

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### DLN: 93493061002492

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Open to Public

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 Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number Name of organization MUHLENBERG COLLEGE B Check if applicable 23-1352664 Address change Doing Business As E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) (484) 664-3140 2400 Chew Street Terminated **G** Gross receipts \$ 142,143,808 Amended return City or town, state or country, and ZIP + 4 Allentown, PA 18104 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes No Peyton R Helm 2400 Chew Street **H(b)** Are all affiliates included? Allentown, PA 18104 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **▽ Website: ►** www muhlenberg edu K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► L Year of formation 1848 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities Muhlenberg aims to help students become independent critical thinkers who are intellectually agile, characterized by a zest for reasoned and civil debate, knowledgeable about the achievements and traditions of diverse civilizations and cultures, able to express ideas with clarity and grace, committed to life-long learning, equipped with ethical and civic values and prepared for lives Activities & Governance of leadership and service 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets  ${f 3}$  Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 36 2,137 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 6 25 Total number of volunteers (estimate if necessary) . . 57,705 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 57,705 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 8,638,447 8,711,507 Program service revenue (Part VIII, line 2g) . 101,918,654 105,280,803 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,736 9,345,362 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,146,457 11 1,616,031 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 124.953.703 111,715,294 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 27,180,435 29,000,425 14 Benefits paid to or for members (Part IX, column (A), line 4)  $\cdot$  . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 43.980.873 44,853,827 Expenses 10) Professional fundraising fees (Part IX, column (A), line 11e) . . 0 69,581 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶2,813,639 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 33,665,822 37,331,272 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 104,827,130 111,255,105 19 Revenue less expenses Subtract line 18 from line 12  $\,$  . 6,888,164 13,698,598 A Assets or N Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 396,605,601 430,771,614 21 Total liabilities (Part X, line 26) . . . . . 103,093,389 101,646,658 Net assets or fund balances Subtract line 21 from line 20 293,512,212 329,124,956 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-01-11 Signature of officer Date Sign Here Jason Feiertag Assistant Treasurer Type or print name and title Preparer's signature Check if self-Date PTIN employed 🕨 preparer's name Paid Firm's name Firm's EIN . Preparer

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

Firm's address

**Use Only** 

Phone no 🕨

4e

Total program service expenses►\$

Form	m 990 (2010)							Page 🛭
Par	Statement of Prog Check if Schedule O co							
1	Briefly describe the organizat	ion's mission						
cıvıl	hlenberg aims to help students bill debate, knowledgeable about the ce, committed to life-long learning	ne achievements	and traditio	ns of diverse civilizatio	ons and cultu	res, able to expr	ess ideas with	
2	Did the organization undertake the prior Form 990 or 990-EZ			rvices during the year v	which were no		Yes ✓ No	
	If "Yes," describe these new s	ervices on Sche	dule O					
3				t changes in how it cond	ducts, any pr	ogram ſ	Yes 🔽 No	
	If "Yes," describe these chang	ges on Schedule	0					
4	Describe the exempt purpose Section 501(c)(3) and 501(c) allocations to others, the total	)(4) organization:	s and sectio	n 4947(a)(1) trusts are	e required to	report the amou	•	d
4a	(Code ) (Ex	rpenses \$	31,670,938	ıncludıng grants of \$		) (Revenue \$	87,974,111	)
	Instruction and research expenditur sciences and natural sciences, in ad Muhlenberg professors are experts and win awards. Muhlenberg profes and combines classical liberal arts w	Idition to strong pre- in their fields They ssors are the force b	professional processional processional processional processional processional processional professional profe	ograms in such areas as pre y-edge research, publish boo ege's unmatched connectivity	e-health, pre-law oks and papers,	ı, pre-theology, bus are quoted ın the m	siness and education	on <sup>°</sup> onferences,
4b		rpenses \$	48,158,612	including grants of \$		5) (Revenue \$	10,538,541	•
	Other program services Library, de services including the recruiting for record administration All of these s community	admissions, counseli	ıng, a natıonall	y recognized peer tutoring p	rogram, career	development, finan	cial aid admin , an	d student
4c	, ,	rpenses \$	10,339,759	including grants of \$		) (Revenue \$	17,729,544	,
	Auxiliary services housing of 1,953	3 students, meals for	r approximatel	y 1,750 students, and a Boo	kstore for appro	oximately 2,184 stud	dents and 730 em	ployees
4d	, ,		•		-			
	(Expenses \$ 10,52	22,651 includ	ing grants of	f \$	0 ) (Revenu	e \$	0)	

100,691,960

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 (see instruction)? 📆	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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
14a	, , , ,	14a	Yes	
Ь	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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV .	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		Νo
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νo
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		Νo
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	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		Νο
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		Νο
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	5 Filings	and Tax	<b>Compliance</b>

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	301		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
c	L I  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	rtable 1c	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		103	
	return	2,137		
b	<ul> <li>If at least one is reported on line 2a, did the organization file all required federal employment tax return</li> </ul>	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зь	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other financial)?	·	Yes	
b	in res, enter the hame of the foreign country $\mathbf{F}_{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ac	counts		
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 transact	tion? 5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributio were not tax deductible?	ns or gifts <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go services provided to the payor?	oods and 7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was in file Form 8282?	<b>7c</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contrac			
g	Jif the organization received a contribution of qualified intellectual property, did the organization file Fori required?	m 8899 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	ion file a		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization the supporting organization, or a donor advised fund maintained by a sponsoring organization, have exclusiness holdings at any time during the year?	ess		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	. 9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9ь		
10 a	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
U	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 10	)41? <b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states		1	
	in which the organization is licensed to issue qualified health plans			
С	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		 Form <b>99</b> (	   (2010

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

_Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No
6	Does the organization have members or stockholders?	6		No
	•	-		NO
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request			

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Muhlenberg College

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and 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 neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)		compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours		tion ( that a			П		compensation co		<b>(E)</b> Reportable compensatio		<b>(F)</b> Estima amount o	ited fother
		per week (describe hours	Individ or dire	Instituti		Xe) e	Highest o		organiz	m the zation (W- 9-MISC)	from related organization: (W- 2/1099 MISC)	5	compens from t organizati relati	:he on and ed
		for related organizations in Schedule	Individual tiustee or director	Institutional Trustee	Officei	employee	Highest compensat employee	Former					organiza	tions
		0)		Ť			<u></u>							
See A	Additional Data Table													
							+							
							1							
							-							
1b	Sub-Total						٠	F						
С	Total from continuation sheets	to Part VII, Sec	tion A				۲							
d	Total (add lines 1b and 1c) .							<b>F</b>		2,060,018		0		577,312
2	Total number of individuals (inc						above	) who	receive	ed more tha	n			
	\$100,000 in reportable compe	isation from the	organiza	ation	<b>-</b> 33									
													Yes	No
3	Did the organization list any for				e, k	ey e	mploy	ee, o	r highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sc				•	•	•	•				3		N o
4	For any individual listed on line organization and related organizindividual											4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for														
	services rendered to the organi	zatıon? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	n pers	son .		•	5		Νo
S6 	ection B. Independent Cor  Complete this table for your five		ne atod :	nder	anda	nt o	contrac	rtorc	that ro	salvad more	than			
	\$100,000 of compensation from			nuep	enue	- III C					- LIIGII			
	Na	(A) me and business add	tress							Descr	(B)		(C) Compen	

(A) Name and business address	(B) Description of services	(C) Compensation
LVAIC Health Insurance Trust 2201 Ridgewood Road Wyomissing, PA 19610	health insurance	6,266,237
Sodexo Dining Services 4880 Paysphere Circle Chicago, IL 60674	dining and catering services	6,241,256
Singer Equipment Company 150 Twin Valley Road Elverson, PA 19520	provided kitchen equiupment	1,209,405
Miers Insurance 2222 South Twelfth Street Allentown, PA 18103	Insurance	528,824
Hess Corporation PO Box 905216 Charlotte, NC 28290	fuel oil	511,929
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►57	) who received more than	

- 40 yr	1a	Federated campaigns	<b>1</b> a	0	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue		
		Membership dues	. 1b	0					
₽ĕ		Fundraising events							
a High		Related organizations							
% E		Government grants (contributions)		562,283					
for r si		All other contributions, gifts, grants		8,149,224					
ig <del>t</del>	-	sımılar amounts not ıncluded abov	re						١.
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in I	ines 1a-1f \$	8,906					
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		8,711,507				
nue	2-	turban and force		Business Code	07 074 444				
ex ex	Za b	tuition and fees auxiliary enterprises		900099 721000	87,974,111 17,296,431	87,974,111 17,238,726			,
93	c			711210	10,261	10,261		C	,
e.	d								
Program Serwce Revenue	e								
<u>\$</u>	f	All other program service re	venue		0	0	0	c	ı
_ <u>×</u> _	g	Total. Add lines 2a-2f .			105,280,803				
	3	Investment income (includir			0.502.474	0.500.474			_
		and other similar amounts)  Income from investment of tax-ex			8,582,174 3,646				
	4 5		b-		0				,
		Noyuntes	(ı) Real	(II) Personal					•
	6a	Gross Rents							
	ь	Less rental expenses							
	c	Rental income or (loss)	0	0					
	d	Net rental income or (loss)		'					
		Construction	(i) Securities	(II) O ther					
	7a	Gross amount from sales of assets other than inventory	16,582,477	0					
	ь	Less cost or other basis and	15,822,935	0					
	_	sales expenses Gain or (loss)	759,542	0					
		Net gain or (loss)			759,542	759,542	0		,
anne		Gross income from fundraisi (not including \$							
Other Revenue		of contributions reported on See Part IV, line 18	•						
₽	b	Less direct expenses .	a b						
0		Net income or (loss) from fu							
	9a	Gross income from gaming a	activities See Part IV, line 19 . a						1
		Less direct expenses .		ь					
		Net income or (loss) from ga Gross sales of inventory, les							-
	100	returns and allowances .	a	1,800,283					
		Less cost of goods sold .		1,367,170					
	С	Net income or (loss) from sa	ales of inventory 🟲		433,113	433,113	0	0	
	11-	Miscellaneous Revenue		Business Code 900099	48,328	48,328	0	,	
	112	a fines		900099	40,320	10,320			-
									1
		All other revenue			1,134,590	1,134,590	0	C	,
		Total. Add lines 11a-11d			1,182,918				-
	12	Total revenue. See Instructi	ione 🕨		, _,-				1
		iotai ieveliue. See Instructi			124,953,703	116,180,845	57,705	3,646	
						For	m <b>990</b> (20:	10)	

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	28,752,769	28,752,769								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	247,656	247,656								
4	Benefits paid to or for members	0	0								
5	Compensation of current officers, directors, trustees, and key employees	1,906,152	380,195	1,125,065	400,892						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0						
7	Other salaries and wages	31,919,681	28,198,654	2,749,481	971,546						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,742,744	2,099,408	491,270	152,066						
9	Other employee benefits	5,938,774	5,012,533	704,780	221,461						
10	Payroll taxes	2,346,476	1,845,026	303,641	197,809						
а	Fees for services (non-employees) Management	0	0	0	0						
b	Legal	279,190	0	279,190	0						
c	Accounting	80,247	0	80,247	0						
d	Lobbying	0	0	0	0						
е	Professional fundraising services See Part IV, line 17	69,581			69,581						
f	Investment management fees	146,975	0	146,975	0						
g	Other	2,390,075	2,161,573	189,280	39,222						
12	Advertising and promotion	388,348	363,244	24,734	370						
13	Office expenses	1,790,440	1,463,019	28,017	299,404						
14	Information technology	434,650	23,665	410,985	0						
15	Royalties	0	0	0	0						
16	Occupancy	9,707,052	9,707,052	0	0						
17	Travel	797,853	667,860	45,231	84,762						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings	1,285,158	966,726	224,710	93,722						
20	Interest	3,562,497	3,562,497	0	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization	6,968,070	6,968,070	0	0						
23 24	Insurance	573,312	573,312	0	0						
а	equipment	2,889,648	2,650,583	215,501	23,564						
ь	Education abroad fees	2,184,574	2,184,574	0	0						
c	Special program instruction	1,141,529	1,141,529	0	0						
d	Equipment maintenance	931,262	260,226	664,857	6,179						
e	Constituency programs	664,984	403,672	39,999	221,313						
f	All other expenses	1,115,408	1,058,117	25,543	31,748						
25	Total functional expenses. Add lines 1 through 24f	111,255,105	100,691,960	7,749,506	2,813,639						
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a										
	combined educational campaign and fundraising solicitation				000 (2010)						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	2,206,051	1	2,520,095		
	2	Savings and temporary cash investments		23,267,317	2	18,712,449	
	3	Pledges and grants receivable, net			8,243,985	3	7,654,946
	4	Accounts receivable, net			986,846	4	1,106,388
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			0	5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)					
<del>\$</del>		Schedule L			0	6	
Assets	7	Notes and loans receivable, net			1,628,628	7	1,692,591
₹	8	Inventories for sale or use			458,309	8	482,961
	9	Prepaid expenses and deferred charges			963,089	9	690,482
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	269,171,696			
	ь	Less accumulated depreciation	10Ь	96,984,219	165,509,457	10c	172,187,477
	11	Investments—publicly traded securities			133,472,857	11	158,822,564
	12	Investments—other securities See Part IV, line 11		•	40,677,124	12	52,373,209
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			19,191,938	15	14,528,452
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			396,605,601	16	430,771,614
	17	Accounts payable and accrued expenses .			8,587,929	17	7,456,671
	18	Grants payable			0	18	0
	19	Deferred revenue			3,999,794	19	4,253,909
	20	Tax-exempt bond liabilities			75,205,000	20	73,885,000
es S	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		555,745	21	648,347
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	s .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			1,374,370	24	1,374,370
	25	Other liabilities Complete Part X of Schedule D		13,370,551	25	14,028,361	
	26	Total liabilities. Add lines 17 through 25			103,093,389	26	101,646,658
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	ines 27			
Đ		through 29, and lines 33 and 34.					
ם	27	Unrestricted net assets		195,606,746	27	219,391,860	
8	28	Temporarily restricted net assets		38,960,564	28	46,128,862	
Ξ	29	Permanently restricted net assets		58,944,902	29	63,604,234	
Fund Balances		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd con	nplete			
ŏ		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			293,512,212	33	329,124,956
	34	Total liabilities and net assets/fund balances			396,605,601	34	430,771,614

Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	•	. [ 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		124,9	953,70:
2	Total expenses (must equal Part IX, column (A), line 25)	2		111,2	255,10
3	Revenue less expenses Subtract line 2 from line 1	3		13,6	598,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		293,	512,21
5	Other changes in net assets or fund balances (explain in Schedule O)	5		21,9	914,140
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		329,:	124,956
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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 its 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 is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3а	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?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

**Employer identification number** 

### 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 MUHLENBERG COLLEGE

23-1352664

Par	tΙ	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions
he o	rganız	zation is not a private foundation because it is (For lines 1 through 11, check only one box )
1	$\Box$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<u>~</u>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	$\sqcap$	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	Γ	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	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	Γ	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	Γ	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
.0	$\Box$	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).
1	Γ	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
e	Γ	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)  Yes No

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? Provide the following information about the supported organization(s) h

	Yes	NO
11g(i)		
11g(ii)		
11g(iii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
 Total									

# Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077
Software Version: v1.00

**EIN:** 23-1352664

Name: MUHLENBERG COLLEGE

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

A   A   A   A   A   A   A   A   A   A	Compensated Employees, and Independent Contractors										
Week   Q   D   D   D   D   D   D   D   D   D		A verage hours		tıon (	che	')			Reportable compensation	Reportable compensation	Estimated amount of other
Chairman of the Board			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
Vice Chair of Board         2         X         0         0         0           Mis Karen Wagoner         2         X         0         0         0           Vice Chair of Board         2         X         0         0         0           Mr Enc Berg         2         X         0         0         0         0           Ms Kimberly Bleimann         2         X         0         0         0         0           Ms Trustee         2         X         0         0         0         0         0           Rev Claire S Burkat         2         X         0		2	×						О	0	0
No.   No.		2	Х						0	0	0
Mir Richard P Romeo   2	Ms Karen Wagoner	2	X						0	0	0
Secretary to board	Mr Richard P Romeo	2	×						0	0	0
Trustee		_							_		
Trustee	Trustee	2	Х						0	0	0
Trustee         2         A         0         0         0           Rev Claire S Burkat         2         X         0         0         0           Trustee         2         X         0         0         0         0           Ms Linda Cenci         Trustee         2         X         0         0         0         0           Dr Cacilia A Conrad         2         X         0 <td< td=""><td></td><td>2</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></td<>		2	Х						0	0	0
Trustee         2         X         0         0         0           MS Linda Cenci         2         X         0         0         0         0           Dr Ceclila A Corrad         2         X         0         0         0         0           Mr Richard C Crist Jr         2         X         0         0         0         0           Mr Starbara Crossette         2         X         0         0         0         0           Mr Bdward M Davis         2         X         0         0         0         0           Trustee         2         X         0         0         0         0         0           Mr Edward M Davis         2         X         0		2	×						0	0	0
Trustee		2	Х						0	0	0
Trustee		2	Х						0	0	0
Mr Richard C Crist Jr         2         X         0         0         0           Trustee         2         X         0         0         0           Ms Barbara Crossette         2         X         0         0         0           Trustee         2         X         0         0         0         0           Mr Stustee         2         X         0         0         0         0         0           Mr Stuart W Freiman         2         X         0		2	Х						0	0	0
Ms Barbara Crossette         2         X         0         0         0           Trustee         2         X         0         0         0           Mr Edward M Davis         2         X         0         0         0           Trustee         2         X         0         0         0         0           Ms Susan Eisenhauer         2         X         0		2	Х						0	0	0
Trustee		2	Х						0	0	0
Trustee         2         X         0         0         0           Mr Stuart W Freiman Trustee         2         X         0         0         0           Mr Gerald A Galgano Trustee         2         X         0         0         0         0           Ms Marion E Glick Trustee         2         X         0 </td <td></td> <td>2</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>		2	Х						0	0	0
Trustee         2 X         0         0         0           Mr Gerald A Galgano         2 X         0         0         0           Ms Marion E Glick         2 X         0         0         0           Trustee         2 X         0         0         0           Ms Julie P Hamre         2 X         0         0         0           Trustee         2 X         0         0         0           Mr John M Heffer         2 X         0         0         0           Trustee         2 X         0         0         0           Ms Sandra Schuyler Jaffee         2 X         0         0         0           Trustee         2 X         0         0         0           Rev Wilma S Kucharek         2 X         0         0         0           Trustee         2 X         0         0         0           Mr N Datel LaRocca         2 X         0         0         0           Ms Melanie R Mason         2 X         0         0         0		2	Х						0	0	0
Trustee         2 X         0         0         0           Ms Marion E Glick         2 X         0         0         0           Trustee         2 X         0         0         0           Ms Julie P Hamre         2 X         0         0         0           Mr John M Heffer         2 X         0         0         0           Trustee         2 X         0         0         0           Mr Jeffrey S Hoffman         2 X         0         0         0           Ms Sandra Schuyler Jaffee         2 X         0         0         0           Trustee         2 X         0         0         0         0           Rev Wilma S Kucharek         2 X         0         0         0         0           Trustee         2 X         0         0         0         0         0           Mr John D Ladley         2 X         0         0         0         0         0           Trustee         2 X         0         0         0         0         0           Mr N D ante LaRocca         2 X         0         0         0         0         0           Ms Melanie R Mason		2	Х						0	0	0
Trustee         2         X         0         0         0           Ms Julie P Hamre         2         X         0         0         0           Trustee         2         X         0         0         0           Mr John M Heffer         2         X         0         0         0           Trustee         2         X         0         0         0           Mr Jeffrey S Hoffman         2         X         0         0         0           Ms Sandra Schuyler Jaffee         2         X         0         0         0           Trustee         2         X         0         0         0           Rev Wilma S Kucharek         2         X         0         0         0           Trustee         2         X         0         0         0           Mr John D Ladley         2         X         0         0         0           Trustee         2         X         0         0         0           Mr N Dante LaRocca         2         X         0         0         0           Ms Melanie R Mason         2         X         0         0         0         0 </td <td>_</td> <td>2</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	_	2	Х						0	0	0
Trustee         2 X         0         0         0           Mr John M Heffer         2 X         0         0         0           Trustee         2 X         0         0         0           Mr Jeffrey S Hoffman         2 X         0         0         0           Trustee         2 X         0         0         0           Ms Sandra Schuyler Jaffee         2 X         0         0         0           Trustee         2 X         0         0         0           Rev Wilma S Kucharek         2 X         0         0         0           Mr John D Ladley         2 X         0         0         0           Mr N Dante LaRocca         2 X         0         0         0           Ms Melanie R Mason         2 X         0         0         0		2	Х						0	0	0
Trustee         2 X         0         0         0           Mr Jeffrey S Hoffman Trustee         2 X         0         0         0           Ms Sandra Schuyler Jaffee Trustee         2 X         0         0         0           Rev Wilma S Kucharek Trustee         2 X         0         0         0           Mr John D Ladley Trustee         2 X         0         0         0           Mr N Dante LaRocca Trustee         2 X         0         0         0           Ms Melanie R Mason         2 X         0         0         0		2	Х						0	0	0
Trustee         2         X         0         0         0           Ms Sandra Schuyler Jaffee         2         X         0         0         0           Trustee         2         X         0         0         0           Rev Wilma S Kucharek         2         X         0         0         0           Mr John D Ladley         2         X         0         0         0           Trustee         2         X         0         0         0           Mr N Dante LaRocca         2         X         0         0         0           Ms Melanie R Mason         2         X         0         0         0         0		2	Х						0	0	0
Trustee         2         X         0         0         0           Rev Wilma S Kucharek         2         X         0         0         0           Mr John D Ladley         2         X         0         0         0           Trustee         2         X         0         0         0           Mr N Dante LaRocca         2         X         0         0         0           Trustee         2         X         0         0         0           Ms Melanie R Mason         2         X         0         0         0		2	Х						0	0	0
Trustee         2 X         0         0         0           Mr John D Ladley         2 X         0         0         0           Trustee         2 X         0         0         0           Mr N Dante LaRocca         2 X         0         0         0           Trustee         2 X         0         0         0           Ms Melanie R Mason         2 X         0         0         0	Ms Sandra Schuyler Jaffee	2	х						0	0	0
Trustee         2 X         0         0         0           Mr N Dante LaRocca         2 X         0         0         0           Trustee         2 X         0         0         0           Ms Melanie R Mason         2 X         0         0         0		2	Х						0	0	0
Mr N Dante LaRocca 2 X 0 0 0 Trustee 0 0 0 0 Ms Melanie R Mason 2 X 0 0 0		2	Х						0	0	0
1 7 Y	Mr N Dante LaRocca	2	х						0	0	0
<u>                                      </u>	Ms Melanie R Mason Trustee	2	х						0	0	0

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

Compensated Employees, and Independent Contractors									
(B) Average hours	(C) Position (check all that apply)				(D) Reportable compensation	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
2	Х						0	0	0
2	Х						0	0	0
2	Х						0	0	0
2	X						0	0	0
2	Х						0	0	0
2	Х						0	0	0
2	Х						0	0	0
2	Х						0	0	0
2	Х						0	0	0
2	Х						0	0	0
2	Х						0	0	0
2	Х						0	0	0
50			х				342,784	0	57,309
40			х				178,098	0	69,324
40			х				176,301	0	103,207
40			х				157,716	0	63,607
40			х				125,167	0	37,226
40			х				151,718	0	29,170
40			х				203,557	0	39,582
40				х			85,286	0	35,962
40					Х		132,754	0	30,387
40					х		131,555	0	21,183
40					Х		129,910	0	29,831
40					х		122,261	0	32,702
40					Х		122,911	0	27,822
	(B) Average hours per week  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(B) A verage hours per week       Position         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         2       X         3       X         4       X         40       X <t< td=""><td>(B) A verage hours per week  2</td><td>  Note   Position (check hours per week   Office    </td><td>  Note</td><td>  Name</td><td>  New Parage   Position (check all whoms per week   Point   Promise   Point   Promise   Point   Promise   Point   Promise   Pr</td><td>  Name</td><td>  Compensation from the very marker   Compensation from the very marker   Compensation from the very marker week   Comp</td></t<>	(B) A verage hours per week  2	Note   Position (check hours per week   Office	Note	Name	New Parage   Position (check all whoms per week   Point   Promise   Point   Promise   Point   Promise   Point   Promise   Pr	Name	Compensation from the very marker   Compensation from the very marker   Compensation from the very marker week   Comp

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

4d	. Ot	her	program	services
----	------	-----	---------	----------

(Code ) (Expenses \$ 10,522,651 including grants of \$ 0) (Revenue \$ 0)

Operation and maintenance of physical plant educational and administrative buildings agrounds (97 buildings) The beautiful 91 acre campus is highlighted by Gothic architecture and its signature historical buildings the Haas College Center, Baker Center for the Arts and Egner Memorial Chapel Recent additions include the Trexler Pavilion for Theatre and Dance, a new science building, additions to hte Seegers Union building including a beautiful new campus restaurant, and eight spectacular new residence halls over the past decade efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493061002492

OMB No 1545-0047

2010

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
MUHLENBERG COLLEGE

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form S	(a) Donor advised funds	(1	<b>b)</b> Funds and otl	her accounts
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				
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to the	<u> </u>	onor advis	sed	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit	d donor advisors in writing that grant fund			┌ Yes ┌ No
Pai	t II Conservation Easements. Complete	e if the organization answered "Yes"	to Form	990, Part IV,	line 7.
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	Preservation of Preservation of	a certified	historic structi	
	easement on the last day of the tax year				
				Held at the E	nd of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easemen		2b		
С	Number of conservation easements on a certified h	• •	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, trans the taxable year -	ferred, released, extinguished, or termina	ited by the	e organızatıon d	urıng
4	Number of states where property subject to conser	vistion assembnt is located			
5	Does the organization have a written policy regardi enforcement of the conservation easements it hold	ng the periodic monitoring, inspection, ha	indling of	violations, and	┌ Yes ┌ No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation ease	ements du	ring the year 🛌	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easemei	nts during	the year ► \$	
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of s	ection		┌ Yes
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financ			
Par	Complete if the organization answered		, or Oth	er Similar A	ssets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue stater ld for public exhibition, education or resea	arch in fur		
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research			
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	4,500
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	2,720,778
2	If the organization received or held works of art, his following amounts required to be reported under SF		for financ		
	Revenues included in Form 990, Part VIII, line 1			E 1	0
а	Revenues included in Form 990, Fait VIII, line 1			<b>-</b> \$	0

Part	Organizations Maintaining Co	llections of Art,	His	toric	al Trea	sures, or (	Othe	r Similar	Ass	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th	ne follo	owing that	t are a signific	ant u	ise of its col	lectio	n	
а	Public exhibition		d	<u>   </u>	Loan or e	exchange prog	rams	i			
b	Scholarly research		e	Γ	O ther						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w they	further tl	he organizatio	n's e	kempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	<b>▽</b> No
Par	Part IV, line 9, or reported an an						ed "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for co	ntributio	ns or other as	sets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the f	ollow	ıng ta	ble	ı		ı	A		
c	Paramana halana						1c		A mo	unt	
d	Beginning balance  Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 000 Bart V Juna	212							Yes	
	If "Yes," explain the arrangement in Part XIV		21,						,,	163	, 140
	rt V Endowment Funds. Complete		ans	were	d "Yes"	to Form 990	. Pai	rt IV. line	10.		
		(a)Current Year		Prior Y		(c)Two Years Ba		(d)Three Yea Back	rc	<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	137,319,818		125,	745,051	150,484,	306				
b	Contributions	5,788,887		5,	347,530	7,802,	904				
c	Investment earnings or losses	25,058,865			710,188	-27,540,					
d	Grants or scholarships	1,381,523			312,671	1,208,					
e	Other expenditures for facilities and programs	4,237,580		4,	035,997	3,638,	156				
f	Administrative expenses	146,975			134,283	155,	190				
g	End of year balance	162,401,492		137,	319,818	125,745,	051				
2	Provide the estimated percentage of the yea	r end balance held a	s		•						
а	Board designated or quasi-endowment	45 %									
b	Permanent endowment - 37 %										
с	Term endowment ► 18 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	re held ar	nd administere	d for	the			
	organization by							Г	- (:)	Yes	No
	(i) unrelated organizations			•					3a(i) 3a(ii)		No No
b	(ii) related organizations						•		3b	1	1
4	Describe in Part XIV the intended uses of th	•					•	[			<u> </u>
Par	t VI Investments—Land, Buildings	s, and Equipmer	ıt. S	ee Fo	rm 990	, Part X, line	10.				
	Description of investment				Cost or othe (investmen			(c) Accumula depreciation		( <b>d</b> ) Bo	ok value
<b>1</b> a l	Land					0 2,52	3,375				2,523,375
b E	Buildings					0 218,31	6,373	63,278	3,735	15	5,037,638
<b>c</b> l	Leasehold improvements					0	0		0		0
d E	Equipment					0 45,90	7,434	31,91:	1,337	1	3,996,097
<b>e</b> (	Other					0 2,42	4,514	1.794	1,147		630,367

172,187,477

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
(1)Financial derivatives	0	Cost of cha o	F
(2)Closely-held equity interests	0		
Other			<u>.</u>
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	52,373,209		
Part VIII Investments—Program Related. See	: Form 990, Part X, line : T		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
			, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion		(b) Book value
(1) Funds held by trustee			5,002,855
(2) Life insurance policies			776,686
(3) Beneficial interest in perpetual trusts			8,748,911
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		14,528,452
Part X Other Liabilities. See Form 990, Part X		<u> </u>	17,320,432
1 (a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes	_		
	0		
Accrued post retirement benefit cost	3,002,993		
Deposits/withholdings to be paid to others	22,989		
V endor advance	1,885,714		
Liability for interest rate swap agreements	9,065,267		
employee flexible spending withholdings	51,398		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	14,028,361		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	124,953,703
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	111,255,105
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,698,598
4	Net unrealized gains (losses) on investments	4	24,674,188
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-2,760,042
9	Total adjustments (net) Add lines 4 - 8	9	21,914,146
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	35,612,744
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	150,848,087
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 1,220,196		
е	Add lines <b>2a</b> through <b>2d</b>	2e	25,894,384
3	Subtract line <b>2e</b> from line <b>1</b>	3	124,953,703
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	124,953,703
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	115,235,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 4,127,212		
e	Add lines 2a through 2d	2e	4,127,212
3	Subtract line <b>2e</b> from line <b>1</b>	3	111,108,130
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a C		
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	146,975
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	111,255,105
Par	t XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Martin Art Gallery provides the Muhlenberg and Lehigh Valley communities with significant opportunities for increased understanding of the visual arts, art history, and cultural diversity through the exhibition of works from the College's impressive permanent collection as well as through special exhibitions of work by contemporary artists, art faculty, or in collaboration with other art institutions. The Gallery's exhibition schedule is enhanced by gallery talks, artist receptions, and cross-curriculum programs. It occupies a prominent location on campus, in the Baker Center for the Arts, a striking facility designed by renowned architect, Philip Johnson.
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	The College holds funds for the Women's Auxiliary of Muhlenberg College in the College's endowment investments The College also holds agency funds on behalf of the Muhlenberg Student Government Association as well as numerous student clubs and organizations
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment funds are used to support general operations, provide financial assistance to students, and support research opportunities for students and faculty
SchD_P10_S00_L02	Schedule D, Part X, Line 2	Management has reviewed the tax positions for each of the open tax years (2008 - 2010) or expected to be taken in the College's 2011 tax return and has concluded that there are no significant uncertain tax positions that would require recognition in the financial statements
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Endowment gains used to meet spending policy
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Cost of goods sold which were netted and investment management fees that were netted from endowment income distribution
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Bookstore cost of goods sold and endowment gains used to meet spending policy
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Investment consultant fees netted in endowment income

### **Additional Data**

**Software ID:** 10000077

**Software Version:** v1.00

**EIN:** 23-1352664

Name: MUHLENBERG COLLEGE

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

(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Pooled Income Fund	270,694	F
Timbervest	1,030,011	F
Metropolitan Real Estate Fund	3,734,470	F
Hammond Associates Private Fund	1,915,423	F
Goldman Sachs Distressed Opportunities Fund	715,194	F
Newbury Secondary Opportunities Fund	1,497,141	F
Portfolio Advisors	2,210,835	F
Newbury Partners	3,224,236	F
Newlin Energy Partners	1,781,680	F
Black Rock Diamond Property Fund	1,186,015	F
Pinehurst	8,657,628	F
Silver Creek	3,944,122	F
Seix Credit Dislocation Fund	3,982,288	F
Fir Tree Real Estate Fund	2,142,174	F
Commonfund Capital International Partners	77,222	F
Crown Global Secondaries	1,094,566	F
Common Sense	3,544,613	F
UBS Trumbull Realty Fund	2,725,840	F
Comerica	8,639,057	

### OMB No 1545-0047

2010

Open to Public

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

**Schools** 

Name of the organization MUHLENBERG COLLEGE

Employer identification number

23-1352664

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
4	Describes an expensive the fallowing 2			
4	Does the organization maintain the following? • Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	• 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	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	Does the organization discriminate by race in any way with respect to	-		Νο
a	s Students' rights or privileges?	5a		NO
t	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νο
c	Scholarships or other financial assistance?	5d		Νο
e	Educational policies?	5e		Νο
f	Use of facilities?	5f		Νo
ç	Athletic programs?	5g		No
H	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		-		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS OF MUHLENBERG COLLEGE Muhlenberg College does not discriminate against any person based on age, color, disability, gender, gender identity, national or ethnic origin, race, religion, sexual orientation, veteran status, or any other basis protected by applicable federal, state, or local laws. All inquiries regarding this policy and complaints of discrimination in violation of this policy may be directed to. Vice President of Human Resources, Muhlenberg College. Allentowin, PA, 18104 484-664-3165. Complaints will be handled in accordance with the appropriate procedures established for resolving such complaints as set forth in student, faculty and staff handbooks. In addition, inquiries concerning the application of Title IX of the Education Amendments of 1972 (prohibiting discrimination on the basis of sex.) may be directed to the Assistant Secretary for Civil Rights, U.S. Department of Education.
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The College receives and administers financial aid assistance for students of the College

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493061002492

OMB No 1545-0047

Open to Public **Inspection** 

**SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization MUHLENBERG COLLEGE **Employer identification number** 

23-1352664

Pa	General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization m gibility for the	naıntaın record grants or assıs	stance, and the select	ion criteria used to awa	
2	<b>For grant makers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the us	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )	)		
	(a) Region	(b) Number of offices in the	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Europe (including Iceland and Greenland)	0	1	Program Services	Professor spends one semester on-site with partner institution to teach courses developed by Muhlenberg College	498,556
	-					
	Sub-total Total from continuation sheets to Part I					
с	Totals (add lines 3a and 3b)	0	1			498,556

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	<b>a)</b> Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

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

Use Part V if ac	dditional space is nee	<u>eded.</u>		1			<del></del>
a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, othei
assistance for foreign students attending Muhlenberg College	South America	2	0 (			fee expenses for attending Muhlenberg College	cash value
Financial aid assistance for foreign students attending Muhlenberg College	(including Canada and Mexico, but not the United States)		0 (		·	fees for attending Muhlenberg College	cash value
Financial aid assistance for foreign students attending Muhlenberg College	Pacıfic	2	0 (	0		Credit towards tuition and fees necessary to attend Muhlenberg College	
Financial aid assistance to foreign students attending Muhlenberg College	Iceland and Greenland)	1	0 (	0		Credit towards tuition and fees necessary to attend Muhlenberg College	
Financial aid assistance to foreign students attending Muhlenberg College	South Asia	2	0 (	0	,	Credit towards tuition and fees necessary to attend Muhlenberg College	cash value
				<del> </del>			
		1		<del> </del>			
		1		<del></del>			<u> </u>
			<del></del>	1			<u> </u>
			<del></del>	1			
		1		1			
				1			
		1		1			
		1		1			
		1		<del></del>			
			<u></u>	<del></del>			<u> </u>
	-		<del></del>	<del></del>			
			<u>,                                    </u>	1			

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	<b>I</b>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	굣	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

information.  Identifier	ReturnReference	Explanation
2001111101	TKGGGTTTKGTGTGTGTGTGTGTGTGTGTGTGTGTGTGT	_ Apramation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493061002492

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE G** 

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.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

(Form 990 or 990-EZ)

MUHLENBERG COLLEGE					Employer idei	ith ication number
					23-1352664	
Part I Fundraising Act	<b>tivities.</b> Complete	e if the c	organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the organ a Mail solicitations b Internet and e-mail so c ✓ Phone solicitations d In-person solicitations 2a Did the organization have a or key employees listed in	licitations s a written or oral agree Form 990, Part VII)	ement wi or entity	e f g th any Ind	Solicitation of no Solicitation of go Special fundraisi	n-government grants vernment grants ng events ers, directors, trustees fundraising services?	「▼ Yes 「 No
b If "Yes," list the ten highes to be compensated at leas  (i) Name and address of individual or entity (fundraiser)		(iii) fundrais custo cont				
Telecomp Incorporated 3375 Brighton Henrietta Town Line R	conducted phonathon donation drive on behalf of College		No	70,935	69,581	1,354
Rochester, NY 14623  Total			<u>,</u>	70,935	69,581	1,354

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

AK, AR, AZ, CA, CO, CT, FL, KY, MA, MD, ME, MN, MS, NC, NH, NJ, NY, OH, OK, OR, SC, TN, UT, VA, WA, WI, WV

Pa	<b>Fundraising Events.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or report more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))			
<u>Ф</u>					(**************************************	+			
Revenue	1 2	Gross receipts Less Charitable				+			
₩ Ф	-	contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
ဟ	5	Non-cash prizes							
anse T	6	Rent/facility costs							
Expenses	7	Food and beverages							
Direct	8	Entertainment							
ā	9	Other direct expenses .							
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	🛌				
	11	Net income summary Combine II	nes 3 and 10 ın column	(d)					
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than			
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming			
Revenue				bingo/progressive bingo		(Add col (a) through col (c))			
	1	Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
ញ ថ្ល	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	┌ Yes % ┌ No	☐ Yes % ☐ No	┌ Yes %	_			
	7	Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)					
9	Ent	Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?							
а									
b	If"	If "No," Explain							
						1			
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno			
b	If"	Yes," Explain							
						1			

11	Does the organization operate ga	aming activities with nonmembers?		Гүе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		<b>Г</b> үе	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the	ı	
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>*</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493061002492

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

### **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

Open to Public **Inspection** Employer identification number

MUHLENBERG COLLEGE						23-1352664	
Part I General Information  1 Does the organization maintain the selection criteria used to average Describe in Part IV the organization.	records to substanti vard the grants or as	ate the amount of the sistance?					▽ Yes ┌
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	ssistance to Go e 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
<ul> <li>Enter total number of section 50</li> <li>Enter total number of other organization</li> </ul>		_				· · · · · <b>&gt;</b> _	
3 Enter total number of other orga for Privacy Act and Paperwork Reduction				Cat No 50055P		▶ Schedu	le I (Form 990) 2010

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Stipends awarded for student research assistant opportunities	44	67,600	0	cash value	
(2) A cademic and civic achievement awards for students of Muhlenberg College	89	53,970	59,040	cash value	credit towards tuition and fees
(3) Travel assistance grants provided to students academic conferences and events	232	12,871	0	cash value	
(4) Summer research grants for Muhlenberg College students selected for research projects	7	18,200	9,030	cacsh value	students receive credit towards tuition and fees
(5) Financial aid grants and assistance for students of Muhlenberg College	1655	0	28,240,718	cash/book value	recipients receive credit towards their tuition and fees for attending Muhlenberg College

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The College maintains records for all students receiving financial assistance administered through the College Records
		include the financial and academic performance data relevant to award decisions

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493061002492

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

The organization?

ın Part III

Any related organization?

section 53 4958-6(c)?

If "Yes," to line 6a or 6b, describe in Part III

MUHLENBERG COLLEGE

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			23-1352664					
Pa	art I Questions Regarding Compensation							
			_		Yes	Νo		
1a	Check the appropriate box(es) if the organization provided ar 990, Part VII, Section A, line 1a Complete Part III to prov	•						
	First-class or charter travel	Housing allowance or residence for	personal use					
	▼ Travel for companions	Payments for business use of perso	nal residence					
	☐ Tax idemnification and gross-up payments ☐	Health or social club dues or initiati	on fees					
	Discretionary spending account	Personal services (e g , maid, chauf	feur, chef)					
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain								
2	Did the organization require substantiation prior to reimburs							
	officers, directors, trustees, and the CEO/Executive Directo	or, regarding the items checked in line	₃ 1a?	2	Yes			
3	Indicate which, if any, of the following the organization uses organization's CEO/Executive Director Check all that apply	·						
	<u> </u>	Written employment contract						
	Independent compensation consultant	• • • • • • • • • • • • • • • • • • • •						
	Form 990 of other organizations	Approval by the board or compensa-	ion committee					
4	During the year, did any person listed in Form 990, Part VII or a related organization	, Section A , line 1a with respect to th	ne filing organization					
а	Receive a severance payment or change-of-control paymen	t from the organization or a related o	ganization?	4a		Νo		
b	Participate in, or receive payment from, a supplemental non-	qualified retirement plan?		4b	Yes			
c	Participate in, or receive payment from, an equity-based cor	mpensation arrangement?		4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide th	e applicable amounts for each item ii	ı Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must comp	plete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	did the organization pay or accrue ai	ıy					
а	The organization?		Ĺ	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, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue as	ıy					

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 6Ь

7

8

Νo

Νo

Νo

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Peyton R Helm President	(I) (II)	342,784 0	0	0	31,410 0	25,899 0	400,093	
(2) Kent A Dyer CBO	(I) (II)	178,098 0	0 0	0	21,689 0	47,635 0	247,422 0	(
(3) John Ramsay Provost	(1) (11)	176,301 0	0 0	0	17,835 0	85,372 0	279,508 0	(
(4) Christopher HookerHaring Dean	(I) (II)	157,716 0	0	0	19,122 0	44,485 0	221,323 0	(
(5) Mıchael S Bruckner VP of PR	(I) (II)	125,167 0	0	0	14,155 0	23,071	162,393 0	(
(6) Karen Green Dean	(I) (II)	123,112 0	0	28,606 0	13,720 0	15,450 0	180,888	(
(7) Connie Harris VP of Development	(I) (II)	203,557 0	0	0	23,584 0	15,998 0	243,139 0	(
(8) Harold E Miller	(I) (II)	132,754 0	0	0	14,830 0	15,557 0	163,141 0	(
(9) Charles C Rıchter	(I) (II)	131,555 0	0 0	0	12,498 0	8,685 0	152,738 0	(
(10) Carol ShinerWilson	(1) (11)	129,910 0	0 0	0	14,322 0	15,508 0	159,740 0	(
(11) Donald Shive	(I) (II)	122,261 0	0 0	0	17,330 0	15,372 0	154,963 0	(
(12) Curtis Dretsch	(I) (II)	122,911 0	0	0	12,491 0	15,331 0	150,733 0	(
(13)								
( 14 )								
( 15 )								
( 16 )								

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	Housing is provided for the Provost, Dean of Students and the President of the College The housing provided to the Dean of Students is considered a condition of employment. Only a portion of the President's housing is treated as taxable due to the fact that a substantial portion of the residence is utilized for College events and activities. Travel is provided for the President's spouse only when she is considered to be conducting College business. Housekeeping services are provided for the President and are treated as taxale.
SchJ_P01_S00_L03	Part I, Line 3	The process for determining the President's compensation is documented Feedback from Trustees, Parent's Council and direct reports is compiled This feedback, as well as the CUPA salary survey and data collected from 990 returns of competitor institutions is reviewed by the Compensation Committee of the Board of Trustees. The Committee then makes a recommendation to the Executive Committee of the Board of Trustees for approval. The full Board of Trustees is informed of the outcome.
SchJ_P01_S00_L04	Part I, Line 4	The plan is intended to provide deferred compensation for a select group of management or highly compensated employees. The Compensation Committee of the Board of Trustees must approve proposed participants. The Box 5 income reported for Dean of Students. Karen Green includes taxable wages in the amount of \$28,606.

Schedule J (Form 990) 2010

## **Supplemental Information on Tax Exempt Bonds**

▶ 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.

OMB No 1545-0047

DLN: 93493061002492

Open to Public **Inspection** 

Name of the organization MUHLENBERG COLLEGE

Department of the Treasury

Internal Revenue Service

Schedule K

(Form 990)

Employer identification number

23-1352664

									2	23-135	2664					
Р	art I Bond Issues		·								1					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f) Description	escription of Purpose		escription of Purpose				)On alf of suer	alfof (1)	
									Yes	No	Yes	No	Yes	No		
A	Lehigh County General Purpose Authority	91-1886539	5248058X9	04-04-2008	56,505		rrent refund of nds Series 05			×		х		х		
В	Lehigh County General Purpose Authority	91-1886539	52480RAV2	05-14-2009	19,744	,064 de	pital projects in sign, construct novation, equip mishing of instr	ion, ping and		х		х		х		
-									+							
_																
Pa	rt III Proceeds	l				I			1					1		
	A mount of bonds retired  A mount of bonds legally defeased  Total proceeds of issue					4		В	С			D				
1	•				2,500,0	00	120,000									
_2						0	0									
3	· · · · · · · · · · · · · · · · · · ·				56,508,3	67	19,777,001									
4						0	0									
5	Capitalized interest from proceeds				0	0										
6	Proceeds in refunding escro						0 0									
7	Issuance costs from procee					526,3	526,389 338,628									
8	Credit enhancement from pr	roceeds				0 0		0								
9	Working capital expenditure	s from proceeds					0	0								
10	Capital expenditures from p	roceeds					0	19,438,358								
11	Other spent proceeds						0	0								
12	Other unspent proceeds					3,3	67	0								
13	Year of substantial complet	ion			20	08	2	010								
					Yes	No	Yes	No	Yes		No	Ye	s	No		
14	Were the bonds issued as p	art of a current refun	ding issue?		Х			Х								
15	Were the bonds issued as pa	art of an advance ref	unding issue?			×		Х								
16	Has the final allocation of pr	Has the final allocation of proceeds been made?		Х		Х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			х		х										
Pa	rt IIII Private Business	Use						•		•						
							-	В		C			D			
					Yes	No	Yes	No	Yes		No	Ye	s	No		

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Х

Χ

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	Tillate Business Ose (continued)								
		A	<b>\</b>	ı	В		C	I	)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х	×					
b	Are there any research agreements that may result in private business use of bond-financed property?		X		x				
С	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?	Х		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		0 %		0 %				
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		0 %		0 %				
5	Total of lines 4 and 5		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		×					

Arbitrage

Pai	THV Arbitrage			_					
		А		В		С		D	
		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?								
	bolid 133de		X		Х				
2	Is the bond issue a variable rate issue?	Х			Х				
3a	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X				
b	Name of provider				1		1		•
c	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		х		X				
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		Х				
6	Did the bond issue qualify for an exception to rebate?	Х		Х					

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation
SchK_P02_S00_L03	Schedule K, Part II, Line 3	Proceeds figure on this line includes interest income earned on the initial proceeds

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493061002492

**Employer identification number** 

**Transactions with Interested Persons** 

Schedule L (Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MUHLENBERG COLLEGE 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 No Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? purpose principal amount committee? Τо From Yes No Yes Yes No Total 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 daughter of current Trustee (1) A bigail Possinger 2,720 (2) A bigail Possinger daughter of current Trustee 6,000

Part IV	Business 1	Transactions	Involvina	Interested	Persons

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

(a) Name of interested person	( <b>b</b> ) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
l) Robert Wood	organization			Yes	No
(1) Robert Wood	Mr Wood served as a Trustee	1 ' ' ' 1			No

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	<b>Explanation</b>
--------------	------------------	--------------------

Schedule L (Form 990 or 990-EZ) 2010

# OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization

Employer identification number

IUHLENBERG COLLEGE				23-1352664			
Part I Types of Property							
	(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		contribut	tion
1 Art—Works of art	Х	2		appraisals			
2 Art—Historical treasures			·				
<b>3</b> Art—Fractional interests							
4 Books and publications							
5 Clothing and household							
oods							
<b>6</b> Cars and other vehicles .							
<b>7</b> Boats and planes							
8 Intellectual property							
9 Securities—Publicly traded							
LO Securities—Closely held stock							
LLC, or trust interests .							
L2 Securities—Miscellaneous							
L3 Qualified conservation contribution—Historic structures							
4 Qualified conservation contribution—Other							
L5 Realestate—Residential .							
.6 Real estate—Commercial							
.7 Realestate—Other							
.8 Collectibles							
.9 Food inventory							
O Drugs and medical supplies							
1 Taxidermy							
2 Historical artifacts							
<b>3</b> Scientific specimens							
4 Archeological artifacts .							
reduced fee							
S Other ► ( for consulting )	Х	1	1,216	cost of consulting fo	ees		
lodging,							
travel for visit to U of							
<b>26</b> Other ► ( Michigan )	Х	2	1,630	cost of lodging and	travel		
bathroom							
renovation,							
gutters on <b>?7</b> Other ▶ ( garage )	x	1	1 560	cost of materials ar	nd insta	allatioi	n
28 Other ► ()			1,500	cost of materials at	14 1115 0	anacio.	<u> </u>
29 Number of Forms 8283 received	bv the ora	nanization during the tax vea	r for contributions				
for which the organization compl				29			(
						Yes	No
<b>30a</b> During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
must hold for at least three year	rs from the o	date of the initial contribution	on, and which is not require	d to be used			ĺ
for exempt purposes for the enti	re holding p	eriod?			30a		No
<b>b</b> If "Yes," describe the arrangem	ent ın Part I	II					
Does the organization have a gif	ft acceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		No
<b>b</b> If "Yes," describe in Part II							
33 If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked.			1
describe in Part II		, , , F F	. ,	,			l

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) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493061002492

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization MUHLENBERG COLLEGE

**Employer identification number** 

23-1352664

ldentifier	Return Reference	Explanation	
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Trustees Ms Tammy L Bormann and Mark J Paris are husband and wife	

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	A draft of the 990 form is posted to the Trustee wieb page maintained by the College Trustees have the opportunity to review the return prior to a regularly scheduled meeting of the Trustees. The Audit and Compliance Committee of the Board of Trustees reviews the return in detail. The Audit and Compliance Committee approves the return and reports its findings to the full Board of Trustees.

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

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

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	•	The College's Conflict of Interest Policy is available to the public via the College wiebsite College financial statements and governing documents are available upon request

ldentifier	Return Reference	Explanation
F990_P11_S00_L05		Figure includes unrealized gains, change in the market value of the swaption, endowment gains used to meet spending policy, and net appreciation of beneficial interest in perpetual trusts