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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

A Fo	rthe 2	2009 calendar ye	ear, or tax year beginning 07-01-2009	and ending 06-30-2010		D F ! !			
		pplicable Please	C Name of organization MOORE COLLEGE OF ART AND DESIGN			. ,	ntification number		
_	Address change use IRS label or print or Doing Business As					23-1352236 E Telephone nui			
		type. Se				(215) 965-8			
_	For Initial return Specific Instruct Instruct Specific Instruct Output Number and street (or P O box if mail is not delivered to street adding 20TH STREET AND THE PARKWAY					G Gross receipts \$			
_	mınated						<u> </u>		
_	ended r		City or town, state or country, and ZIP - PHILADELPHIA, PA 19103	+ 4					
J App	olication	pending							
			ame and address of principal officer m L Hill		H(a) Is th	is a group return	for		
		20th	Street and the Parkway		allilla	ites	j res j• No		
		Phila	delphia,PA 19103			l affiliates include	·		
 I Ta	x-exem	pt status 🔽 501	(c) (3) 4 (insert no)		_	o," attach a list ip exemption nun	(see instructions)		
		: • www moore			H(c) Grou	ip exemption num	ilber F		
K For	m of org	ganization 🔽 Corpo	ration Trust Association Other	'	L Year of fo	rmation 1848 M	State of legal domicile PA		
Pa	rt I		he organization's mission or most sig			-			
& Governance		honors its rich le Moore is a leade educational part programs, public Moore's national benefits the Visi	women's visual art college in the na gacy of advancing the role of women r in the local, regional and national ar nerships Moore continues to build or lectures, and networking opportunition Visionary Woman Award honors outs onary Woman Scholarship During 20 new Visionary Voices Lecture Serie	in the visual arts by provides to community through its of its innovative role in arts es that attract young and estanding women who have heard its	ling a quality galleries, yo education w emerging art nad a powerf 160th Anniv	y, career-focused uth and public pr outh new coeducat ists from across ful impact on art oversary with a yea	d BFA education ograms, and tional graduate the region Each year, and design The event ar-long celebration of		
es	2								
Activities &	3	Number of voting	members of the governing body (Pai		3	28			
Ş	4	Number of indep	endent voting members of the govern		. 4	28			
			employees (Part V, line 2a)		5	519			
			volunteers (estimate if necessary)			6	0		
		-	ated business revenue from Part VII siness taxable income from Form 99	, , , , , ,	•	7a 7b			
	-	Wet difference bu	smess taxable medine nomi omi jo	5 1, mie 54	Prio	or Year	Current Year		
	8	Contributions a	nd grants (Part VIII, line 1h)			2,950,280	1,271,834		
nie	9	Program service revenue (Part VIII, line 2g)				15,590,669	16,565,997		
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4		84,931	29,607			
ш.	11		Part VIII, column (A), lines 5, 6d, 8		506,806	3,449,586			
	12		add lines 8 through 11 (must equal F			19,132,686	21,317,024		
	13		lar amounts paıd (Part IX, column (A			4,129,799	4,556,748		
	14	Benefits paid to	or for members (Part IX, column (A)	, lıne 4)		0	0		
ø	15	·	compensation, employee benefits (Pa	rt IX, column (A), lines 5-		7,570,511	8,980,328		
Expenses	16a	10) Professional fui	ndraising fees (Part IX, column (A), li	ne 11e)		0	0,500,520		
¥ E	ь		epenses (Part IX, column (D), line 25) \blacktriangleright 581,						
ш	17	_	(Part IX, column (A), lines 11a-11c			7,155,994	6,415,057		
	18	Total expenses	Add lines 13-17 (must equal Part I	X, column (A), line 25)		18,856,304	19,952,133		
	19	Revenue less e	xpenses Subtract line 18 from line 1	2		276,382	1,364,891		
	1					270,002			
% € &						g of Current	End of Year		
sets or elabores	20	Total assets (P	art X. line 16)			g of Current 'ear			
t Assets or id Batances	20 21		art X, line 16)			g of Current Year 39,706,646	42,483,433		
Not Assets or Fund Balances		Total liabilities	(Part X, line 26)			g of Current 'ear			
	21	Total liabilities	(Part X, line 26)			g of Current /ear 39,706,646 8,028,419	42,483,433 9,440,314		
Par	21 22 t III	Total liabilities Net assets or fi Signature E Under penalties of	(Part X, line 26)	ne 20	chedules and s	g of Current Year 39,706,646 8,028,419 31,678,227	42,483,433 9,440,314 33,043,119 ne best of my knowledge		
Par	21 22 rt III	Net assets or for Signature E Under penalties of and belief, it is true	(Part X, line 26)	ne 20	chedules and son all informat	g of Current Year 39,706,646 8,028,419 31,678,227	42,483,433 9,440,314 33,043,119 ne best of my knowledge		
Par	21 22 rt III	Net assets or for Signature E Under penalties of and belief, it is true Signature of off	(Part X, line 26)	ne 20	chedules and s	g of Current //ear 39,706,646 8,028,419 31,678,227 tatements, and to the ion of which prepare	42,483,433 9,440,314 33,043,119 ne best of my knowledge		
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Sign Here	21 22 rt III	Net assets or formal signature E Under penalties of and belief, it is true Signature of off WILLIAM HILL V	(Part X, line 26)	ne 20	chedules and son all informat 2011- Date	g of Current //ear 39,706,646 8,028,419 31,678,227 tatements, and to the ion of which prepare	42,483,433 9,440,314 33,043,119 ne best of my knowledge or has any knowledge		
Sign Here	21 22 rt III	Net assets or formal signature E Under penalties of and belief, it is true Signature of off WILLIAM HILL V Type or print not preparer's signature	(Part X, line 26)	ne 20	chedules and son all informat 2011- Date	g of Current /ear 39,706,646 8,028,419 31,678,227 tatements, and to thion of which prepare 04-13	42,483,433 9,440,314 33,043,119 ne best of my knowledge or has any knowledge		
Sign Here	21 22 rt III	Total liabilities Net assets or form Signature E Under penalties of and belief, it is true Signature of off WILLIAM HILL V Type or print no	(Part X, line 26)	ne 20	chedules and son all informat 2011- Date	g of Current /ear 39,706,646 8,028,419 31,678,227 tatements, and to the lon of which prepare -04-13	42,483,433 9,440,314 33,043,119 ne best of my knowledge or has any knowledge		
Sign Here	21 22 rt III	Total liabilities Net assets or form Signature E Under penalties of and belief, it is true Signature of off WILLIAM HILL V Type or print na Preparer's signature Firm's name (or your self-employed),	(Part X, line 26)	ne 20	chedules and son all informat 2011- Date	g of Current /ear 39,706,646 8,028,419 31,678,227 tatements, and to thion of which prepare 04-13	42,483,433 9,440,314 33,043,119 ne best of my knowledge or has any knowledge		

Part III Statement of Program Service Accomplishments

	1	Briefly	describe	the	organization's	mission
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Moore is dedicated to excellence in art and design. Founded in 1848, Moore is the first and only visual arts college for women in the US. With its undergraduate BFA degree for women and coeducational graduate programs, Moore cultivates creativity, promotes scholarship and prepares students for careers in the arts by emphasizing critical thinking, problem solving, risk-taking, and strong communication skills. Moore is dedicated to producing graduates who distinguish themselves as leaders. As a cultural leader, Moore promotes the arts in the broader community. The Galleries at Moore present work of significant regional, national and international artists to the community through distinctive exhibitions and educational programs. The Continuing Education programs provide opportunities for men and women to learn new skills for personal and professional growth. Moore's acclaimed Young Artists Workshop, founded in 1922, enriches the lives of children and youth through creative arts education.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 15,249,564 including grants of \$ 4,453,592) (Revenue \$ 14,884,500)
	Higher Education Moore enrolls approximately 500 students in the Bachelor of Fine Arts program with an 8 1 student student/faculty ratio. Moore cultivates each student's creative talents and provides the technical and professional skills essential to building a successful career in the visual arts. Students learn from award-winning, professionally active faculty who bring real-world knowledge and expertise into the classroom and encourage excellence, creative exploration and self-expression to prepare students for leadership in their chosen field. Moore offers majors in Art Education, Art History, Curatorial Studies, Fashion Design, Fine Arts, Graphic Design, Fashion Design, Illustration, Interior Design and Photography & Digital Arts. Moore also offers students an array of minors that complement their course of study and allow them to advance their interests in support of their artistic and professional goals. Moore requires internships in all its undergraduate maj with the exception of Art Education, which has a student teaching requirement. Beginning in 2010, the College provides all students with an Internship Fellowship Moore is committed to providing undergraduate women with distinctive leadership opportunities.
	(Code) (Expenses \$ 652,237 including grants of \$ 52,788) (Revenue \$ 528,743)
	knowledge and resources to become professional artists, designers and teachers. All three programs are low-residency, recognize the critical value of professional exposure and require a field practicum, internship or international studio residency. Programs emphasize critical thinking, innovation and synthesis of theory and practice. Self-directed research and rigorous inquiry are key components. Candidates work closely with professionally active faculty artists, educators and designe as well as work independently with professionals in the field. Each program hosts an annual symposium featuring guest speakers of national and international significance, focusing on contemporary issues. All three programs feature summer intensive, evening and weekend year-round scheduling that are well suited for working adults seeking to acquire new skills and perspectives in their current studio, design or teaching practices. Programs began in May 2009
4c	(Code) (Expenses \$ 605,034 including grants of \$ 50,368) (Revenue \$ 1,152,754)
	Continuing Education and Youth Programs Moore offers certificate programs as well as single credit and non-credit courses for men and women who want to learn new skills, advance their careers or simply learn for their own personal ennichment and fulfillment. Offered during the evening and weekend hours on Moore's campus, continuing education courses are available in digital media, digital photography, fashion, interior decorating and the fine arts. Courses combine a flexible and dynamic approach to learning while remaining grounded in the time-honored strengths of Moore's BFA programs and award-winning faculty, who are commit to sharing their expertise and bringing real world experience into the classroom. Approximately 350 adults enroll in Moore's continuing education courses each year Moore's Teachers Summer Institute is designed to enhance the culture of teaching and to empower learning in and through visual art. A professionally directed Moore offers a full range of educational programs for boys and girls grades 1-12, from its historic Young Artists Workshop to its innovative Summer Art. & Design Institute for High School Women. Established in 1922, the Young Artists Workshop (YAW) enables young people to have direct involvement with art makin encourages self-directed learning, and enables authentic learning experiences. The YAW program serves approximately 1,100 boys and girls each year YAW class are ongoing and are scheduled for ten Saturdays in the fall and ten Saturdays in the spring. In summer, Moore offers single day and one-week programs for students in grades 8 -12, Monday through Finday and on Saturdays. A variety of classes are offered, introducing students to the joy of creative exploration and developing their artistic skills through a range of media and techniques. The Summer Art & Design Institute for High School Women (SADI) is a four-week precollege residential program open to young women who have just completed their sophomore, junior, or senior year of high school. The Institute allows ded
	Other program services (Describe in Schedule O)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
 4е	Total program service expenses▶\$ 16,506,835

Part IV	Checklist	of Red	uired	Schedule

			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		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)					Page \$
Pai	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					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	114	ı		
L	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		117	4		
D	Enter the number of Forms w-29 included in line 1a Enter -0- ii not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments]	V	
2a	gaming (gambling) winnings to prize winners?	1		1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this return	;	519	,		
Ь	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more dur	-	•			
	return?			3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	ccount	, or other financial	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1	, Repor	t of Foreign Bank and			
F-	Financial Accounts		. 4	F-		N
	Was the organization a party to a prohibited tax shelter transaction at any time due. Did any taxable party notify the organization that it was or is a party to a prohibiter			5a		No No
				5b		110
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Prohibited Tax Shelter Transaction?			5c 6a		
6a	organization solicit any contributions that were not tax deductible?					No
	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribuservices provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop		r which it was required to			
_	file Form 8282?	1		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 pa		•	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonalb	enefit contract?	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	file a F	orm 1098-C as	7h		
8	required?			711		
	the supporting organization, or a donor advised fund maintained by a sponsoring or business holdings at any time during the year?	-	•	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related perso	n?.		9b		
10	Section 501(c)(7) organizations. Enter	140=	I			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b		1		
	facilities	100	I	1		
11		۔ ۔ ا	I			
	Gross income from other courses (Do not not amounts due or paid to other course)	11a		-		
D	Gross income from other sources (Do not net amounts due or paid to other sources	S 11b				

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

 \boldsymbol{b} . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12a

20TH STREET AND THE PARKWAY PHILADELPHIA, PA 19103

(215) 568-4515

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

Se	ction A. Governing Body and Management			
			Yes	No
		1		
1_	Enter the number of voting members of the governing body 1a 28	1		
1a b	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization'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 one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal		'	
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table. State the name, physical address, and telephone number of the person who possesses the books and records of the	na ora-	n172+12=	. 10-
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	ııı∠atlor	-

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

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

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

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	•	age

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -3

			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 on line 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		No

Section B. Independent Contractors

1b Total .

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAGE DINING SERVICES INC 222 BOSLEY AVENUE SUITE B7 TOWSON, MD 21204	Food Service	704,621
CSI INTERNATIONAL INC 6700 NORTH ANDREWS AVE SUITE 400 FORT LAUDERDALE, FL 33309	HOUSEKEEPING	255,408
LAREDO MECHANICAL LLC PO BOX 1716 SOUTHAMPTON, PA 18966	MECHANICAL	162,859
BLANK ROME LLP ONE LOGAN SQUARE PHILADELPHIA, PA 19103	ATTORNEY	345,439
MCGINN SECURITY INC PENN TREATY PARK PLACE 1341 DELAWARE AVENUE SUITE 102 Philadelphia, PA 19125	SECURITY	372,933
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization >7

Form 99								Page 9
Part V	<u>/IIII</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #	1a	Federated camp	paigns 1a	0				
ig ja	b	Membership du	es 1b	0				
£. He	С	Fundraising eve	ents 1c	253,800				
<u>≣</u> , <u>≅</u>	d		ations 1d	0				
žĘ.	e	Government grants		400,088				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	butions included in	617,946				
Conti	h	lines 1a-1f \$ Total. Add lines	3 1a-1f	•	1,271,834			
<u></u>				Business Code				
Program Serwce Revenue	2a	Bachelor of Fine Ar	ts	611,310	14,884,500	14,884,500	0	0
æ	Ь	Master of Fine Arts		611,310	528,743	528,743	0	0
-Se	c	Continuing Education	on Program	611,310	784,630	784,630	0	0
Ser.	d	Young Artists Work	shop	611,310	368,124	368,124	0	0
Ę	e							
200	f	All other progra	ım service revenue		0	0	0	0
Δ	g	Total. Add lines	s 2a – 2f		16,565,997			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	-	141,125	0	0	141,125
	4		tment of tax-exempt bond p	proceeds	0	0	0	0
	5	Royalties			U	U	0	0
	6a	Gross Rents	(ı) Real	(II) Personal				
	b	Less rental						
	_	expenses Rental income	0	0				
	C	or (loss)	-					
	d	Net rental incor	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 4,513,759	(II) O ther				
	ь	Less cost or other basis and sales expenses	4,625,277	0				
	C	Gain or (loss)	-111,518	0	444 540			111 510
	d 8a		s)		-111,518	0	0	-111,518
Other Revenue	ь	of contributions See Part IV, lin	luding ,800 reported on line 1c)	0				
₹	c		loss) from fundraising e		0	0	0	o
	9a	Gross income f See Part IV, lin						
	b c		penses b	/ities				
	-	Gross sales of returns and allo	inventory, less					
	ь		a pods sold b	entory				
	С	Miscellaneous	loss) from sales of inve	Business Code				
	11a	Room and Boar		611,310	2,035,060	0	0	2,035,060
	ь	Auxiliary Incon		611,310	222,872	0	0	222,872
		<u>-</u>		611,310	919,243	0	0	
	c d	Unrealized Gair All other reveni			272,411	0	0	
	e	Total. Add lines	ı		3,449,586	ŭ		
12 Total revenue. See Instructions					21,317,024	16,565,997	0	3,479,193

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,556,748	4,556,748		
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	525,828	525,828	0	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	7,090,260	5,830,029	949,029	311,202
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	183,547	129,883	40,717	12,947
9	Other employee benefits	633,683	346,037	 	29,935
10	Payroll taxes	547,010	461,565	 	23,047
11	Fees for services (non-employees)	547,010	+01,505	32,336	25,047
a	Management				
а ь		212.002		212.002	
	Legal	313,093	00	313,093	
с	Accounting	38,466	80	38,386	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	247,601	110,496	 	51,940
13	Office expenses	536,010	391,398	111,051	33,561
14	Information technology				
15	Royalties				
16	Occupancy	1,386,116	1,093,968	285,055	7,093
17	Travel	163,364	97,502	56,925	8,937
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,987	33,687	11,260	40
20	Interest	66,856	58,083	8,281	492
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,003,492	871,803	124,303	7,386
23	Insurance	23,793	1,755	22,038	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Food Service	914,300	895,107	13,147	6,046
ь	Dues and Other Professional Srvices	717,929	355,023	309,765	53,141
c	Security/Housekeeping	418,109	372,429	43,118	2,562
d	Equipment and Maintenance	159,471	88,997	68,740	1,734
e					<u>·</u>
f	All other expenses	381,470	286,417	63,741	31,312
25	Total functional expenses. Add lines 1 through 24f	19,952,133	16,506,835	 	581,375
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	15,532,133	20,000,033	2,000,020	332,373
	campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beainning of vear End of year 2.377.394 5.006.988 1 1 Cash—non-interest-bearing ol 2 0 2 332,958 3 137,455 3 4 190.891 165.737 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 6 1,273,366 1,161,451 0 0 Inventories for sale or use 155,920 242,572 9 Land, buildings, and equipment cost or other basis Complete 40.586.186 10a 10a Part VI of Schedule D 10b 15.402.218 24.864.894 25.183.968 b Less accumulated depreciation 10c 11 11 8,116,016 12 9,074,510 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2.395.207 15 1.510.752 15 16 39,706,646 16 42,483,433 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,175,782 17 2.594.790 17 Accounts payable and accrued expenses . ol 0 18 18 715,951 19 908,838 19 20 5,400,000 20 5,200,000 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 O 22 οl 0 23 23 Secured mortgages and notes payable to unrelated third parties . . ol 0 24 Unsecured notes and loans payable to unrelated third parties 24 736.686 25 Other liabilities Complete Part X of Schedule D 25 736,686 26 **Total liabilities.** Add lines 17 through 25 8,028,419 9,440,314 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 21,926,191 23,191,109 27 27 Unrestricted net assets 28 3.081.229 28 3.173.743 Temporarily restricted net assets Fund 6.670.807 29 6.678.267 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 31,678,227 33 Total net assets or fund balances 33 33,043,119 34 Total liabilities and net assets/fund balances 39.706.646 42,483,433 34

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization MOORE COLLEGE OF ART AND DESIGN

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

Public Charity Status and Public Support

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

Employer identification number

								23-13522			
Part I			olic Charity State						structions		
he organ	ızatıon ıs n	ot a private	e foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	x)			
1	A church	n, conventio	on of churches, or as:	sociation of	churches s	ection 170(b)(1)(A)(i).				
2 🔽	A school	ldescribed	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	ıle E)					
з Г	A hospit	al or a coop	erative hospital serv	/ice organiza	atıon descri	bed in sectio i	n 170(b)(1)	(A)(iii).			
4			organization operate y, and state	ed in conjunc	tion with a	hospital desc	rıbed ın sec	tion 170(b)(1	L)(A)(iii). Ent	∍rthe	
5			rated for the benefit		or universit	y owned or o	perated by a	governmenta	al unit describ	— ed ın	
<u> </u>			A)(iv). (Complete Pa	•			170/b\/1	\(A \(\(\) \\			
6 7		•	ocal government or	=					+	بنلطنيسا	_
7	describe	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
8					.)(vi) (Con	nplete Part II)				
9 LO L1 e f	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a									ses of Check her ons 1) or	
	(ii) a fam	nily membei	r of a person describ	ed in (i) abov	ve?				11g(ii)		
	(iii) a 35	5% controll	ed entity of a person	described in	n (ı) or (ıı) a	bove?			11g(iii)	_	
h	Provide 1	the following	g information about t	he supporte	d organizati	on(s)					
(i Nam suppo organi:	e of orted	(ii) EIN		(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in if your	(vi Is t organiza col (i) or in the l	he ation in ganized	A m	(vii) ount of oport?
			(see instructions))	Yes	No	Yes	No	Yes	No	1	
										\perp	
										↓	
										\perp	
										Щ	
otal			 		1	1	1	1	I	1	

ınstructions

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

▶□

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

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

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493105009181

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

terna	Revenue Service F Attach to F	orm 990. F See separate instructions.		Inspection
	me of the organization DRE COLLEGE OF ART AND DESIGN		Empl	oyer identification number
			23-1	352236
Pa	rt I Organizations Maintaining Donor A		Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	1	b) Funds and other accounts
L	Total number at end of year	(a) Bonor autrisea ranas		z, ranas ana omer accounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advis	sed Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•	
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes"	to Form	990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ion or pleasure)	certified	cally importantly land area I historic structure nservation
	· · · · · · · · · · · · · · · · · · ·			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	s	2b	
c	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	2d		
3	Number of conservation easements modified, transfer the taxable year ▶	erred, released, extinguished, or terminat	ted by the	e organization during
1	Number of states where property subject to conserv	ation easement is located 🛌		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ndling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, ins	-		
7	A mount of expenses incurred in monitoring, inspecti		_	the year ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ection	┌ Yes
•	In Part XIV, describe how the organization reports or balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	•	•
aı	Complete if the organization answered		, or Oth	er Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	d for public exhibition, education or resea	rch ın fur	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		•
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$
	(ii) Assets included in Form 990, Part X			-
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for financ	• •
а	Revenues included in Form 990, Part VIII, line 1			▶ \$

Assets included in Form 990, Part X

Par	444 Organizations Maintaining Co	ollections of Art	:, His	torical Tre	eası	ures, or C	the	<u>r Similar As</u>	sets	(cont	tınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	hat a	re a sıgnıfıc	ant u	ise of its collec	tion		
а	Public exhibition		d	┌ Loan o	rexc	:hange prog	rams	:			
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they further	r the	organızatıor	ı's e>	xempt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•					┌ Yes	Į.	√ No
Pai	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar		•							—	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for contribut	ions	or other ass	ets	not	┌ Yes	Г	_ No
ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table							
	•	•		_		Γ		An	nount		
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year	Distributions during the year									
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?			_			┌ Yes	Г	_ No
ь	If "Yes," explain the arrangement in Part XI\	/									
Pa	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	wered "Yes							,
		(a)Current Year	(b)Prior Year	+ • •	Two Years Bac	((d)Three Years Back	(e) Fou	r Yea	rs Back
1a	Beginning of year balance	7,906,487		10,253,935	+		+				
Ь	Contributions	4,100		196,800	+		_				
с	Investment earnings or losses	923,404 120,853		-2,091,470 94,964	+		+				
d	Grants or scholarships	337,581		357,814	+		+				
е	Other expenditures for facilities and programs	337,361		337,614							
f	Administrative expenses	0		0							
g	End of year balance	8,375,557		7,906,487							
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment	0 % %									
ь	Permanent endowment ► 78 % %	•									
c	Term endowment ► 22 % %										
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	hat are held	and	admınıstere	d for	the			
	organization by							<u> </u>	Ye	-	No
	(i) unrelated organizations				•		•	3a(_	-	N.o.
h	(ii) related organizations				•		•	3a(+	N o
4	Describe in Part XIV the intended uses of th				•		·				
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	90, P	art X, line	10.				
	Description of investment			(a) Cost or o basis (investm		(b) Cost or o basis (othe		(c) Accumulated depreciation	(d)	Book	value
1a	Land				0	498	3,240				498,240
ь	Buildings				0	32,807	,427	9,384,92	9	23,4	422,498
c	Leasehold improvements				0		0		0		(
d	Equipment				0	7,261	,105	6,017,28	9	1,	243,816
e	Other				0	19	,414		0		19,414

25,183,968

Part VII Investments—Other Securities. See (a) Description of security or category			od of valuation
(including name of security)	(b)Book value	Cost or end-o	f-year market value
Financial derivatives	9,074,510		F_
Closely-held equity interests Other	0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	- 1		
Part VIII Investments—Program Related. See			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
Other Receivables and Deferred Charges			1,510,752
			, ,
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			1,510,752
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Advances for Student Loans	736,686		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	736,686		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,317,024
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,952,133
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,364,891
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,364,891
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	21,317,024
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	21,317,024
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	21,317,024
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	19,952,133
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,952,133
4	Amounts 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 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,952,133
Pai	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	The College does not record its collections in the financial statements. The College owns numerous pieces of fine art, mainly from prominent alumnae and faculty, along with some historical treasurers, primarily from the Joseph Moore family, that combined constitute the Moore College Archives. The College has made a commitment to preserve the archives and uses them as a resource for students at the College.
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College does not record its collections in the financial statements. The College owns numerous pieces of fine art, mainly from prominent alumnae and faculty, along with some historical treasurers, primarily from the Joseph Moore family, that combined constitute the Moore College Archives. The College has made a commitment to preserve the archives and uses them as a resource for students at the College.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment principal is used for College's general expenses and financial aid
SchD_P10_S00_L00	Schedule D, Part X	The College is a non-profit educational institution which has been determined by the Internal Revenue Service to be exempt from federal income taxes under section 501c3 of the IRC. The college adopted FIN 48 as of July 1, 2008. Management has evaluated substantive tax positions taken by the College as of June 30, 2010. A tax position is recognized as a benefit only if it is "more-likely-than-not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that has a likelihood of being realized on examination of more than 50 percent. For tax positions not meeting the "more-likely-than-not" test, no tax benefit is recorded. Under the "more-likely-than-not" threshold guidelines, the Management believes no significant uncertain tax positions exist, either individually or in the aggregate, that would give rise to non-recognition of an existing tax benefit. As of June 30, 2010, the College had no material unrecognized tax benefits or liabilities.

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

990)

Name of the organization

MOORE COLLEGE OF ART AND DESIGN

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

23-1352236 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 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes The College has a racially nondiscriminatory policy which it publishes in the Student Handbook which is available on the College's website The policy states For 161 years Moore College of Art & Design has been committed to the education of women The College adheres to the principle of equal educational opportunity without discrimination on the basis of race, color, religion, age, national origin, sexual orientation or handicap. Moore is also an equal opportunity employer Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f N o_ g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes

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DLN: 93493105009181

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization
MOORE COLLEGE OF ART AND DESIGN **Employer identification number**

1410	OKE COLLEGE OF AKT AN	DESIGN						23-1352236			
Pa		tivities. Complet				ered "Yes"	to Form	990, Part IV	, line 17.		
1	Indicate whether the orga	nızatıon raısed funds	through a	ny of the	following a	activities Ch	eck all tha	at apply			
а	Mail solicitations			e	┌ Solid	itation of no	n-governn	nent grants			
Ь	Internet and e-mail so	olicitations		f	┌ Solid	itation of go	vernment	grants			
c	Phone solicitations			g	Special fundraising events						
d	In-person solicitation	s									
2a	Did the organization have or key employees listed in	_		-	•	-	•	•	Γ _{Yes}		
b	If "Yes," list the ten highe to be compensated at leas										
	(iii) Dıd										
	(i) Name of individual	(i) No man of an day days				ss receipts	(v) A mount paid to (or retained by)		(vi) A mount paid to		
	or entity (fundraiser)	custo	•	1	activity	1 '	ser listed in	(or retaine			
			contribu	1	1		С	ol (i)	organizat	.1011	
			Yes	No							
_			-								
			-								
Tota	al			▶							
_					•		•				
3	List all states in which the	he organization is reç	jistered o	rlicensed	d to solicit	funds or has	been notif	ed it is exem	pt from registra	tion or	

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	nplete if the organizati n 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, lir eipts greater than \$5,	าе 18, or ,000.	repor	ted
			(a) Event #1 Visionary Women	(b) Event #2	(c) O ther Events	(Add co	otal Eve I (a) th	
			(event type)	(event type)	(total number)			
EUE	1	Gross receipts	253,800	o			25	3,800
Reveilue	2	Less Charitable contributions		o				0
	3	Gross income (line 1 minus line 2)	253,800	0			25	3,800
	4	Cash prizes		0				0
s	5	Non-cash prizes	(0				0
Expenses	6	Rent/facility costs		0				0
ă ă	7	Food and beverages		o	(0		0
Direct	8	Entertainment		0	(0
Ā	9	Other direct expenses .	55,24	6			5	5,246
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)			5	5,246
	11	Net income summary Combine I					19	8,554
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo		
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otalgam I (a) th ol (c))	
	1 (Gross revenue						
	2 (Cash prizes						
Expenses	3	Non-cash prizes						
_	4	Rent/facility costs						
Direct	5 (Other direct expenses						
	6	Volunteer labor		│	Г Yes			
		Direct expense summary Add line	-					
	8	Net gaming income summary Con	nbine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9 a		er the state(s) in which the organiz ne organization licensed to operate				. 9a		110
b		lo," Explain				34		
						\dashv		
10a	Were	e any of the organization's gaming	licenses revoked, suspe	nded or terminated during	the tax year?	10a	1	
b	If"Y	es," Explain						
						_		
11 12		s the organization operate gaming ne organization a grantor, beneficia				11	<u> </u>	<u> </u>
		ied to administer charitable gamin				_		

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

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DLN: 93493105009181

OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

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

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

Open to Public

Internal Revenue Service Name of the organization			Attach to Form 9	190		Employer identifica	Inspection
MOORE COLLEGE OF ART A	ND DESIGN					23-1352236	tion number
Part I General Info	rmation on Gran	nts and Assistance					
the selection criteria us	ed to award the gran	ubstantiate the amount of t its or assistance? dures for monitoring the us					∀Yes □
Form 990, Part	IV, line 21 for an	to Governments and y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of se	ction 501(c)(3) and	government organizations					
3 Enter total number of et	har arganizations						-

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

(a)Type of grant or assistance	(b) 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
Merit/Need Based Aid	572	4,297,960	0		
Federal Aıd	262	258,788	0		
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		To be considered for need based aid a student is required to complete a Free Application for Federal Student Aid Financial aid awards are not automatically renewed each year

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DLN: 93493105009181

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MOORE COLLEGE OF ART AND DESIGN 23-1352236 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(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-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DR GLADYS HAPPY CRAVEN FERNANDEZ	(1) (11)	200,000 0	0	2,100 0	0	25,762 0	227,862 0	
WILLIAM L HILL II	(1) (11)	133,900 0	5,000 0	0	0	16,484 0	155,384 0	
DONA LANTZ	(1) (11)	118,450 0	3,000 0	0	0	21,132 0		

Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 23-1352236

Name: MOORE COLLEGE OF ART AND DESIGN

efile GRAPHIC print - DO NOT PROCESS

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DLN: 93493105009181

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization MOORE COLLEGE OF ART AND DESIGN Employer identification number

23-1352236

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	A review is conducted by the Board prior to filing with the IRS

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annually as a condition of continued employment, each staff and officer will be required to sign a written acknow ledgement that he or she has received and is in compliance with the Code Moore's Vice President for Finance and Administration will have primary authority and responsibility for enforcement of the Code, subject to the supervision of the Audit Committee of the Board of Managers Officers. A written policy is included in the Faculty contract.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annually a salary survey from peer institutions is presented to the Compensation Committee of the Board who determines the President's salary. The President uses the same survey to determine other Officer's and key employee's salaries and communicates compensation decision to the Board Compensation Committee.

Identifier Return Reference		Explanation				
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The Conflict of Interest Statement is provided on the College's wiebsite				

Software ID: Software Version:

EIN: 23-1352236

Name: MOORE COLLEGE OF ART AND DESIGN

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	(che		_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JANE WALENTAS Board Trustee	5	×						0	0	0
MR MICHAEL FELL	<u> </u>		V					0	0	0
Board Manager	5		Х					U	U	0
ANDREA M BALDECK MD Board Manager	5		X					0	0	0
MR MARIO ZACHARJASZ Board Manager	5		х					О	0	0
MR RICHARD W HEVNER	5		x					0	0	0
Board Treasurer MR RICHARD ROSSELLO	5		Х					0	0	0
Board Manager								0	0	0
MS MINDY GLASSMAN Board Manager	5		x					О	0	0
MR ARTHUR R BLOCK Board Chairperson	5		х					0	0	0
MRS PENELOPE P WILSON	5		x					0	0	0
Board Chair Emeriti MS ROCHELLE F LEVY	+				 					
Board Chair Emeriti	5		Х					0	0	0
MR JOHN J DONNELLY Board Trustee	5		x					0	0	0
MS PENNY FOX Board Chairperson	5		х					0	0	0
MR COLIN ANTHONY OERTON	5		х					0	0	0
Board Manager MR MICHAEL CURLEY	5		Х					0	0	0
Board Manager					ļ			0	0	0
MS ADELE K SCHAEFFER Board Trustee/Mgr	5		Х					0	0	0
MS FRANCES R GRAHAM Board Secretary	5		x					О	О	0
MS JOAN N STERN Board Vice Chair	5		х					0	0	0
MS DONNA B COAXUM	5		×					0	0	0
Board Manager MR ANTHONY DeSABATO	+				-				0	
Board Manager	5		Х					0	0	0
MARK GRAHAM Board Manager	5		x					0	0	0
MS MONICA EBODA Board Manager	5		х					0	0	0
MR JOHN L BYARS	5		×					0	0	0
Board Manager MS KRISTINA DE FARIA								, and the second		
Board Manager	5		X					0	0	0
MS KEITH R STRAW Board Manager	5		х					0	0	0
MS JENNIFER M WILLETT Board Manager	5		Х					0	0	0
<u> </u>	1	I	<u> </u>	ı	1	<u> </u>	<u> </u>	I		

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

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
MR ARTHUR DIFURIA Board Faculty	5		Х					0	0	0
MS JOANNE ADAMS Board Alumnae President	5		х					0	0	0
WILLIAM L HILL II Vice President	60			х				138,900	0	0
DONA LANTZ Academic Dean	60			х				121,450	0	0
DR GLADYS HAPPY CRAVEN FERNANDEZ President/Board Administration	60			х	х	х		202,100	0	0