</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2a</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2b</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06	<b>2c</b>
	<b>2d</b>
<b>3</b> Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____	
<b>4</b> Number of states where property subject to conservation easement is located ▶ _____	
<b>5</b> Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____	
<b>7</b> Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____	
<b>8</b> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9</b> 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.

<b>1a</b> 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>b</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	
<b>(i)</b> Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
<b>(ii)</b> Assets included in Form 990, Part X	▶ \$ _____
<b>2</b> 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	
<b>a</b> Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
<b>b</b> Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	14,223,160	17,184,094			
b Contributions . . . . .	49,764	67,607			
c Investment earnings or losses . . . . .	1,906,471	-2,468,549			
d Grants or scholarships . . . . .	400,729	199,416			
e Other expenditures for facilities and programs . . . . .	219,107	276,363			
f Administrative expenses . . . . .	91,606	84,213			
g End of year balance . . . . .	15,467,953	14,223,160			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 10 930 % %

b

Permanent endowment ▶ 98 830 % %

c

Term endowment ▶ 12 100 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,370,845		1,370,845
b Buildings . . . . .		47,532,081	12,493,128	35,038,953
c Leasehold improvements . . . . .		2,288,376	1,383,484	904,892
d Equipment . . . . .		18,462,067	12,259,261	6,202,806
e Other . . . . .		6,334,585	4,827,255	1,507,330
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				45,024,826

Schedule D (Form 990) 2009



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	54,829,544
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,267,402
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,562,142
4	Net unrealized gains (losses) on investments	4	298,439
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	298,439
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,860,581

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	40,992,394
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	298,439
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	42,800
e	Add lines 2a through 2d . . . . .	2e	341,239
3	Subtract line 2e from line 1 . . . . .	3	40,651,155
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	14,178,389
c	Add lines 4a and 4b . . . . .	4c	14,178,389
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	54,829,544

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	39,131,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	42,800
e	Add lines 2a through 2d . . . . .	2e	42,800
3	Subtract line 2e from line 1 . . . . .	3	39,089,013
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	14,178,389
c	Add lines 4a and 4b . . . . .	4c	14,178,389
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	53,267,402

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D	PART V, LINE 4	ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS AND RENOVATIONS OF BUILDINGS AND EQUIPMENT REPLACEMENT. PART XII & PART XIII, LINE 2D THIS AMOUNT REPRESENTS RENTAL INCOME EXPENSES OF \$42,800. PART XII & PART XIII, LINE 4B THIS AMOUNT REPRESENTS STUDENT FINANCIAL AID RECLASSIFIED TO AN EXPENSE OF \$14,178,389.
SCHEDULE D	PART X, FIN 48 FOOTNOTE	THE AUDITED FINANCIAL STATEMENTS DO NOT ADDRESS THE ADOPTION OF FIN 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public  
Inspection

<b>Name of the organization</b> MALONE UNIVERSITY	<b>Employer identification number</b>  34-0737794
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	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THIS INFORMATION IS CARRIED IN WRITTEN FORM IN THE UNIVERSITY CATALOG, ON ALL ADMISSION DOCUMENTS AND OTHER DOCUMENTS DISEMINATED THROUGH OUT THE CAMPUS IT IS ALSO STATED DURING RADIO BROADCASTS DURING FOOTBALL GAMES THAT ARE CARRIED LIVE	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges?  <b>b</b> Admissions policies?  <b>c</b> Employment of faculty or administrative staff?  <b>d</b> Scholarships or other financial assistance?  <b>e</b> Educational policies?  <b>f</b> Use of facilities?  <b>g</b> Athletic programs?  <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
<b>7</b> 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 990)	Yes	

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
MALONE UNIVERSITY

Employer identification number  
34-0737794

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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 Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	------------------------------------	--------------------------	-----------------------------------	--	--	------------------------------------

2

Enter total number of section 501(c)(3) and government organizations . . . . .

▶

3

Enter total number of other 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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
Scholarships	6760	14,178,389			
See Additional Data Table					

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

[illegible]



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
MALONE UNIVERSITY

Employer identification number  
34-0737794

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR GARY W STREIT	(i)	215,229	0	22,319	16,583	3,424	257,555	
	(ii)	0	0	0	0	0	0	
HOWARD TAYLOR	(i)	141,036		319	9,373	3,190	153,918	
	(ii)	0	0	0	0	0	0	

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.

Identifier	Return Reference	Explanation
EXPLANATION OF BENEFITS PROVIDED		Dr. Streit, the organization's president, receives travel for companions, club dues, and a housing allowance. These benefits are included on the w-2 and in his other compensation in Schedule J, Part II. These were provided to the president to further business activities conducted on behalf of the organization.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization MALONE UNIVERSITY	Employer identification number 34-0737794

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AA93	12-20-2007	13,700,000	NEW RESIDENCE HALL & ROADWAY		X		X

Part II

Proceeds

		A	B	C	D	E	
1	Total proceeds of issue	13,700,000					
2	Gross proceeds in reserve funds						
3	Proceeds in refunding or defeasance escrows						
4	Other unspent proceeds						
5	Issuance costs from proceeds	141,716					
6	Working capital expenditures from proceeds						
7	Capital expenditures from proceeds	7,358,284					
8	Year of substantial completion	2009					
		Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X					
10	Were the bonds issued as part of an advance refunding issue?		X				
11	Has the final allocation of proceeds been made?	X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

**SCHEDULE O**  
**(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.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**Name of the organization**  
MALONE UNIVERSITY

**Employer identification number**

34-0737794

Identifier	Return Reference	Explanation
PAGE 6	PART VI, SECTION A	LINE 1B THE PRESIDENT SERVES ON THE BOARD OF DIRECTORS AND IS ALSO A PAID EMPLOYEE OF THE UNIVERSITY
PAGE 6	PART VI, SECTION B	LINE 11A Malone University Board of Trustees Review s a draft of form 990 at the October meeting with a recommendation for approval by the Executive Committee of the Board A final copy of the Form 990 will be made available to all members of the Malone University Board of Trustees prior to submission to the IRS LINE 12C The Executive Committee of the Board review s all conflict of interest statements and family business disclosure letters returned to Malone The annual conflict of disclosure statements are submitted to, and reviewed by, the executive committee In addition, the executive staff is responsible for monitoring any possible conflict transaction that arises and managing them to ensure that all transactions represent arm's length, fair market value for the benefit of the organization
page 6	PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S president WAS Prepared by the HR Director and THE information WAS submitted to the executive committee of the board of trustees in october 2008 for their review and approval The committee is responsible for applying terms and processes of the executive compensation and intermediate sanctions as outlined above to follow the rebuttable presumption of reasonableness test
PAGE 6	part vi, section b, line 15b	THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S OFFICERS, AND KEY EMPLOYEES WAS Prepared by the HR Director and THE information WAS submitted to the PRESIDENT IN 2010 for his review and approval
PAGE 6	part vi, section c, line 19	MALONE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND APPLICABLE DOCUMENT COPIES ARE SENT TO THE REQUESTOR FOR FREE

Additional Data

Software ID:

Software Version:

EIN: 34-0737794

Name: MALONE UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR GARY W STREIT PRESIDENT	40 0	X		X				237,548	0	20,007
GARY ANDERSON TRUSTEE	1 0	X						0	0	0
STAN ANDERSON TRUSTEE	1 0	X						0	0	0
EARL BAILEY TRUSTEE	1 0	X						0	0	0
MARK BENEDICT TRUSTEE	1 0	X						0	0	0
DUDLEY S BLOSSOM III TRUSTEE	1 0	X						0	0	0
PAMELA BURCH TRUSTEE	1 0	X						0	0	0
DANIEL CALE TRUSTEE	1 0	X						0	0	0
DALE CHRYST TRUSTEE	1 0	X						0	0	0
RICHARD DOUD TRUSTEE	1 0	X						0	0	0
DONALD HARPER TRUSTEE	1 0	X						0	0	0
MICHAEL MAY TRUSTEE	1 0	X						0	0	0
DONNA MCNATT TRUSTEE	1 0	X						0	0	0
EDWARD MITCHELL TRUSTEE	1 0	X						0	0	0
EDWARD MORRIS TRUSTEE	1 0	X						0	0	0
DARLENE MOSS TRUSTEE	1 0	X						0	0	0
DAVID MURRAY TRUSTEE	1 0	X						0	0	0
JAMES POWELL TRUSTEE	1 0	X						0	0	0
DAVID RAWSON TRUSTEE	1 0	X						0	0	0
GERALD SMELTZER TRUSTEE	1 0	X						0	0	0
STEVEN STEER TRUSTEE	1 0	X						0	0	0
WILLIAM THORLA TRUSTEE	1 0	X						0	0	0
DAVID VAN VALKENBURG TRUSTEE	1 0	X						0	0	0
STEPHEN WEINGART TRUSTEE	1 0	X						0	0	0
JOHN WILLIAMS JR TRUSTEE	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES CHARMLEY TRUSTEE	1 0	X						0	0	0
THOMAS CRAWFORD TRUSTEE	1 0	X						0	0	0
DANIEL KORMAN TRUSTEE	1 0	X						0	0	0
FRANK RAYMOND TRUSTEE	1 0	X						0	0	0
WILLIS RUFF TRUSTEE	1 0	X						0	0	0
GEORGE SUTTON TRUSTEE	1 0	X						0	0	0
DR CHRISTOPHER ABRAMS VP OF STUDENT DEVELOPMENT	40 0			X				85,228	0	9,462
DR WILBERT FRIESEN INTERIM PRESIDENT	40 0			X				115,000	0	11,474
KAREN DEAN-FRY VP CONSTITUENT RELATIONS	40 0			X				90,966	0	4,998
RICHARD RIEDER VP FINANCE/ CFO	40 0			X				135,000	0	12,874
DR BROCK SCHROEDER VP ENROLLMENT AND MARKETING	40 0			X				98,000	0	10,277
HOWARD TAYLOR VP ADVANCEMENT	40 0			X				141,355	0	12,563
LORETTA REINHART DEAN SCHOOL OF NURSING	40 0					X		109,313	0	8,677



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
TUITION, FEES, ETC	611,710	42,772,940	42,772,940		
AUXILIARY REVENUE	900,099	8,841,837	8,841,837		
PARKING FEES	812,930	78,025	78,025		
OCP NON TUITION	900,099	47,660	47,660		
LIBRARY FINES	900,099	35,099	35,099		

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BOOKSTORE	832,946	832,946		
BAD DEBT	129,321	116,609	10,429	2,283
OTHER EDUCATION EXPENSE	640,980	634,451	6,529	
BOND EXPENSE	171,813		171,813	
MISCELLANEOUS	130,454	119,472		10,982