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DLN: 93493132019350

Form **990**

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number C Name of organization MORAVIAN COLLEGE **B** Check if applicable Please use IRS Address change 24-0795460 label or print or Doing Business As E Telephone number Name change type. See Specific Instruc-(610) 861-1300 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 85,371,037 1200 MAIN STREET Termination tions. City or town, state or country, and ZIP + 4 BETHLEHEM, PA 18018 Amended return Application pending **F** Name and address of Principal Officer CHRISTOPHER M THOMFORDE **H(a)** Is this a group return for affiliates? ┌ Yes ┌ No 1200 MAIN STREET

		BETHLEHEM,PA 18018	H(b) Are al	l affiliates included	I?			
r Ta	x-exem	npt status	. ,		See instructions)			
y W	eb sit	e: ► WWW MORAVIAN EDU	H(c) Group Exemption Number ►					
(Тур	e of org	ganization 🔽 Corporation 🧵 trust 🗆 association 🖺 other 🕨	L Year of Fo	ermation 1933 M S	tate of legal domicile PA			
Da	rt I	Summary						
I- G		Briefly describe the organization's mission or most significant activities						
dorellialice		TO OPERATE AN INDEPENDENT, RESIDENTIAL AND COEDUCATIONAL L SEMINARY AFFILIATED WITH THE MORAVIAN CHURCH IN AMERICA MO BASED LIBERAL ARTS EDUCATION IN A CARING ENVIRONMENT LOCAT TRACES ITS FOUNDING TO 1742 AND IS RECOGNIZED AS AMERICA'S ST	RAVIAN CO ED IN BETH IXTH-OLDE:	LLEGE DELIVER LEHEM, PENNSY ST COLLEGE	S A VALUES-			
2	2	Check this box Γ if the organization discontinued its operations or disposed of	more than 2	5% of its assets				
	3	Number of voting members of the governing body (Part VI, line 1a) $$. $$.		3	54			
	4	Number of independent voting members of the governing body (Part VI, line 1b $$)	. 4 _	4 5			
	5	Total number of employees (Part V, line 2a)		5	1,603			
	6	Total number of volunteers (estimate if necessary)		6	868			
•	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) $$.	•	7a	-8,816			
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	-14,485			
			Pric	or Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		13,527,973	10,451,320			
	9	Program service revenue (Part VIII, line 2g)		52,884,642	55,005,67			
enueseu Hesseurie	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,361,754	2,978,22			
I	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,792,591	4,575,07			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	75,566,960	73,010,30			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		15,841,462	17,167,04			
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)	-	27,822,584	31,151,55			
Œ.	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
<u> </u>	ь	(Total fundraising expenses, Part IX, column (D), line 25 $\frac{1,311,320}{}$						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		18,020,027	18,554,89			
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))		61,684,073	66,873,50			
	19	Revenue less expenses Subtract line 18 from line 12		13,882,887	6,136,80			
893			Beginn	ing of Year	End of Year			
98	20	Total assets (Part X, line 16)		187,512,916	172,225,13			
Fund Balances	21	Total liabilities (Part X, line 26)		41,905,225	38,171,30			
Š	22	Net assets or fund balances Subtract line 21 from line 20		145,607,691	134,053,82			
	1000	Signature Block		110,007,001	10 1,000,01			
		Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	schedules and s	statements, and to the	e best of my knowledge			
lea	se	*****	1	-05-05	·····			
Sign		Signature of officer	Date	03 03				
er	e	DENNIS A DOMCHEK VP FOR FINANCE & ADMIN Type or print name and title						
		Preparer's L Date C	heck if	Preparer's PTIN (S	ee Gen Inst)			
aid		signature Leonard P Metkowski Si	elf- mpolyed 🕨 🦵					
rep	arer's	Firm's name (or yours ParenteBeard LLC						
-	Only	If self-employed), address, and ZIP + 4 1200 Atwater Drive Suite 225		EIN 🕨				
		,		Phone no (610) 647-8100				
		Malvem, PA 19355						

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission
	TO OPERATE AN INDEPENDENT, RESIDENTIAL AND COEDUCATIONAL LIBERAL ARTS COLLEGE AND THEOLOGICIAL SEMINARY AFFILIATED WITH THE MORAVIAN CHURCH IN AMERICA MORAVIAN COLLEGE DELIVERS A VALUES-BASED LIBERAL ARTS EDUCATION IN A CARING ENVIRONMENT LOCATED IN BETHLEHEM, PENNSYLVANIA, IT TRACES ITS FOUNDING TO 1742 AND IS RECOGNIZED AS AMERICA'S SIXTH-OLDEST COLLEGE
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
_	
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
_	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 48,493,534 including grants of \$ 16,878,463) (Revenue \$ 48,787,246) DURING THE YEAR ENDED JUNE 30, 2009, MORAVIAN COLLEGE OPERATED AS AN INDEPENDENT, RESIDENTIAL LIBERAL ARTS COLLEGE AND THEOLOGICAL SEMINARY AFFILIATED WITH THE MORAVIAN CHURCH IN AMERICA. THE COLLEGE OFFERED UNDERGRADUATE AND GRADUATE PROGRAMS TO PREPARE MEN AND WOMEN FOR ADVANCED STUDY AND CONTINUOUS LEARNING, INDIVIDUAL ACHIEVEMENT, AND LEADERSHIP AND SERVICE FOR THE COMMON GOOD MORAVIAN COLLEGE AND ITS THEOLOGIAL SEMINARY EDUCATED A DIVERSE GROUP OF STUDENTS FROM A GREAT VARIETY OF SOCIOECONOMIC, RELIGIOUS, RECIAL AND ETHNIC BACKGROUNDS, FROM APPROXIMATELY 21 STATES AND 10 FOREIGN COUNTRIES DURING THE YEAR ENDED JUNE 30, 2009, AVERAGE ENROLLMENT AT THE COLLEGE WAS 1,526 FULL-TIME DAY STUDENTS CONSISTING OF 648 MEN AND 878 WOMEN PLUS 163 FULL-TIME EQUIVALENT STUDENTS IN ITS EVENING AND GRADUATE PROGRAMS DURING THE YEAR ENDED JUNE 30, 2009, 1,453 COLLEGE STUDENTS RECEIVED GRANTS TOTALING \$16,878,463
4b	(Code) (Expenses \$ 7,652,702 including grants of \$ 0) (Revenue \$ 5,502,979) AUXILIARY ENTERPRISES (EXPENSES EXCLUDING COST OF SALES AND REVENUE EXCLUDING GROSS SALES OF INVENTORY) - MORAVIAN COLLEGE PROVIDES TEXTBOOKS, EDUCATIONAL MATERIALS, AND SUPPLIES THROUGH ITS BOOKSTORE, PROVIDES LIVING ACCOMMODATIONS THROUGH ITS DORMITORIES AND PROVIDES NUTRITIOUS MEALS THROUGH ITS FOOD SERVICE TO THE STUDENTS LISTED IN PART III, LINE 4A
4 c	(Code) (Expenses \$ 1,538,291 including grants of \$ 288,586) (Revenue \$ 708,451) MORAVIAN COLLEGE'S THEOLOGICAL SEMINARY, ROOTED IN THE MORAVIAN FAITH TRADITION, OFFERED GRADUATE DEGREES AND CONTINUING EDUCATION PROGRAMS TO PREPARE MEN AND WOMEN FOR EFFECTIVE LEADERSHIP AND SERVICE IN CONGREGATIONAL, COUNSELING, TEACHING, AND OTHER MINISTRIES AVERAGE ENROLLMENT AT THE THEOLOGICAL SEMINARY WAS 52 FULL-TIME EQUIVALENT STUDENTS DURING THE YEAR ENDED JUNE 30, 2009, 60 SEMINARY STUDENTS RECEIVED GRANTS TOTALING \$288,586
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 57,684,527 Must equal Part IX, Line 25, column (B).

Form **990** (2008)

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	_
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	2,980			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
2-	gaming (gambling) winnings to prize winners?	 i		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 return	2a	1,603			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	0	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a s					
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	,	4a	Yes	
b	If "Yes," enter the name of the foreign country CJ , BD					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	_	·	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>			30		
·	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itributi	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?					<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter		ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section <i>I</i>	A. Governing	Body and	Management	

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	54					
ь	Enter the number of voting members that are independent	1b	45					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νο		
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	he prior Form 990 was	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization	on's assets?	5		Νο			
6	Does the organization have members or stockholders?		6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		Νο			
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
ь	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο		
Ь	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?							
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- 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.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KENNETH K KALAPAY 1200 MAIN STREET BETHLEHEM,PA 180186650 (610) 861-1539

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

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

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

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

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

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

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

Part VII Continued

			tion that a		y)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				\vdash						
			\vdash	Н	\vdash		\vdash			
				\vdash						
			<u> </u>	Ш 			 	1,492,574		393,782

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►9

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ST LUKE'S HOSPITAL SCHOOL OF NURSING 801 OSTRUM STREET BETHLEHEM, PA 18015	PROFESSIONAL EDUCATION SVCS	450,411
SODEXO INC & AFFILIATES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOODSERVICE MANAGEMENT	208,444
ALBARELL ELECTRIC INC PO BOX 799 BETHLEHEM, PA 18016	ELECTRICAL SERVICES	173,870
TRANS-BRIDGE LINES INC 2012 INDUSTRIAL DRIVE BETHLEHEM, PA 18017	BUS TRANSPORTATION SERVICES	133,749
BRICKMAN GROUP LTD PO BOX 71358 CHICAGO, IL 60694	GROUNDS MAINTENANCE	123,174
2 Total number of independent contractors (including those in 1) who receive from the organization	. ,	6

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a		TO TO THE		
nts ots	ь	Membership dues					
yra oui			1b 46,238				
Contributions, gifts, grants and other similar amounts	С	Fundraising events	1c 46,238				
∄ E	d	Related organizations	. 1d				
TS, IIII	e	Government grants (contributions)	1,042,850				
ntion er s	f	All other contributions, gifts, grant similar amounts not included above		İ	İ		
看卷		similar amounts not included abov					
Ę ž	g	Noncash contributions inclu	ıded ın 92,039				
ठिल	h	lines 1a-1f \$1 Total (Add lines 1a-1f) .	·	10,451,326			
		· · · · · · · · · · · · · · · · · · ·	Business Code				
an	2a	TUITION AND FEES	611,710	49,464,680	49,464,680		
ием	ь	DORMITORY FEES & RENTA	611,710		5,502,979		
88	c	ATHLETIC RECEIPTS	611,710		31,017		
мсе	d	PERIODICAL SALES	541,800	· ·	31,017	7,000	
Ser	e		341,000	7,000		7,000	
Program Service Revenue	f	All other program service re	evenue				
aßo							
δ	g	Total. Add lines 2a-2f .					
	3	► \$ 55,005,676 Investment income (includi	ng dividends, interest	+			
		other similar amounts) .		1,828,469			1,828,469
	4	Income from investment of tax-ex	xempt bond proceeds				
			b				
	5	Royalties	1				
	6a	(1) Real	(II) Personal				
	b	Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)					
		(ı) Securiti					
	7a	Gross amount 9,4 from sales of	03,965 1,600,000				
		assets other than inventory					
	ь	Less cost or 9,8 other basis and	54,206				
		sales expenses	F0 241				
	C		50,241 1,600,000	1,149,759			1,149,759
	d	Net gain or (loss)		1,113,733			1,113,733
	8a	Gross income from fundrais	ıng				
		events (not including \$ 16,065					
ıne		of contributions reported on	line				
#3 ^		1c) See Part IV, line 18 Attach Schedule G if total exc	eeds				
Re		\$15,000	a 46,238				
Other Revenue	b	Less direct expenses .					
百	С	Net income or (loss) from fu	indraising events	-10,795			-10,795
	9a	Gross income from gaming	10				
		activities See part IV, line Complete Schedule G if total	19				
		exceeds \$15,000					
	ь	Lace direct expenses	a				
	c	Less direct expenses . Net income or (loss) from ga					
			•				
	10a	Gross sales of inventory, leteraturns and allowances	ss				
		I mile and hand of	a 6,757,517				
	ь	Less cost of goods sold .					
	С	Net income or (loss) from sa	· · · · · · · · · · · · · · · · · · ·	4,277,855	4,277,855		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	611,710	·	164,405		
	b	STUDENT FEES & FINES	611,710		116,955		
	С	THEATRE & MUSIC TICKE	T 611,710		42,475		
	d	All other revenue		-15,816		-15,816	
	e	Total. Add lines 11a-11d .					
	12	Total Revenue. Add lines 1h	\$ 308,019 n. 2a. 3. 4. 5. 6d. 7d.	73,010,309	59,600,366	-8,816	2,967,433
		8c,			·	·	
	J	9c, 10c, and 11e	•				Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	17,167,049	17,167,049				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,504,583	647,094	702,914	154,575		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	22,551,185	19,306,284		664,615		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,722,773	1,416,310	248,848	57,615		
9	Other employee benefits	3,746,183	3,079,778	541,121	125,284		
10	Payroll taxes	1,626,833	1,337,437	234,990	54,406		
11	Fees for services (non-employees)						
а	Management	451,954	451,954				
b	Legal	49,774		49,774			
c	Accounting	68,800		68,800			
d	Lobbying						
e	Professional fundraising See Part IV, line 17				_		
f	Investment management fees	226,698		226,698			
g	Other	68,144	17,851	50,293			
12	Advertising and promotion	224,549	142,500	82,049			
13	Office expenses	1,222,794	904,629	240,687	77,478		
14	Information technology	960,124	269,235	690,889			
15	Royalties						
16	Occupancy	2,770,826	2,770,826				
17	Travel	739,744	658,690	61,780	19,274		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	26,081	17,948	8,133			
20	Interest	1,556,854	1,361,608	195,246			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	3,422,541	3,034,398	388,143			
23	Insurance	239,693	147,537	92,156			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Miscellaneous Expense	1,824,685	1,201,777	622,818	90		
b	Equipment Rental and Ma	726,524	680,133	44,242	2,149		
c	MAINTENANCE	611,971	593,021	18,912	38		
d	PUBLICATIONS	421,720	51,999	369,721			
e	STUDENT GOVT	404,125	404,125				
f	All other expenses	2,537,293	2,022,344	359,153	155,796		
25	Total functional expenses. Add lines 1 through 24f	66,873,500	57,684,527	7,877,653	1,311,320		
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2008)		

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		10,027	1	9,317		
	2	Savings and temporary cash investments		13,257,335	2	18,862,645		
	3	Pledges and grants receivable, net				934,465	3	2,510,262
	4	Accounts receivable, net				745,414	4	671,019
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			nployees or		5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	n 49			6	
	7	Notes and loans receivable, net				2,903,563	7	2,984,638
	8	Inventories for sale or use				320,513	8	340,304
2	9	Prepaid expenses and deferred charges				1,670,048	9	1,454,125
Assets	10a	Land, buildings, and equipment cost basis	10a	ı	125,641,165			
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b		54,326,312	1	10c	71,314,853
	11	Investments—publicly traded securities		- -		79,298,179		60,418,727
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI	I of			12	33,113,121
	13	Investments—program-related See Part IV, line 11 Complete in of Schedule D.	Part VI	III			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				16,335,429	15	13,659,243
	16	Total assets. Add lines 1 through 15 (must equal line 34)				187,512,916		172,225,133
	17	Accounts payable and accrued expenses .				3,732,797	17	4,244,861
	18	Grants payable					18	
	19	Deferred revenue				1,819,303	19	1,275,164
	20	Tax-exempt bond liabilities	ı			30,509,000	20	29,050,000
eS	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	s .			60,000	23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		5,784,125	25	3,601,280		
	26	Total liabilities. Add lines 17 through 25				41,905,225	26	38,171,305
\$ 0.00		Organizations that follow SFAS 117, check here F and complete for and lines 33 and 34.	plet e l	line	s 27			
Balance	27	Unrestricted net assets				68,128,203	27	70,053,446
න ස	28	Temporarily restricted net assets				33,162,114	28	18,280,134
귤	29	Permanently restricted net assets	44,317,374	29	45,720,248			
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.						
S OF	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other fo		32				
Net	33	Total net assets or fund balances		145,607,691	33	134,053,828		
_	34	Total liabilities and net assets/fund balances				187,512,916	34	172,225,133
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

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

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As Filed Data -

DLN: 93493132019350

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Open to Public Inspection

MORA	VIAN C	OLLEGE								_	
Do	-4 T	Reason for Public Charity Status (to be completed by all organizations)							-0795460		
	rt I								111Struct	ions)	
1	- Gain.	Ization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	, 고	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	ļ*	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	<u>'</u>	•	·				-		- '		•
4	'	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
_	_	hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5	1				university	y owned o	roperated	by a gove	ernmentai	unit desci	ibea in
_	_			(Complete Part II)		. h . d . m . C .	-ti 170/	/L\/4\/A\/	7		
6	<u> </u>	•	· -	overnment or governmental							
7	ı			ally receives a substantial p p)(1)(A)(vi) (Complete Par		upport fro	om a govei	rnmentai u	init or fron	n the gene	rai public
	_		-	oed in Section 170(b)(1)(A)	•	nlata Bari	+ TT \				
8 9	<u>'</u>		•	ally receives (1) more than		•	•	ntribution	s mamba	rchin food	and gross
9	'	-		lated to its exempt functions					•	•	
		•		estment income and unrelate	-				•		
			-	on after June 30, 1975 See			,			() HOIH bu:	Sillesses
10	_		<u>-</u>	· ·			•		•	a instruct	tions \
11	<u>'</u>			and operated exclusively to and operated exclusively fo							
	'		•	orted organizations describe		, ,			,	•	
				type of supporting organiza							(,(,
		a	ype I b	Type II c	Type III	- Functior	nally Integ	rated	d	∏ Туре	III - Other
e	Г	•		rtify that the organization is			•			•	•
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın section	509(a)(1) or
f		section 50		d a written determination fro	m the IRS	thatitis	a Type I	Type II o	r Tyne III	supportin	a organization
		check this				· ciiac ic is	а . , ро . ,	. , po 11 0	, , , , , , , , , , , , , , , , , , , ,	очропи	
g				as the organization accepted	d any gift o	or contribi	ution from	any of the			
		following pe							٠ ۲١		[
			•	r indirectly controls, either a		_	in persons	describe	a in (ii)	11	Yes No
			· -	ng body of the the supported	_	tion?				11g(
			•	erson described in (i) above						11g(
		• •		ty of a person described in (mation about the organizatio						11g(<u>''''/ </u>
h		Provide the	e lollowing illion	nation about the organizatio	iis the org	aiiiZatioii	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted	(11) 2111	(described on lines 1-9	organiz		l `	nızatıon		ation in	support?
	Organ	ıızatıon		above or IRC section	col (i) l) of your	col (i) o	rganızed	
				(See Instructions))	your go	_	supp	ort?	ın the	US?	
		document?									
					Yes	No	Yes	No	Yes	No	

Total

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

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

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization MORAVIAN COLLEGE

Supplemental Financial Statements

			24-0795460	
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds or Accounts.	Complete if the
	organization answered Tes to Form 9	(a) Donor advised funds	(b) Funds and otl	ner 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			
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		onor advised	┌ Yes ┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?			┌ Yes ┌ No
Par	Conservation Easements. Complete	e if the organization answered "Yes"	to Form 990, Part IV,	line 7.
	Purpose(s) of conservation easements held by the off Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space	tion or pleasure)	an historically importantly ertified historic structure	
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	ilified conservation contribution in the for	m of a conservation ease	ment
			Held at t	he End of the Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemer	nts	2b	
c	Number of conservation easements on a certified I	historic structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transf	ferred, released, extinguished, or termina	ted by the organization d	urıng
	the taxable year 🕨		· -	_
4	Number of states where property subject to conserv	vation easement is located ▶		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, vic	plations, and	┌ Yes ┌ No
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during th	ne year ►	
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements 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 se	ection	┌ Yes
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financi		
Part	Organizations Maintaining Collecti Complete if the organization answered		, or Other Similar A	ssets.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resea	rch in furtherance of pub	
-	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research		•
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	C
	(ii) Assets included in Form 990, Part X		▶ \$	1,921,708
2	If the organization received or held works of art, his following amounts required to be reported under SFA		- 1	e the
а	Revenues included in Form 990, Part VIII, line 1		► \$	
_	A seats included in Form 990 Part Y		•	

3	Using the organization's accession and othe							
	items (check all that apply)				-	-		
а	Public exhibition		d	굣	Loan or exc	hange program	S	
b	Scholarly research		e	Γ	Other			
С	▼ Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explai	n ho	w the	y further the	organization's e	xempt purpose in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes ✓ No
Pai	Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the orga		vered "Yes" to F	orm 990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions	or other assets	not	Yes No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e					
							A mo	unt
c	Beginning balance					1c		
d	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 990, Part X, line	21?				Γ	Yes
b	If "Yes," explain the arrangement in Part XIV	•						
Pa	rt V Endowment Funds. Complete	f the organization	ans	were				
		(a)Current Year	(E)Prior	Year (c)T	wo Years Back (d)Three Years Back (e) Four Years Back
1a	Beginning of year balance	81,853,433						
Ь	Contributions	3,379,894						
C	Investment earnings or losses	-17,989,319						
d	Grants or scholarships	4 212 220						
е	Other expenditures for facilities and programs	4,212,238						
f	Administrative expenses							
g	End of year balance	63,031,770						
2	Provide the estimated percentage of the yea	r end balance held a	s					
a	Board designated or quasi-endowment	19 430 %	-					
ь	Permanent endowment 66 120 %							
	remailent endowment F							
с За	Term endowment 44 450 % Are there endowment funds not in the posses organization by	ssion of the organiza	tion	that a	are held and a	admınıstered fo	r the	Yes No
	(i) unrelated organizations						3a(i)	Yes
	(ii) related organizations						3a(ii)	Yes
	If "Yes" to 3a(II), are the related organizatio						3b	
4	Describe in Part XIV the intended uses of th							
Pai	t VI Investments—Land, Buildings	s, and Equipmer	it. S		•		T	
	Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land					4,871,750	<u>) </u>	4,871,750
b	Buildings		•			80,063,255	29,428,733	50,634,522
c	Leasehold improvements							
d	Equipment					22,870,751	17,117,273	5,753,478
	Other		•			17,835,409	7,780,306	10,055,103
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	nn (B), line	10(c).)			71,314,853
							Schedule D (Form 990) 2008

Part VIII Investments—Other Securities. See	<u>e Form 990, Part X, line 1</u>	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives and other financial products		Cost of cha of	year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	,		
		1.0	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Tatal (Column (h) should arred Form 000, Part V, cel (P) leas 12.)	,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, I	1		
(a) Descr			(b) Book value
LAND HELD FOR INVESTMENT			2,315,652
INVESTMENT INCOME RECEIVABLE			152,119
DEPOSITS WITH TRUSTEE UNDER DEBT AGREEMENT			5,921,600
SPLIT-INTEREST AGREEMENTS			5,269,872
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		13,659,243
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITIES PAYABLE	1,399,832		
POSTRETIREMENT BENEFIT OBLIGATION	512,725		
REFUNDABLE FEDERAL GRANTS AND LOAN FUNDS	1,176,345		
OTHER LIABILITIES	512,378		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,601,280		

	Recommunity of change in Net Assets from Form 550 to Financial Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	73,010,309
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	66,873,500
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,136,809
4	Net unrealized gains (losses) on investments	4	-19,251,797
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,561,125
9	Total adjustments (net) Add lines 4 - 8	9	-17,690,672
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,553,863
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	40,432,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-34,857,736
3	Subtract line 2e from line 1	3	75,290,133
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 226,698		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-2,279,824
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	73,010,309
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	51,986,275
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	2,506,522
3	Subtract line 2e from line 1	3	49,479,753
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 226,698		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	17,393,747
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	66,873,500

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

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part III, Line 4		The permanent collection is of art works in varying media (painting, prints, sculpture, digital, etc.) The collection of the College, as well as other traveling exhibitions, are displayed in the Payne Gallery of the College. The Payne Gallery promotes the power of the arts to inspire and educate people and enrich their lives. To this purpose the gallery builds and maintains exemplary art collections and produces a wide variety of challenging, innovative exhibitions and stimulating educational programs. As an integral part of the College, the gallery advances teaching and learning, and is actually conceived as an extension of the undergraduate's education in art by exposing the students to styles and techniques which they do not learn in the classroom. In addition, the Gallery serves as a catalyst for creative engagement between the College and diverse local, state, and national audiences.
Part V , Line 4	Description of Intended Use of Endowment Funds	The College's endowment consists of 452 individual funds established for a variety of purposes including, but not limited to, scholarships, academic chairs, facilities maintenance, lectureships, and library, program, and general budget support It includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 813178 EFFECT OF POSTRETIREMENT POLICY CHANGE 2374288 ROUNDING ADJUSTMENTS 15
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 813178 EFFECT OF POSTRETIREMENT POLICY CHANGE 2374288 STUDENT GRANTS -17167049
Part XII, Line 4b - Other Adjustments		COST OF GOODS SOLD EXPENSES -2479662 SPECIAL FUNDRAISING EVENTS EXPENSES -26860
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD EXPENSES 2479662 SPECIAL FUNDRAISING EVENTS EXPENSES 26860
Part XIII, Line 4b - Other Adjustments		STUDENT GRANTS 17167049

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

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

Schools

Internal Revenue Service Name of the organization **Employer identification number** MORAVIAN COLLEGE 24-0795460

			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 THE PROSPECTUS, WHICH LISTS MORAVIAN COLLEGE'S NONDISCRIMIN- ATORY POLICY IN DETAIL, IS	3	Yes	
	GIVEN TO EVERY PROSPECTIVE STUDENT WHO INQUIRES ABOUT ADMISSION	-		
	Does the organization maintain the following?	4-	 	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
U	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	_		
5	Does the organization discriminate by race in any way with respect to	1		
	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	-		
_		_		
	Does the organization receive any financial aid or assistance from a governmental agency? . Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νο
J	If you answered "Yes" to either 6a or b, please explain using an attached statement	35		14.0
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493132019350

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

ame of the organization					Employer ide	ntification number
DRAVIAN COLLEGE					24-0795460	1
		- 611				•
art I Fundraising Ac	tivities. Complet	e if the orga	anızatı	on answered "Yes" i	to Form 990, Part I\	/, line 1/.
Indicate whether the orga	nızatıon raısed funds	through any	of the fo	ollowing activities. Che	eck all that apply	
a Mail solicitations				e 「 Solicitation of r	non-government grants	
b F Email solicitations			1		government grants	
Phone solicitations			9	g 「 Special fundrai:	sing events	
In-person solicitations	5					
 Did the organization have or key employees listed in If "Yes," list the ten higher 	Form 990, Part VII) or entity in	connec	tion with professional f	undraising activities?	Γ _{Yes} Γ
to be compensated at leas						
			rm 990- id have or of			ble
to be compensated at leas (i) Name of Individual	t \$5,000 by the org	(iii) Di fundraiser custody control	rm 990- id have or of	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of Individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of Individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas (i) Name of Individual	t \$5,000 by the org	(iii) Di fundraiser custody control contributio	rm 990- Id have or of ons?	EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pa	rt II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lir eipts greater than \$5,	าе 18, ,000.	or r	eport	ted
			(a) Event #1 MORAVIAN GOLF CLASSIC	(b) Event #2 (event type)	(c) O ther Events (total number)		col (al Eve (a) th (c))	nts rough
dı			(event type)			+-			
<u> </u>	1	Gross receipts	62,303						2,303
Revenue	2	Less Charitable contributions	46,238					4 (6,238
	3	Gross revenue (line 1 minus line 2)	16,065						6,065
	4	Cash Prizes							
မှ မွ	5	Non-cash Prizes	1,465						1,465
Expenses	6	Rent/Facility costs	16,453					10	6 ,4 5 3
	7	Other direct expenses	8,942					;	8,942
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)				2	6,860
Δ	9	Net income summary Combine lin	-	• •				-1	0,795
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted r	nore	thar	1
Revenue		,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			gaming ough co	
	1	Gross revenue							
s Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
Direct D	4	Rent/facility costs							
直	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌ Yes%_ ┌ No				
	7	Direct expense summary Add lines	2 through 5 in column (d)					
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)					
9 a		er the state(s) in which the organizat the organization licensed to operate in				. [9a	Yes	No
b	If "I	No," Explain							
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?		10a		
11		es the organization operate gaming a					11		
12		the organization a grantor, beneficiar ned to administer charitable gaming?					12 990-E	EZ) 20	008

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493132019350

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

> Open to Public Inspect ion

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

Employer identification number

MORAVIAN COLLEGE						24-0795460	
1 Does the organization mathe selection criteria use 2 Describe in Part IV the o Part II Grants and Otto Form 990, Part I Part IV and Sch	nintain records to s d to award the grar rganization's proce her Assistance IV, line 21 for ar edule I-1 if addit	nts or assistance? edures for monitoring the a to Governments a ny recipient that rece tional space is	of the grants or assista 	he United States in the United State 00. Check this box		organization answere than \$5,	d "Yes" on
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance
2 Enter total number of sec		-					

Enter total number of other organizations.

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS & FINANCIAL AID FOR VARIOUS STUDENTS	1513	17,167,049			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
O ther Information	Part IV	Moravian College follows federal and state regulations in administering scholarships and grants as well as institutional policy when administering college funds. Moravian follows federal methodology to determine financial need for awarding federal funds and institutional methodology in awarding need-based institutional funds. All students applying for financial aid follow an annual application process completing the Free Application for Federal Student Aid (FAFSA) and an institutional application Files are reviewed for conflicting information and to complete required verification of application data. Moravian credits all financial aid awards directly to students' receivable accounts offsetting charges for tuition and fees. Changes in student enrollment status are reviewed to ensure that students remain eligible for financial aid and awards are adjusted when necessary. Any refunds from student accounts are done in compliance with federal and state regulations.

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OMB No. 1545-0047

OMB No 1545-0047

2008

Inspection

QUUOOpen to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensation Information

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

Name of the organization MORAVIAN COLLEGE

Employer identification number

24-0795460

Pa	rt I Questions Regarding Compensatio	n	12. 3733100			
					Yes	Νο
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	<u> </u>	p			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	II, Section A, line 1a			
а	Receive a severance payment or change of control	paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal no	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased c	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	e lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		·	8		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
REV DR CHRISTOPHER M THOMFORDE	(I) (II)	229,890			23,068	70,787	323,745	112,015	
PETER A CAPUTO	(I) (II)	137,799			13,603	612	152,014	66,750	
BERNARD J STORY	(I) (II)	100,206			10,430	40,165	150,801	51,162	
GORDON WEIL	(I) (II)	133,194			13,261	37,164	183,619	65,000	
JOHN R DILENDIK	(ı) (ıı)	111,494			8,747	48,224	168,465	52,449	
	(ii)								
	(i)								
	(ii)								
-	(i) (ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Reference	Explanation
		Moravian provides housing, which is leased by the College, to the President of the College. The house is adjacent to the campus, and the College requires, as a condition of employment, that the President reside there. Accordingly, this is not taxable income. College owned housing is also provided to the Academic Dean ALSO, THE COLLEGE MAINTAINS A SOCIAL CLUB MEMBERSHIP IN THE NAME OF THE PRESIDENT. THE SOCIAL CLUB IS USED BY THE PRESIDENT FOR BUSINESS USE ONLY
	,	THESE ITEMS ARE CONTEMPLATED IN AN EMPLOYMENT CONTRACT INSTEAD OF THROUGH COLLEGE POLICY IN THE CASE OF THE PRESIDENT, OUTSIDE COUNSEL REVIEWED THE EMPLOYMENT CONTRACT AND THE BOARD OF TRUSTEES APPROVED IT IN THE CASE OF THE ACADEMIC DEAN, OUTSIDE COUNSEL REVIEWED THE EMPLOYMENT CONTRACT AND THE PRESIDENT APPROVED IT

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DLN: 93493132019350

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

MORAVIAN COLLEGE 24-0795460 **Bond Issues** (Required for 2008) Part I (h) O n Behalf of (a) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No PENNSYLVANIA HIGHER **EDUCATION FACILITIES** REFUNDING OF CALLABLE 1994 Χ 23-2243852 70917N6U3 06-16-2005 4,632,313 Χ TAX-EMEMPT BONDS AUTHORITY Proceeds (Optional for 2008) Part II В C D Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 6 Working Capital Expenditures from Proceeds 7 Capital Expenditures from Proceeds Year of Substantial Completion 8 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) E В C D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

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

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DLN: 93493132019350

Schedule L (Form 990 or 990-EZ)

Name of the organization MORAVIAN COLLEGE

Transactions with Interested Persons

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Part I Excess Benefit Transa					(4) organiz		ns on	ıly).			
To be completed by organiza (a) Name of disqualif		es" or	•		25a or 25t			990-EZ	, Par	t V, line (c) Cor Yes	
2 Enter the amount of tax imposed of section 49583 Enter the amount of tax, if any, on	Ine 2, above, reimburs	 sed by					nder •	\$ —— \$			
To be completed by organi (a) Name of interested person and purpose		"Yes"	on Form 990, Part)Original principal amount		ine 26, or Fo	(e)	In	Z, Part (f Appr by boo	') oved ard o	(g) W	Vritten ement?
	To From					Yes	No	Yes	No	Yes	No
Fotal .	Benefitting Inter	este	d Persons								
To be completed by org (a) Name of interested person IAMES CHADWICK ALLISON STORY	(b)Relationsh ar STEPSON OF (CHRISTOPHER	hip bet nd the COLLE RM T	tween interested pe organization EGE PRESIDENT	rson	(c)A m			nt or ty	pe of		ance 29,547 29,547
Part IV Business Transaction To be completed by org	(b) Relations that answer (b) Relationship between interest	vered nip sted	"Yes" on Form 9		Part IV, lin			-		(e) Sha	ation's
FREDERICK A REINHARD	person and the organization		transaction 33,		Frederick A President of Inc During 30, 2009, t Penteledata Pencor Serv for internet services we college und	f Peno the y he Co a LTD /ices, servio er a c	ear en ear en ollege , an a Inc , ces I ovideo ontra	ervices, nded Ju paid affiliate \$33,20 nternet d to the ct	of 62	Yes	No No
DOUGLAS W CALDWELL	TRUSTEE		456,	282	negotiated at The Revere Caldwell, Trof the Board Lukes Hospended June College pair \$450,411 trustruction students of Additionally Lukes \$215 health central am Lukes, \$5,8 managemer represented expenses (petc.)	nd Dorustee d of Di ital [30, 2 d St l co pro for the C, the 5,259 er of t nount 371 re nt fee d reim	ouglase, is a precto Ouring OO9, whee our ollege to op he Copaid to paid to paid to burse	we member so the sing e ge paid erate to bliege (co Steented a 209,38 ment of the sing e co steented a 209,38 ment of the sing e co steented a 209,38 ment of the sing e co steented a 209,38 ment of the sing experience of the sing	St ear St he Of		No
CHRISTOPHER M THOMFORDE	PRESIDENT		456,	282	Christopher President o member of t for St Luke the year end The College \$450,411 t instruction students of Additionally Lukes \$215 health central am Lukes, \$5,8 managemer represented expenses (petc.)	f the (che Bo s Hos ded Ju e paid to pro for the the C , the 5,259 er of t nount 871 re at fee d reim	Collegeration of the Collegera	ge, is a force of During 0, 2009 ukes clinical sing ge paid perate to bllege (co St. ented a (209,38) ament of the street of the	9, St he Of		No

DLN: 93493132019350

24-0795460

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Part I Types of Property

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization MORAVIAN COLLEGE **Employer identification number**

		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d Method of de	-	ning	
		ıf		Form 990, Part VIII, line	reven	ues		
		applicable		1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household goods							
	Cars and other vehicles	X	1	4,500	FAIR MARKET VAL	<u>U E</u>		
	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	X	11	115,939	FAIR MARKET VAL	UE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	LA BO RA TO RY							
	Other (describe $\underline{EQUIPMENT}$)	X	2	55,000	FAIR MARKET VAL	U E		
	Other (describe							
	/SPAPER SCRIPTION)	×	1	16 500	 FAIR MARKET VAL	HE		
	Other (describe GIFT CARDS)	X	1	·	FAIR MARKET VAL			
	Other (describe Other)			100				
29	Number of Forms 8283 received	L hy the ora	anization during the tax ver	ar for contributions for				
	which the organization complete			ar for contributions for	29			1
	Acknowledgement		•					
							Yes	No
30a	During the year, did the organiza hold for at	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date o		·	not required to be used for a	exempt purposes			
	for the entire holding period? .					30a	\sqcup	No
	If "Yes", describe the arrangeme							
31	Does the organization have a gif	tacceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	•		, , , , , , , , , , , , , , , , , , , ,	non-cash	32a		Νo
ь	If "Yes", describe in Part II							
	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							
or F	Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990.	Cat No 51227J	Schedule	M (For	m 990	2008

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	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

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DLN: 93493132019350

SCHEDULE 0

(Form 990)

Identifier

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

Inspection

Name of the organization MORAVIAN COLLEGE

Return

Reference

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

24-0795460

Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		TWO TRUSTEES (MICHAEL ELLIS AND RICHARD KINGSTON) AND THE TREASURER OF THE COLLEGE (ANNE REID) HAVE OWNERSHIP INTERESTS IN THE COPPERFIELD INN, LOCATED IN NORTHCREEK, NEW YORK THE COPPERFIELD INN HAS NO AFFILIATION WITH MORAVIAN COLLEGE

Explanation

Purpose The purpose of this policy is to establish a process for appropriate review of the Federal Form 990, prior to

Part VI, Section A, line 10	ch ("F Ree fo the av op tel ch ma Co the Fir no pr fin	nanges shall be incorporated where appropriate, and Preparer shall deliver to management a revised draft Revised Draft") of the 990-5. Management shall ensure that changes to the Initial Draft are properly reflected in the exised Draft and that the Revised Draft, with the accuracy of the content now verified by management, is suitable in the Board to do a proper review of the line accuracy of the content now verified by management will make the Revised Draft available for review to all members of the Audit Committee Management will make the 990 railable to the committee members via a secure Trustee wiebsite. When the committee members have had an apportunity to sufficiently review the 990, the Audit Committee shall meet with management (in person or via deconference) to discuss content of Revised Draft and present any recommended changes. Recommended ranges will be presented to Preparer and incorporated into the return as appropriate, and Preparer shall deliver to canagement a final draft ("Final Draft") of the return. Any questions or recommended changes by the Audit committee shall be documented along with management responses ("Feedback"). The Audit Committee shall make a Final Draft and Feedback available for review to all members of the Boards of the College and Seminary. The hall Draft will be made available to the Board members via a secure Trustee wiebsite. Board members shall be obtified of the filing date at the time the Final Draft is posted to the Trustee wiebsite. Comments from Board members ust be forwarded to management no less than 7 days prior to the filing date. Recommended changes will be essented to Preparer and incorporated into the return as appropriate, and Preparer shall deliver to management a hall return. ("Final Return"). Changes and comments will be documented and posted to the Trustee wiebsite. 9 Uponing with the IRS, the Final Return and all Board changes and comments shall be posted to the Trustee wiebsite.
Form 990,	its re re op ac the file file for ne ac	filing Policy Moravian College and Theological Seminary ("Institution") recognize that the governance role of its spective Boards of Trustees includes the annual review of the Form 990. Accordingly, the Institution requires view of the Form 990 by the Boards prior to its filing on an annual basis. The review process includes the oportunity for Board members to provide feedback and requires documented responses from management that lidress Board member questions and concerns. The process, as outlined below, must be completed no later than see 15th day of the eleventh month following the fiscal year ending period (assuming all extensions have been timely led). With extensions filed, for a June 30th fiscal year end, the process must be completed and the 990 must be led no later than May 15th of the following year. A Board resolution is not required in order for the Form 990 to be led. Process. 1. Management shall engage a qualified CPA firm with appropriate tax filing experience for not for offit organizations ("Preparer"). Experience of the Preparer shall include, but not be limited to, filing of the federal rm 990. 2. Management shall be responsible for assembling and forwarding to the Preparer all required information decessary for the preparation of the initial draft ("Initial Draft") of the 990. 3. Initial Draft shall be reviewed by an anagement for accuracy. Accuracy of the Initial Draft shall be verified by management through. Ensuring the accuracy of the content provided to the Preparer. Ensuring that the content presented to the Preparer is properly flected in the Initial Draft. Any changes by management to the Initial Draft shall be submitted to the Preparer.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Inne 12c		All members of the College community (faculty, staff, officers and directors) are required to complete and sign a Conflict of Interest Disclosure Statement upon association with the College. In addition, Moravian College officers and other persons with substantial influence are required to complete and sign a Conflict of Interest Disclosure Statement annually. For those without are required to complete the Conflict of Interest Disclosure Statement annually, annual compensation increases are not put into effect until the statement has been completed, signed, and returned to the Office of Human Resources. All conflict of interest forms for faculty, staff and officers are received and reviewed by the Office of Human Resources. Conflict of interest forms for the members of the Board of Trustees (directors) are maintained and enforced by the Office of the President.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		PLRPORE As delegated representatives of the Joint Executive Committee of the Board of Trustees of Moravan Oollege and Moravan Theological Seminary the Decetive Compensation Sub-Committee ("Committee") has the power, duty and responsibility to determine the institution's executive compensation shibsophy and to establish such guidelines, rules and proceedures as necessary for the proper and difficient administration of the Executive Compensation Program ("ECP") further; the Committee acknowledges is responsibility to ensure that the programs appropriate in view of its mission, and see-veering status, and that its compensation and benefits are reasonable and necessary for their charged and propriets of responsibilities. "In the Committee Shall Fereival and propriets all forms of executive compensation and benefits in a manner flee-essary to quality for the "textubilities presumption of responsibilities." Under the International Benefits in a manner flee-essary to quality for the "textubilities presumption of responsibilities." Under the International Committee The Committee Shall be the Charl of the Charles of the Ch

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section C, line 19		UPON REQUEST	

ldentifier	Return Reference	Explanation			
FORM 990, PART XI, LINE 2C	YES	THE ORGANIZATION DOES			

ldentifier	Return Reference	Explanation
SCHEDULE L, PART III, ADDITIONAL STATEMENT		Although there may be recipients who are related to individuals having an interest in the institution, such recipients are selected on an equal, objectively determinable basis with other recipients. That is, all students receiving scholarships and fellow ships are judged worthy by the institution's assessment on the basis of academic achievement, financial need, and other similar standings. Additionally, amounts reported on Schedule L Part III include financial aid grants (if applicable) awarded by the College and tuition remission benefits. Tuition remission benefits reported in this section are also reported as Other Compensation in Part VII of the Core Formor Schedule J-2 as appropriate

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

Cat No 51056K

Schedule O (Form 990) 2008

Software ID: Software Version:

EIN: 24-0795460

Name: MORAVIAN COLLEGE

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
REV DR FRANK L CROUCH , VP/DEAN THEO SEM/SEM TRU	40 00	Х		х				78,299	0	17,147
REV DR CHRISTOPHER M , PRESIDENT/COLLEGE & SEM	40 00	х		х				229,890	0	93,855
CURTIS H BARNETTE , COLLEGE TRUSTEE	1 50	X						0	0	0
REV DAVID BENNETT , COLLEGE & SEMINARY TRUST	1 50	Х						0	0	0
DELIGHT E BREIDEGAM , COLLEGE TRUSTEE	1 50	X						0	0	0
RT REV DR WAYNE BURKE , COLLEGE & SEMINARY TRUST	1 50	Х						0	0	0
REV DR DOUGLAS W CALD , COLLEGE TRUSTEE	1 50	Х						0	0	0
JOSEPH CASTELLANO , COLLEGE TRUSTEE	1 50	Х						0	0	0
GREGORY CHRISTENSEN , COLLEGE TRUSTEE	1 50	Х						0	0	0
LYN TRODAHL CHYNOWETH , COLLEGE & SEMINARY TRUST	1 50	Х						0	0	0
DR HARRY G DIMOPOULOS , COLLEGE TRUSTEE	1 50	X						0	0	0
ANNE DUTLINGER , COLLEGE TRUSTEE	1 50	X						63,477	0	11,737
MICHAEL M ELLIS , COLLEGE TRUSTEE	1 50	Х						0	0	0
NANCY COHEN ENGELS , COLLEGE TRUSTEE	1 50	Х						0	0	0
REV JAMES T HICKS , COLLEGE & SEMINARY TRUST	1 50	Х						0	0	0
PRISCILLA HURD , COLLEGE TRUSTEE	1 50	Х						0	0	0
DR RICHARD T KINGSTON , COLLEGE TRUSTEE	1 50	Х						0	0	0
WILMA A LEWIS , COLLEGE & SEMINARY TRUST	1 50	Х						0	0	0
DR ROBERT MAYER , COLLEGE TRUSTEE	1 50	Х						85,231	0	7,481
DEBORAH MCKINNON , COLLEGE TRUSTEE	1 50	Х						0	0	0
SALLY BREIDEGAM MIKSIEWI , COLLEGE TRUSTEE	1 50	Х						0	0	0
DR PARRY J MILLER , COLLEGE TRUSTEE	1 50	Х						0	0	0
ANTHONY MORELLI , COLLEGE TRUSTEE	1 50	Х						0	0	0
KENNETH RAMPOLLA , COLLEGE TRUSTEE	1 50	Х						0	0	0
A REED RAYMOND , COLLEGE TRUSTEE	1 50	X						0	0	0
FREDERICK A REINHARD , COLLEGE TRUSTEE	1 50	Х						0	0	0
KELLY SCHNEIDER , COLLEGE TRUSTEE	1 50	Х						1,859	0	0
ROBERT SCHOENEN , COLLEGE TRUSTEE	1 50	Х						0	0	0
CONNOR SKUTCHES , COLLEGE TRUSTEE	1 50	Х						0	0	0
DR SUSAN STUDDS , COLLEGE TRUSTEE	1 50	X						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non (d) hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee			Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
NANCY A TAYLOR , COLLEGE TRUSTEE	1 50	Х						0	0	0
MARTIN L TRICHON , COLLEGE TRUSTEE	1 50	Х						0	0	0
REV DAVID L WICKMANN , COLLEGE & SEMINARY TRUST	1 50	Х						0	0	0
CONCETTA BURKE , COLLEGE LIFE TRUSTEE	1 50	Х						0	0	0
GENEVIEVE GEE , COLLEGE LIFE TRUSTEE	1 50	Х						o	0	0
DR A KATHRINE MILLER , COLLEGE LIFE TRUSTEE	1 50	Х						0	0	0
BETSEY PUTH , COLLEGE LIFE TRUSTEE	1 50	Х						0	0	0
WALTER F WILLIAMS , COLLEGE LIFE TRUSTEE	1 50	Х						0	0	0
STEPHEN BLACK , SEMINARY TRUSTEE	1 50	Х						0	0	0
REV BRIAN R DIXON , SEMINARY TRUSTEE	1 50	Х						0	0	0
REV OTTO DREYDOPPEL , SEMINARY TRUSTEE (NV)	1 50	Х						43,487	0	13,396
REV DR EILEEN EDWARDS , SEMINARY TRUSTEE	1 50	Х						0	0	0
REV PATRICIA GARNER , SEMINARY TRUSTEE	1 50	Х						0	0	0
MARTY S HANCOCK , SEMINARY TRUSTEE	1 50	Х						0	0	0
J ROBERT HESS , SEMINARY TRUSTEE	1 50	X						0	0	0
YVONNE T MADDOX , SEMINARY TRUSTEE	1 50	Х						0	0	0
REV JAMI L POSSINGER , SEMINARY TRUSTEE	1 50	Х						0	0	0
REV RICHARD L SIDES , SEMINARY TRUSTEE	1 50	Х						0	0	0
PAUL G SITTENFELD , SEMINARY TRUSTEE	1 50	Х						0	0	0
GEORGE SMITH , SEMINARY TRUSTEE	1 50	Х						0	0	0
REV CRAIG TROUTMAN , SEMINARY TRUSTEE	1 50	Х						0	0	
LAURA TURNER, SEMINARY TRUSTEE	1 50	Х						0	0	0
RUSSELL WILLIAMS , SEMINARY TRUSTEE	1 50	Х						608	0	0
REV DR JANICE YOUNG , SEMINARY TRUSTEE	1 50	Х						0	0	0
PETER A CAPUTO , VP INSTITUTIONAL ADVANCE	40 00			Х				137,799	0	14,215
DENNIS A DOMCHEK , VP FOR FINANCE & ADMINIS	40 00			х				128,639	0	18,183
BEVERLY J KOCHARD , VP STUDENT SVCS/DEAN OF	40 00			х				100,644	0	,
ANNE M REID , TREASURER	40 00 40 00			X	\vdash			72,421 100,206	0	,
BERNARD J STORY , VP ENROLLMENT GORDON WEIL , VP A CADEMIC	40 00			X				133,194	0	,
AFFAIRS/DEAN	7000			<u> </u>				155,154		30,123

Form 990, Part VII - Section Aaa

(A) Name and Title		(C) Position (check all that apply)								(F)
	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN R DILENDIK , PROFESSOR EDUCATION	40 00				х			111,494	0	56,971
MARK F REED , DIR - BUS & FIN OPS	40 00					Х		102,726	0	10,715
JAMES P WEST , PROFESSOR	40 00					Х		102,600	0	14,413