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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

| A Fo | r the 2 | 2009 ca | lendar yeaı | , or tax year beginning 07- | 01-2009 and endin | g 06-30-2010 |) | | | | | |
|--------------------------------|------------------|------------------|--|--|------------------------------------|-------------------------|------------------------------|------------------------------------|----------------|---------------------------|--|--|
| B Ch | eck ıf ap | oplicable | Please | C Name of organization MORAVIAN COLLEGE | | | | D Employer i | dentific | ation number | | |
| - Add | dress cha | ange | use IRS label or | Doing Business As | 24-07954 E Telephone | | | | | | | |
| Na | me chan | nge | print or type. See | Doing Business As | | | | | | | | |
| _ Init | tıal retur | 'n | Specific Instruc- | Number and street (or P O bo | x ıf maıl ıs not delivered | to street addres | ss) Room/suite | (610) 861 | | | | |
| — Tei | mınated | d | tions. | 1200 MAIN STREET | | | | G Gross receip | ts \$ 98,3 | 310,157 | | |
| – _{Am} | ended r | eturn | ŀ | City or town, state or country, | and ZIP + 4 | | | | | | | |
| — _{Apı} | plication | pending | | BETHLEHEM, PA 18018 | | | | | | | | |
| | | ľ | F Nam | ne and address of principal | officer | | H(a) Is th | l Is a group retu | ırn for | | | |
| | | | | S A DOMCHEK | | | affilia | | | ┌ Yes ┌ No | | |
| | | | | AIN STREET EHEM,PA 18018 | | | 11/1-2 4 | | | F., F., | | |
| | | | | | | | | l affiliates inclu | | Yes No | | |
| I Ta | x-exem | pt status | ▽ 501(c) | (3) ◄ (insert no) | a)(1) or | | | ip exemption r | | | | |
| J W | ebsit e | : - ww | W MORAVI | IAN EDU | | | (5) | | | | | |
| | | | | on Trust Association Of | . • | l | I. v | | 14 0: : | <u> </u> | | |
| | m of org rt I | Sumn | · · · · · · · · · · · · · · · · · · · | on Trust Association Of | ner 🕶 | | L Year of fo | rmation 1933 | M State | e of legal domicile PA | | |
| r a | | | | e organization's mission or | most significant acti | vities | | | | | | |
| Governance | | SEMINA LIBERA | ARY AFFILI L ARTS ED | INDEPENDENT, RESIDEN IATED WITH THE MORAV UCATION IN A CARING 42 AND IS RECOGNIZED | IAN CHURCH IN AN ENVIRONMENT LO | MERICA MO CATED IN B | RAVIAN CO ETHLEHEM, | LLEGE DELIV | 'ERS A | VALUES-BASED | | |
| ŝ | 2 | Check tl | his hox ► | if the organization discon | inued its operations | or disposed | of more than | 25% of its ne | tasset | s | | |
| | | | • | nembers of the governing b | | | | 25 /0 01 113 116 | 3 | 56 | | |
| ĕ | | | _ | dent voting members of the | | | | | | 47 | | |
| Activities & | | | · | ployees (Part V, line 2a) | | , | , | | | 1,592 | | |
| ď | | | | lunteers (estimate if neces | | | | | 6 | 875 | | |
| | 7a | Total gr | oss unrelat | ed business revenue from | | | 7a | 63,473 | | | | |
| | ь | Net unre | elated busii | ness taxable income from F | orm 990-T, line 34 | | | | 7b | 35,889 | | |
| | | | | | | | Prio | r Year | (| Current Year | | |
| a. | 8 | Contrib | outions and | grants (Part VIII, line 1h) | | | | 10,451,326 | | 8,527,050 | | |
| Rayenue | 9 | Progra | m service r | evenue (Part VIII, line 2g | | | | 55,005,676 | | 56,745,253 | | |
| ž | 10 | | | ne (Part VIII, column (A), l | | | | 2,978,228 | | -6,609,412 | | |
| _ | 11 | | | art VIII, column (A), lines Id lines 8 through 11 (must | | | | 4,575,079 | | 3,952,112 | | |
| | 12 | | | ia imes o through 11 (musi | | | • | 73,010,309 | | 62,615,003 | | |
| | 13 | | | r amounts paid (Part IX, co | | | | 17,167,049 | | 19,425,719 | | |
| | 14 | Benefit | s paid to o | r for members (Part IX, col | umn (A), line 4) . | | | | | 0 | | |
| ø | 15 | | s, other co | mpensation, employee ben | - | 31,151,557 | | 31,030,892 | | | | |
| Expenses | 16a | 10) Profess | sional fundi | raising fees (Part IX, colum | | 31,131,337 | | 0 | | | | |
| S | ь | | | enses (Part IX, column (D), line 2 | | | | | | | | |
| Ð | 17 | | | Part IX, column (A), lines 1 | | | | 18,554,894 | | 17,425,774 | | |
| | 18 | | | dd lines 13–17 (must equ | | | | 66,873,500 | | 67,882,385 | | |
| | 19 | | | enses Subtract line 18 fro | | | | 6,136,809 | | -5,267,382 | | |
| <u>১৯</u> | | | - | | | | | g of Current | ı | End of Year | | |
| 9.44 4.44 4.44 4.44 | 3.5 | T - 1 1 | | h V June 463 | | | | 'ear | | | | |
| Net Assets or Fund Balances | 20 21 | | | t X, line 16) art X, line 26) | | | | 172,225,133 38,171,305 | | 176,903,863 | | |
| 2 E E | 22 | | - | d balances Subtract line 2 | | | | 134,053,828 | | 36,715,666 | | |
| | 1211 | | ature Blo | | I nom me 20 | · · · | | 134,055,626 | | 140,188,197 | | |
| | | Under pe | enalties of pei | gury, I declare that I have exam orrect, and complete Declaration | | | | | | | | |
| Sigr | | **** | | | | | 2011- | 02-14 | | | | |
| Her | е | Signa | iture of office | r | | | Date | | | | | |
| | | | IIS A DOMCHI or print name | EK VP FOR FINANCE & ADMIN e and title | | | | | | | | |
| Paid | | Preparer's | | d P Metkowski | Date | S | heck if elf- mpolyed • | Preparer's ider (see instructio | | number | | |
| Prepa Use (| arer's Only | ıf self-em | | <i></i> | I | | | EIN Þ | | | | |
| | | | address, and ZIP + 4 1200 Atwater Drive Suite 225 Malvern, PA 19355 | | | | | | | Phone no • (610) 647-8100 | | |
| | | _ | | 1 10 17 0 111 1 11 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | |

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

Form 990 (2009)

Part III Statement of Program Service Accomplishments

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 at the prior Form 990 or 990-EZ? | | | | ar which were not | t listed on | ┌ Yes ┌ No |
|----|--|---|--|---|--|--|--|
| | If "Yes," describe these new serv | ices on Sched | lule O | | | | |
| 3 | Did the organization cease conduservices? | icting, or mak | e sıgnıfıcar | • | conducts, any pro | ogram • • • | ┌ Yes ┌ No |
| | If "Yes," describe these changes | on Schedule (| 0 | | | | |
| 4 | Describe the exempt purpose act Section 501(c)(3) and 501(c)(4) allocations to others, the total ex | organizations | and section | on 4947(a)(1) trusts | s are required to r | eport the am | • |
| 4a | (Code) (Expen | ises \$ | 50,257,963 | ıncludıng grants of \$ | 19,143,942 |) (Revenue \$ | 50,551,660) |
| | LIBERAL ARTS COLLEGE - DURING THE AND THEOLOGICAL SEMINARY AFFILIAT PREPARE MEN AND WOMEN FOR ADVAIGOOD MORAVIAN COLLEGE AND ITS TH RELIGIOUS, RACIAL AND ETHNIC BACK AVERAGE ENROLLMENT AT THE COLLEGE STUDENTS IN ITS EVENING AND GRADU \$19,143,942 | ED WITH THE MO NCED STUDY ANI IEOLOGIAL SEMIN GROUNDS, FROM GE WAS 1,512 FU | DRAVÍAN CHÚ D CONTINUOU IARY EDUCATI 1 APPROXIMA LL-TIME DAY | RCH IN AMERICA THE (JS LEARNING, INDIVIDUA ED A DIVERSE GROUP OI TELY 21 STATES AND 10 STUDENTS CONSISTING | COLLEGE OFFERED UI AL ACHIEVEMENT, ANI F STUDENTS FROM A FOREIGN COUNTRIES OF 641 MEN AND 87 | NDERGRADUATE D LEADERSHIP A GREAT VARIET S DURING THE 1 WOMEN PLUS | E AND GRADUATE PROGRAMS TO AND SERVICE FOR THE COMMON Y OF SOCIOECONOMIC, YEAR ENDED JUNE 30, 2010, 175 FULL-TIME EQUIVALENT |
| | | | 7.447.420 | | |) (Revenue \$ | E 40E 0C0 \ |
| 4b | (Code) (Expen AUXILIARY ENTERPRISES (EXPENSES E TEXTBOOKS, EDUCATIONAL MATERIALS PROVIDES NUTRITIOUS MEALS THROUG | XCLUDING COST 5, AND SUPPLIES | THROUGH ITS | S BOOKSTORE, PROVIDE | GROSS SALES OF INV S LIVING ACCOMMOD | /ENTORY) - MOI | 5,405,060) RAVIAN COLLEGE PROVIDES IGH ITS DORMITORIES AND |
| | | | | | | | |
| 4c | (Code) (Expen | · | | including grants of \$ | , |) (Revenue \$ | 788,533) |
| | THEOLOGICAL SEMINARY - MORAVIAN CONTINUING EDUCATION PROGRAMS | | I AND WOMEN | | | | |
| | AND OTHER MINISTRIES AVERAGE ENI 2010, 82 SEMINARY STUDENTS RECEIN | | | | JLL-TIME EQUIVALEN | T STUDENTS DU | JRING THE YEAR ENDED JUNE 30, |
| | 2010, 82 SEMINARY STUDENTS RECEN | /ED GRANTS TOT | ALING \$281,7 | | ULL-TIME EQUIVALEN | T STUDENTS DU | JRING THE YEAR ENDED JUNE 30, |
| 4d | | /ED GRANTS TOT | ALING \$281,7 | 777 | ULL-TIME EQUIVALEN | | JRING THE YEAR ENDED JUNE 30, |

| Part IV | Check | list of | Required | Schedules |
|---------|-------|---------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | 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 | Į | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | 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 U S? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

| Раг | 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 | | Νο |
| 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 | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 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 | | 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 | | Νο |
| 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 | | Νο |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," | | | |
| С | complete Schedule L, Part IV | 28b | | Νο |
| | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28b 28c | Yes | No |
| 29 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family | | Yes Yes | N o |
| 29 30 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | N o |
| 30 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 28c 29 | | |
| 30 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 28c 29 30 | | No |
| 30 31 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 28c 29 30 | | N o N o |
| 30 31 32 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 28c 29 30 31 | | No No |
| 30 31 32 33 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 28c 29 30 31 32 33 | | No No No |
| 30 31 32 33 34 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 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. | 28c 29 30 31 32 33 | | No No No |
| 30 31 32 33 34 35 | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 28c 29 30 31 32 33 34 35 | | No No No No |

| art V | Statements | Regarding | Other 1 | IRS Filings | and Tax | Compliance |
|-------|------------|-----------|---------|-------------|---------|------------|
|-------|------------|-----------|---------|-------------|---------|------------|

| | | | Yes | No |
|----|--|------------|----------|-----|
| .a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 2,898 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| а | 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 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| 3 | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | 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, Report of Foreign Bank and Financial Accounts | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | Yes | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | N o |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | <u> </u> | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | (| ı | I | |

1200 MAIN STREET

(610) 861-1539

BETHLEHEM, PA 180186650

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

| Se | ction A. Governing Body and Management | | | |
|-----|--|---------|----------|-----|
| | | | Yes | No |
| | | | | |
| | 1 1 | | | |
| 1a | Enter the number of voting members of the governing body 1a 56 | | | |
| b | Enter the number of voting members that are independent 1b 47 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Νο |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νο |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νο |
| 6 | Does the organization have members or stockholders? | 6 | | Νo |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Νο |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νο |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| | ction B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | venue Code.) | | 7.5 | |
| | | | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| | 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 | |
| | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο |
| Ь | 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? | 461 | | |
| 6- | ection C. Disclosure | 16b | | |
| | List the States with which a copy of this Form 990 is required to be filed PA | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | |
| 10 | (3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | ie orga | nızatıor | n 🕨 |
| | KENNETH K KALAPAY | | | |

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 | Key employee Officei Institutional Trustee or director | | Key employee | Former Highest compensated employee | | 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 | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

Total number of individuals (including but not limited to those listed above) 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 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 | |
| | | _ - | res | |
| 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) Name and business address | (B) Description of services | (C) Compensation |
|--|-------------------------------|----------------------------|
| ST LUKE'S HOSPITAL SCHOOL OF NURSING 801 OSTRUM STREET BETHLEHEM, PA 18015 | PROFESSIONAL EDUCATION SVCS | 841,483 |
| C & D WATERPROOFING CORPORATION 300 PAPERMILL ROAD BLOOMSBURG, PA 17815 | CONSTRUCTION - FEES/MATERIALS | 352,848 |
| SODEXO INC & AFFILIATES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674 | FOODSERVICE MANAGEMENT | 248,214 |
| ALVIN H BUTZ INC 840 HAMILTON STREET SUITE 600 PO ALLENTOWN, PA 181050509 | CONSTRUCTION MANAGEMENT | 143,774 |
| HEMMLER CAMAYD ARCHITECTS 409 LACKAWANNA AVE SUITE 400 scranton, PA 18503 | ARCHITECT | 127,865 |
| 2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►8 |) who received more than | |

| Form 99 | | <u> </u> | | | | | | Page 9 |
|--|-------------|---|-----------------------------------|---------------|----------------------|--|---|---|
| Part V | <u>/##1</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 |
| nts nts | 1a | Federated cam | paigns 1a | | | | | |
| 호호 | ь | Membership du | es 1b | | | | | |
| s, g | c | Fundraising eve | ents 1c | 36,027 | | | | |
| 無った | d | Related organiz | zations 1d | | | | | |
| <u>ع کو</u> | e | Government grants | s (contributions) 1e | 964,528 | | | | |
| F S | f | All other contribution | ons, gifts, grants, and 1f | 7,526,495 | j | į | | |
| 5 ₹ | g | Noncash contri | butions included in | | | | | |
| Contributions, gifts, grants and other similar amounts | | lines 1a-1f \$ | 86,832 | | | | | |
| ပွဲနဲ့ | h | Total. Add lines | s 1a-1f | · · · • | 8,527,050 | | | |
| <u> </u> | | | | Business Code | | | | |
| Program Service Revenue | 2a | TUITION AND FEES | 5 | 611,710 | 51,177,665 | 51,177,665 | | |
| æ | ь | DORMITORY FEES | & RENTA | 611,710 | 5,405,060 | 5,405,060 | | |
| မှ | c | FEDERAL ADMINIS | TRATIVE | 611,710 | 69,761 | 69,761 | | |
| že. | d | MISCELLANEOUS E | DUCATIO | 611,710 | 58,117 | 58,117 | | |
| 2 | e | ATHLETIC RECEIPT | rs | 611,710 | 27,125 | 27,125 | | |
| E | f | All other progra | am service revenue | | 7,525 | | 7,525 | |
| Š | g | Total. Add lines | s 2a-2f | | 56,745,253 | | | |
| | 3 | | ome (including divident | | , , | | | |
| | | and other simila | aramounts) | ▶ | 1,416,383 | | | 1,416,383 |
| | 4 | Income from inves | stment of tax-exempt bond p | proceeds 🕨 | | | | |
| | 5 | Royalties | | | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents Less rental | | | | | | |
| | b | expenses | | | | | | |
| | C | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | l_ | Crass amount | (i) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other | 25,145,441 | | | | | |
| | ь | than inventory Less cost or | 33,121,170 | 50,066 | | | | |
| | | other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | -7,975,729 | -50,066 | | | | |
| | d | Net gain or (los | ss) | | -8,025,795 | | | -8,025,795 |
| άs | 8a | Gross income f events (not inc | _ | | | | | |
| Other Revenue | | | ,027 | | | | | |
| ⊕ | | of contributions See Part IV, lin | reported on line 1c) | | | | | |
| č | | See rait IV, iiii | a | 19,650 | | | | |
| <u>a</u> | ь | Less direct ex | penses b | 22,226 | | | | |
| ŏ | С | Net income or (| (loss) from fundraising | events 🛌 | -2,576 | | | -2,576 |
| | 9a | Gross income f See Part IV, lin | | | | | | |
| | ь | | penses b | | | | | |
| | C | | (loss) from gaming activ | vities | | | | |
| | 10a | Gross sales of returns and allo | • * | 6,311,013 | | | | |
| | ь | Less cost of a | oods sold b | 2,501,692 | | | | |
| | С | | ا loss) from sales of inve(| | 3,809,321 | 3,809,321 | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | STUDENT FEE | S & FINES | 611,710 | 129,911 | 129,911 | | |
| | Ь | PASSTHROUG | H ENTITY INC | 900,000 | 55,948 | | 55,948 | |
| | С | MISCELLANEC | ous | 611,710 | -40,492 | -40,492 | | |
| | d | All other reven | ue | | | | | |
| | e | Total. Add lines | s 11a-11d | 🛌 | 145,367 | | | |
| | 12 | Total revenue. | See Instructions | · L | 62,615,003 | 60,636,468 | 63,473 | -6,611,988 |

Part IX Statement of Functional Expenses

| | Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to | • | | (D) | |
|----|---|-----------------------|-----------------------------|--|-------------------------|
| | | | (B) | (D). | (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 19,425,719 | 19,425,719 | | |
| 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 | 1,490,926 | 680,254 | 655,687 | 154,985 |
| 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 | 23,126,336 | 19,674,839 | 2,719,659 | 731,838 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,616,899 | 1,376,696 | 191,757 | 48,446 |
| 9 | Other employee benefits | 3,179,805 | 2,656,232 | 404,877 | 118,696 |
| 10 | Payroll taxes | 1,616,926 | 1,330,574 | 228,313 | 58,039 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 465,894 | 465,894 | | |
| ь | Legal | 95,539 | | 95,539 | |
| c | Accounting | 65,647 | | 65,647 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 181,545 | | 181,545 | |
| g | Other | 160,738 | 72,663 | | 26,172 |
| 12 | Advertising and promotion | 194,436 | 134,742 | 59,694 | |
| 13 | Office expenses | 1,388,886 | 1,022,595 | ' | 97,034 |
| 14 | Information technology | 830,523 | 213,566 | 616,957 | · |
| 15 | Royalties | | , | | |
| 16 | Occupancy | 3,322,116 | 2,849,117 | 472,999 | |
| 17 | Travel | 779,015 | 712,162 | | 26,430 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | , | | 10,120 | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 1,487,806 | 1,292,812 | 194,994 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,536,668 | 3,134,945 | 401,723 | |
| 23 | Insurance | 252,305 | 131,439 | 120,866 | |
| 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 | STUDENT GOVT | 399,355 | 399,355 | | |
| ь | ATHLETICS PROGRAM COSTS | 379,366 | 379,366 | | |
| c | STUDY ABROAD COSTS | 364,713 | 364,713 | t | |
| d | PUBLICATIONS | 340,616 | 25,330 | 315,286 | |
| e | Equipment Rental and Ma | 295,933 | 239,281 | 56,652 | |
| f | All other expenses | 2,884,673 | 2,408,072 | | 48,426 |
| 25 | Total functional expenses. Add lines 1 through 24f | 67,882,385 | 58,990,366 | · · · | 1,310,066 |
| 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 campaign and fundraising solicitation | ,, | | ., | -,, |

| Pa | rt X | Balance Sheet | | | | | |
|--------------|------|--|----------|-------------------|--------------------------|-------------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 9,317 | 1 | 10,796 |
| | 2 | Savings and temporary cash investments | | | 18,862,645 | 2 | 16,921,018 |
| | 3 | Pledges and grants receivable, net | | | 2,510,262 | 3 | 4,150,130 |
| | 4 | Accounts receivable, net | | | 671,019 | 4 | 762,987 |
| | 5 | Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of | s, key | employees, and | | | |
| | | Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (| | n 4958(f)(1)) and | | | |
| | | Schedule L | | | | 6 | |
| ssets | 7 | Notes and loans receivable, net | | | 2,984,638 | 7 | 3,089,504 |
| 8 | 8 | Inventories for sale or use | | | 340,304 | 8 | 296,595 |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 1,454,125 | 9 | 2,333,601 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 129,057,122 | | | |
| | ь | Less accumulated depreciation | 10b | 57,612,926 | 71,314,853 | 10c | 71,444,196 |
| | 11 | Investments—publicly traded securities | | | 60,418,727 | 11 | 66,392,243 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 13,659,243 | 15 | 11,502,793 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 172,225,133 | 16 | 176,903,863 |
| | 17 | Accounts payable and accrued expenses . | | | 4,244,861 | 17 | 3,824,478 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 1,275,164 | 19 | 1,276,493 |
| | 20 | Tax-exempt bond liabilities | | | 29,050,000 | 20 | 27,520,000 |
| <u>.</u> | 21 | Escrow or custodial account liability Complete Part IV of Schedu | le D | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | , | | | | |
| ?IT | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 3,601,280 | 25 | 4,094,695 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 38,171,305 | 26 | 36,715,666 |
| Si | | Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and comp | olet e l | ines 27 | | | |
| Fund Balance | l | through 29, and lines 33 and 34. | | | 70.050.440 | | 70 500 004 |
| <u> </u> | 27 | Unrestricted net assets | | | 70,053,446 | | 72,532,881 |
| ă | 28 | Temporarily restricted net assets | | | 18,280,134 | | 20,420,039 |
| 豆 | 29 | Permanently restricted net assets | | | 45,720,248 | 29 | 47,235,277 |
| 3 | | Organizations that do not follow SFAS 117, check here ► a | ıd con | nplet e | | | |
| or. | 30 | lines 30 through 34. Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| 55 | 32 | Retained earnings, endowment, accumulated income, or other fu | | | | 32 | |
| | 33 | Total net assets or fund balances | anus | | 134,053,828 | | 140,188,197 |
| Net | | | | | | | |
| | 34 | Total liabilities and net assets/fund balances | | 172,225,133 | 34 | 176,903,863 | |

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | ▼ Separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

MORAVIAN COLLEGE

| | | | | | | | | | 24-0/9546 | | | |
|--------|-------------------------------|---------------------------------|---------------------------------|--|---|------------------------------|---|------------------------------|-----------------------------------|------------------------|------------|----------------------------------|
| Par | t Ι | Reas | on for Pub | olic Charity Stat | us (All orga | anızatıons ı | must comple | ete this pai | rt.) See inst | tructions | | |
| ne o | rganız | zation is | not a private | e foundation because | ıtıs (Forlır | nes 1 throug | h 11, check o | nly one box |) | | | |
| 1 | Г | A churc | h, conventio | on of churches, or as: | sociation of d | hurches se | ction 170(b)(| 1)(A)(i). | | | | |
| 2 | ✓ | A schoo | ol described | ın section 170(b)(1) | (A)(ii). (Atta | ach Schedul | e E) | | | | | |
| 3 | \sqcap | A hospi | tal or a coop | erative hospital serv | /ice organiza | tıon descrıb | ed in section | 170(b)(1)(A | A)(iii). | | | |
| 4 | Γ | | cal research l's name, cit | organization operate y, and state | ed in conjunc | tion with a h | ospital descri | ibed in secti | on 170(b)(1) | (A)(iii). Ente | r the | |
| 5 | Γ | An orga | nızatıon ope | rated for the benefit | of a college o | or university | owned or ope | rated by a g | jovernmental | unit describe | – ed in | |
| | | sect ion | 170(b)(1)(# | A)(iv). (Complete Pa | rt II) | | | | | | | |
| 6 | Г | A feder | al, state, or l | local government or | governmenta | l unıt descrı | bed in sectior | 170(b)(1)(| (A)(v). | | | |
| 7 | Γ | describ | ed ın | t normally receives a A)(vi) (Complete Pa | | part of its s | upport from a | government | tal unit or froi | m the general | public | |
| 8 | \sqcap | A comm | nunity trust (| described in section | 170(b)(1)(A |)(vi) (Comp | olete Part II) | | | | | |
| 9 | Γ | receipts its supp | s from activit oort from gro | t normally receives ties related to its ex ss investment incom anization after June 3 | empt function ne and unrela | ns—subject i ted busines: | to certain exc s taxable inco | eptions, and ome (less se | d (2) no more ection 511 ta | than 331/3% | of | 3 S |
| 0 | Γ | Anorga | nızatıon org | anızed and operated | exclusively t | to test for pu | blic safety S | ee section 5 | 09(a)(4). | | | |
| 1 | Γ | one or r | nore publicly | anized and operated supported organization besthe type of support b Type II | tions describ rting organiz | ed in sectionation | n 509(a)(1) o | r section 50 11e through | 09(a)(2) See | • | a)(3). | Check |
| e | Γ | otherth | _ | x, I certify that the o on managers and oth | - | | • | • | • | • | • | |
| f g | | If the or check t Since A | rganization r his box | eceived a written de 006, has the organiz | | | | | | I supporting o | rganız | ation, |
| | | | . | ectly or indirectly co | ntrols, either | r alone or too | ether with pe | rsons desci | ribed in (ii) | | Yes | No |
| | | | | overning body of the | • | | | | | 11g(i) | | |
| | | (ii) a fa | milv membe | r of a person describ | ed ın (ı) abov | e? | | | | 11g(ii) | | |
| | | | • | ed entity of a person | | | ove? | | | 11g(iii) | | |
| h | | • • | | g information about t | | ., ., | | | | | | |
| s | (i) Name uppor ganız | of rted | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove | on in ed in rning | (v) Did you not organizati col (i) of support | on ın your | (vi) Is the organizat col (i) org | e ıon ın anızed | Amo | vii) ount of oport? |
| | | | | (see (nstructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | 1 | 1 | | |
| | | | | | | | | | | | | |

Total

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. | ֥ <i>)</i> | | |
| | 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 | 33 1/3% support test—2008. If the | | | | 5a, and line 15 is | 33 1/3% or moi | |
| | box and stop here. The 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 | | | | | | ▶ ┌ |
| 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

DLN: 93493045010111

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

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

Open to Public

| me of the organization RAVIAN COLLEGE | | Employer identif | fication number |
|--|---|---|---------------------------------------|
| et T. Organizations Maintaining Do | nor Advised Funds or Other Simila | 24-0795460 | ate Complete if the |
| organizations Maintaining Doi organization answered "Yes" to Fo | | ir Fullus of Accou | its. Complete il tile |
| | (a) Donor advised funds | (b) Funds ar | d other accounts |
| Total number at end of year | | | |
| Aggregate contributions to (during year) | | | |
| Aggregate grants from (during year) | | | |
| Aggregate value at end of year | | | |
| Did the organization inform all donors and don funds are the organization's property, subject | | | ┌ Yes |
| Did the organization inform all grantees, dono used only for charitable purposes and not for conferring impermissible private benefit | the benefit of the donor or donor advisor, or | for any other purpose | ┌ Yes |
| rt III Conservation Easements. Con | nplete if the organization answered "Ye | es" to Form 990, Part | IV, line 7. |
| Purpose(s) of conservation easements held b Preservation of land for public use (e g , r Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held easement on the last day of the tax year | Preservation Preservation | of an historically import of a certified historic st form of a conservation | • |
| easement on the last day of the tax year | | Held at 1 | the End of the Year |
| Total number of conservation easements | | 2a | |
| Total acreage restricted by conservation eas | ements | 2b | |
| Number of conservation easements on a certi | | 2c | |
| Number of conservation easements included | | 2d | |
| Number of conservation easements modified, the taxable year - Number of states where property subject to co | | , - | on during |
| Does the organization have a written policy re enforcement of the conservation easements if | | handling of violations, | and |
| Staff and volunteer hours devoted to monitori | ng, inspecting and enforcing conservation ea | asements during the yea | ar ▶ |
| A mount of expenses incurred in monitoring, in | nspecting, and enforcing conservation easer | nents during the year 🟲 | \$ |
| Does each conservation easement reported o 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? | | | ┌ Yes |
| In Part XIV, describe how the organization re- balance sheet, and include, if applicable, the t the organization's accounting for conservation | text of the footnote to the organization's fina | | |
| | lections of Art, Historical Treasur vered "Yes" to Form 990, Part IV, line 8 | | ar Assets. |
| If the organization elected, as permitted unde art, historical treasures, or other similar asse provide, in Part XIV, the text of the footnote t | ts held for public exhibition, education or re- | search in furtherance of | |
| If the organization elected, as permitted unde historical treasures, or other similar assets h provide the following amounts relating to thes | eld for public exhibition, education, or resea | | · · · · · · · · · · · · · · · · · · · |
| (i) Revenues included in Form 990, Part VIII | , line 1 | ► \$ | 0 |
| (ii) Assets included in Form 990, Part X | | ► \$ | 1,996,708 |
| If the organization received or held works of a following amounts required to be reported und | | | |
| Revenues included in Form 990, Part VIII, lir | ne 1 | ► \$ | |
| • | | | |

b Assets included in Form 990, Part X

| Par | Organizations Maintaining Co | llections of Art | , His | <u>torical T</u> | <u>reas</u> | ures, or C |)the | <u>r Similar As</u> | sset | S (co | <u>าtınued)</u> |
|--------|---|-------------------------------------|----------|---------------------------------|-------------|---------------|--------|--|------------|---------------|---|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any | y of th | e following | that a | re a signific | ant u | ıse of its collec | tion | | |
| а | ▼ Public exhibition | | d | √ Loan | orex | hange prog | rams | ; | | | |
| b | Scholarly research | | e | ┌ Othe | r | | | | | | |
| c | ✓ Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | v they furth | er the | organızatıor | n's ex | xempt purpose | ın | | |
| 5 | During the year, did the organization solicity assets to be sold to raise funds rather than t | | | • | | | | nılar | ┌ ʏ | es | √ No |
| Pai | t IV Escrow and Custodial Arrang | | | | | n answere | d "Y | es" to Form ' | 990, | | |
| | Part IV, line 9, or reported an ar | | | • | | | | | | | |
| 1a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | | | | utions | or other ass | ets | not | ┌ Y | es | Г No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | ıng table | | Г | | 1 . | | | |
| _ | _ | | | | | - | | AI | moun | t | |
| С | Beginning balance | | | | | - | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | - | 1e | | | | |
| f | Ending balance | | | | | L | 1f | | | | |
| 2a | Did the organization include an amount on Fo | | e 21? | | | | | | ┌ Y | es | No |
| | If "Yes," explain the arrangement in Part XI\ | | | 1 1157 | | | | | | | |
| Pa | rt V Endowment Funds. Complete | if the organization (a)Current Year | | <u>wered "Ye</u>)Prior Year | | | | <u>rt IV, line 10.</u> I)Three Years Back | | Our Ye | ars Back |
| la | Beginning of year balance | 63,031,771 | (1) | 81,853,4 | | TWO TCGTS BGC | 1 | Tyrrice rears back | ((() | our re | dis back |
| ь | Contributions | 3,524,590 | | 3,379,8 | 94 | | \top | | | - | |
| c | Investment earnings or losses | 5,196,494 | | -17,989,3 | 19 | | \top | | | | |
| d | Grants or scholarships | | | | | | 1 | | | | |
| e | Other expenditures for facilities and programs | 4,366,563 | | 4,212,2 | 38 | | | | | | |
| f | Administrative expenses | 181,545 | | | | | \top | | | | |
| g | End of year balance | 67,204,747 | | 63,031,7 | 70 | | \top | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held a | as | | - | | | | | | |
| а | Board designated or quasi-endowment | 21 200 % % | | | | | | | | | |
| ь | Permanent endowment ► 78 800 % % | | | | | | | | | | |
| c | Term endowment ► 0 % % | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | atıon t | hat are hel | d and | admınıstere | d for | the | | | |
| | organization by | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | • | | • | | ` ′ + | Yes | |
| | (ii) related organizations | | | | | | • | | (ii) | | N o |
| ь 4 | If "Yes" to 3a(ii), are the related organizatio | | | | • | | • | 3 | ь | | |
| | Describe in Part XIV the intended uses of the rt VI Investments—Land, Building: | | | | ממת ד | Part V June | 10 | | | | |
| r (c | Description of investment | s, and Equipme | <u> </u> | (a) Cost of basis (inves | other | (b)Cost or o | ther | (c) Accumulated depreciation | 1 (| d) Boo | k value |
| 1a | Land | | | | | 4,907 | 7.420 | | + | | ,907,429 |
| | Buildings | | | | | 81,269 | - | 31,289,36 | 53 | | ,979,668 |
| | Leasehold improvements | | • | | | 01,203 | ,,031 | 31,203,30 | + | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Equipment | | | | | 22,089 |),867 | 17,824,75 | 59 | | ,265,108 |
| | Other | | | | | 20,790 | | | | | 2,291,991 |
| _ | | | - | | | | , | -, 150,00 | | | ,, 1 |

71,444,196

| (a) Description of security or category | | Z. (c) Method of valuation |
|---|--------------------------|----------------------------------|
| (including name of security) | (b) Book value | Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |
| Part VIII Investments—Program Related. See | Form 990, Part X, line : | 13. |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
| | | |
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| | | |
| Total. (Column (b) should equal Form 990. Part X. col (B) line 13) | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin | <u> </u> | |
| (a) Descrip | | (b) Book value |
| LAND HELD FOR INVESTMENT | | 1,419,171 |
| INVESTMENT INCOME RECEIVABLE | | 236,192 |
| DEPOSITS WITH TRUSTEE UNDER DEBT AGREEMENT | | 5,441,769 |
| SPLIT-INTEREST AGREEMENTS | | 4,405,661 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. | 5.) | 11,502,793 |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | |
| 1 (a) Description of Liability | (b) A mount | |
| Federal Income Taxes | | |
| ANNUITIES PAYABLE | 1,426,276 | |
| POSTRETIREMENT BENEFIT OBLIGATION | 498,673 | |
| REFUNDABLE FEDERAL GRANTS AND LOAN FUNDS | 1,152,610 | |
| OTHER LIABILITIES | 754,382 | |
| CAPITAL LEASE OBLIGATIONS | 262,754 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 100150= | |
| Totali (Column (b) Should Equal Form 330, Fall A, COI (b) IIIle 23) | 4,094,695 | |

| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | nts | |
|------|--|------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 62,615,003 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 67,882,385 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -5,267,382 |
| 4 | Net unrealized gains (losses) on investments | 4 | 12,262,378 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -860,627 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 11,401,751 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 6,134,369 |
| Part | XII 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 | 56,933,408 |
| 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) | | |
| e | Add lines 2a through 2d | 2e | -8,023,968 |
| 3 | Subtract line 2e from line 1 | 3 | 64,957,376 |
| 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 181,545 | | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4c | -2,342,373 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 62,615,003 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial statements | 1 | 50,798,100 |
| 2 | A mounts 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) | | |
| e | Add lines 2a through 2d | 2e | 2,523,918 |
| 3 | Subtract line 2e from line 1 | 3 | 48,274,182 |
| 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 181,545 | | |
| b | Other (Describe in Part XIV) |] | |
| c | Add lines 4a and 4b | 4c | 19,608,203 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 67,882,385 |

Part XIV Supplemental Information

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

| 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 457 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 - 860627 |
| Part XII, Line 2d - Other Adjustments | | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 860627 STUDENT GRANTS -19425719 |
| Part XII, Line 4b - Other Adjustments | | COST OF GOODS SOLD EXPENSES -2501692 SPECIAL FUNDRAISING EVENTS EXPENSES -22226 |
| Part XIII, Line 2d - Other Adjustments | | COST OF GOODS SOLD EXPENSES 2501692 SPECIAL FUNDRAISING EVENTS EXPENSES 22226 |
| Part XIII, Line 4b - Other Adjustments | | STUDENT GRANTS 19425719 ADJUSTMENT OF BEGINNING FUND BALANCES 939 |

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MORAVIAN COLLEGE

Name of the organization

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

| | 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 | 3 | Yes | |
| | THE PROSPECTUS, WHICH LISTS MORAVIAN COLLEGE'S NONDISCRIMIN- ATORY POLICY IN DETAIL, IS GIVEN TO EVERY PROSPECTIVE STUDENT WHO INQUIRES ABOUT ADMISSION | | | |
| 4 | Does the organization maintain the following? | | | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| Ь | 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 | |
| 5 a | Does the organization discriminate by race in any way with respect to Students' rights or privileges? | | | No |
| | | | | |
| Ь | Admissions policies? | 5b | | Νo |
| С | 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? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) | 5h | | Νo |
| | | | | |
| | 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 |
| 7 | If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 | | | |
| | of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990) | 7 | Yes | |

DLN: 93493045010111

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

Internal Revenue Service Name of the organization

licensing

Department of the Treasury

Employer identification number

| МО | RAVIAN COLLEGE | | | | | 24-0795460 | | | | |
|------------------|--|--|---------------------------|--|--------------------------------------|--|--|--|--|--|
| Pa | | ctivities. Comple ers are not require | | | tion answered "Yes" is part. | to Form 990, Part IV | , line 17. | | | |
| 1 | Indicate whether the orga | anızatıon raısed fund | s through | | | | | | | |
| a b c d | Internet and e-mail solicitations Phone solicitations | | | Solicitation of non-government grants Solicitation of government grants Special fundraising events | | | | | | |
| | Did the organization have or key employees listed i | n Form 990, Part VI | I) or entity | y in conne | ection with professional | fundraising activities? | ┌ Yes ┌ No | | | |
| b | If "Yes," list the ten higher to be compensated at lea | | | | | | | | | |
| | (i) Name of individual or entity (fundraiser) (ii) A ctivity | | fundrais custo cont | Did ser have ody or rol of utions? | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization | | | |
| | | | Yes | No | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | al | | | | | | | | | |

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

| Pai | rt II | Fundraising Events. Com more than \$15,000 on Form | iplete if the organizati i 990-EZ, line 6a. List | on answered "Yes" to events with gross rec | Form 990, Part IV, lir eipts greater than \$5, | ne 18, or ,000. | report | :ed |
|-----------|--------|---|---|---|---|--------------------|--------------------|----------|
| | | | (a) Event #1 MORAVIAN GOLF | (b) Event #2 | (c) O ther Events | (d) To (Add col | tal Eve (a) the | |
| | | | CLASSIC (event type) | (event type) | (total number) | | | |
| Ψ | 1 | Gross receipts | 55,67 | 7 | | | 5! | 5,677 |
| Revenue | 2 | Less Charitable contributions | 36,02 | 7 | | | 36 | 6,027 |
| | 3 | Gross income (line 1 minus line 2) | 19,65 | 0 | | | 19 | 9,650 |
| | 4 | Cash prizes | | | | | | |
| မှာ | 5 | Non-cash prizes | 1,21 | 4 | | | : | 1,214 |
| Expenses | 6 | Rent/facility costs | 14,09 | 4 | | | 14 | 4,094 |
| ă | 7 | Food and beverages | | | | | | |
| Drea | 8 | Entertainment | | | | | | |
| 莅 | 9 | Other direct expenses . | 6,91 | 8 | | | | 6,918 |
| | 10 | Direct expense summary Add lin | nes 4 through 9 ın columi | n (d) | 🕨 | | 22 | 2,226 |
| | 11 | Net income summary Combine li | nes 3, column d, and line | 10 | | | -: | 2,576 |
| Par | t III | Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii | | "Yes" to Form 990, Pa | irt IV, line 19, or repo | rted mor | e than | 1 |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (Add col | tal gam (a) the | _ |
| <u> </u> | 1 | Gross revenue | | | | - | | |
| မှ | 2 | Cash prizes | | | | | | |
| penses | 3 | Non-cash prizes | | | | + | | |
| <u>ស័</u> | 4 | Rent/facility costs | | | | | | |
| Direct | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | Г Yes | Г Yes | │ Yes | | | |
| | 7 | Direct expense summary Add line | s 2 through 5 in column | (d) | | | | |
| | 8 | Net gaming income summary Com | nbine lines 1, column d, a | nd line 7 | | | | |
| 9 a | | er the state(s) in which the organiza the organization licensed to operate | | <u> </u> | · | · 9a | Yes | No |
| b | If"N | No," Explain | | | | | | |
| 10a b | | e any of the organization's gaming 'es," Explain | licenses revoked, suspe | nded or terminated during | the tax year? | 10a | | |
| 11 | Doe: | s the organization operate gaming | activities with nonmemb | ers? | | | | |
| 12 | | he organization a grantor, beneficia ned to administer charitable gaming | | | | | | |
| | 101111 | ica to administer charitable gallilli | | | | 12 | | <u> </u> |

| | | 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 | |

DLN: 93493045010111

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 | | | F Attach to Form 9 | 90 | | Inspection | | | |
|--|------------------------|--|--------------------------------------|---|--|-------------------|--------------------------------|---------------------------------------|--|
| Name of the organization | | | | | | Employe | Employer identification number | | |
| MORAVIAN COLLEGE | | | | | | 24-079 | 5460 | | |
| Part I General Infor | mation on Grant | s and Assistance | | | | • | | | |
| - | ed to award the grants | ostantiate the amount of t s or assistance? ures for monitoring the us | | | | | | Г Yes Г I | |
| Form 990, Part | IV, line 21 for any | o Governments and recipient that receive 90) if additional space | d more than \$5,000 | . Check this box if no | one recipient receiv | ed more tha | an \$5,000 | 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 | |

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 |
|---|---------------------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|
| SCHOLARSHIPS & FINANCIAL AID FOR VARIOUS STUDENTS | 1549 | 19,425,719 | | | |
| See Additional Data Table | | | | | |

| Part IV Supple | emental Information. Cor | mplete this part to provide the information required in Part I, line 2, and any other additional information. |
|--------------------|---------------------------------|---|
| 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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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493045010111

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization MORAVIAN COLLEGE

Employer identification number

24-0795460

| Pa | rt I Questions Regarding Compensation | | <u>.</u> | | | | |
|----|--|----------|---|----|-----|----|--|
| | | | | | Yes | Νo | |
| 1a | Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t | | | | | | |
| | First-class or charter travel | | Housing allowance or residence for personal use | | | | |
| | Travel for companions | \sqcap | Payments for business use of personal residence | | | | |
| | Tax idemnification and gross-up payments | 굣 | Health or social club dues or initiation fees | | | | |
| | Discretionary spending account | <u> </u> | Personal services (e g , maid, chauffeur, chef) | | | | |
| b | If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ | | | 1b | Yes | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | | | | | | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha | | | | | | |
| | Compensation committee | ~ | • • | | | | |
| | ▼ Independent compensation consultant | 굣 | Compensation survey or study | | | | |
| | Form 990 of other organizations | <u>~</u> | Approval by the board or compensation committee | | | | |
| 4 | During the year, did any person listed in Form 990, Pa or a related organization | rt VII | I, Section A, line 1a with respect to the filing organization | | | | |
| а | Receive a severance payment or change-of-control pa | ymer | ıt? | 4a | | No | |
| b | Participate in, or receive payment from, a supplement | al non | qualified retirement plan? | 4b | Yes | | |
| С | Participate in, or receive payment from, an equity-bas | ed co | mpensation arrangement? | 4c | | Νο | |
| | If "Yes" to any of lines 4a-c, list the persons and prov | ıde th | ne applicable amounts for each item in Part III | | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must | com | plete lines 5-9. | | | | |
| 5 | For persons listed in form 990, Part VII, Section A, list compensation contingent on the revenues of | ne 1a, | did the organization pay or accrue any | | | | |
| а | The organization? | | | 5a | | Νo | |
| b | Any related organization? | | | 5b | | Νo | |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of | ne 1a, | did the organization pay or accrue any | | | | |
| а | The organization? | | | 6a | | Νo | |
| ь | 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, li payments not described in lines 5 and 6? If "Yes," de | | | 7 | | No | |
| 8 | Were any amounts reported in Form 990, Part VII, pa | | · | | | | |
| | subject to the initial contract exception described in F | legs : | section 53 4958-4(a)(3)? If "Yes," describe | | | | |
| | ın Part III | | | 8 | | Νo | |
| 9 | If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$? | ebutt | able presumption procedure described in Regulations | 9 | | | |

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

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

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

| (A) Name | , | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | | (E) Total of columns | (F) Compensation | |
|---|-------------|------------------|-----------------------|---|--------------------------------|-----------------|----------------------|---|--|
| | | incentive | | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ | |
| REV DR CHRISTOPHER M (I) THOMFORDE (II) | | 235,265 | | | 24,000 | 24,000 49,423 0 | | , | |
| PETER A CAPUTO | (1) | 139,573 | - | -, | 13,957 | | 8 156,510 0 0 | | |
| DENNIS A DOMCHEK | (ı) (ıı) | 130,419 | | , , | 13,171 | | 7 152,046 0 0 | (| |
| BERNARD J STORY | (ı) (ıı) | 105,053 | | 1 | 5 10,706 0 0 | | 6 160,200 0 0 |) | |
| GORDON WEIL | (ı) (ıı) | 135,687 0 | | _, | 5 13,627 0 | | 8 157,047 0 0 | | |
| JOHN R DILENDIK | (ı) (ıı) | 108,135 | 0 0 | | ´l | , | | , | |
| | | | | | | | | | |
| | | <u> </u> | | | <u> </u> | <u> </u> | | | |
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| | ' | - | | | | | , | | |
| | + | † | | | <u> </u> | | | | |

Part III Supplemental Information

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

| Ident if ier | Return Reference | Explanation |
|--------------|---------------------|--|
| | · | 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 |
| | Part I, Line 4a | President Christopher M Thomforde participates in a non-qualified 457(b) deferred compensation plan College funds are not contributed to this plan |

Schedule J (Form 990) 2009

which may result in private business use?

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

Schedule K

(Form 990)

DLN: 93493045010111

OMB No 1545-0047

Schedule K (Form 990) 2009

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury **Inspection** Internal Revenue Service Employer identification number Name of the organization MORAVIAN COLLEGE 24-0795460 **Bond Issues** Part I (h) O n (g) Defeased Behalf of (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 CURRENT REFUNDING OF **EDUCATION FACILITIES** Х Х Α 23-2243852 70917N6U3 06-16-2005 4,632,313 CALLABLE 1994 TAX-EMEMPT AUTHORITY BONDS Part II **Proceeds** В D Ε Total proceeds of issue 5,116,705 Gross proceeds in reserve funds 450,572 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 171,633 Working capital expenditures from proceeds Capital expenditures from proceeds Year of substantial completion 8 2005 No Yes Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Χ the final allocation of proceeds? Part IIII Private Business Use C D Ε Α В Yes No Yes No No No Yes Yes Yes Was the organization a partner in a partnership, or a member of an LLC, Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Χ

Cat No 50193E

| Part III | Private | Business | Use | (Continued) |
|----------|---------|-----------------|-----|-------------|
| | | | | |

| | | | A | В | | С | | D | | E | |
|---------|--|---------|---------|-----|-----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | Х | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | X | | | | | | | | |
| 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? | | Х | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 8 000 % | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | | | | | | | | |
| 6 | Total of lines 4 and 5 | | 8 000 % | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | Х | | | | | | | | | |
| Par | t IV Arbitrage | | | | | | | | | | |
| | | A | | В | | С | | D | | E | |
| 1 | Yes Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | No X | Yes | No | Yes | N | o | Yes | No | Yes | No |
| 2 | Is the bond issue a variable rate issue? | X | | | | | | | | | |
| - За | Has the organization or the governmental issuer identified a | Α. | | | | | | | | | |
| Sa | hedge with respect to the bond issue on its books and | | | | | | | | | | |
| | records? | Х | | | | | | | | | |
| | | | | | | | | | | | |
| ь | Name of provider | | | | | | | | | | |
| с | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | × | | | | | | | | | |
| b | 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? | X | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | х | | | | | | | | | |

Schedule L

Department of the Treasury

1

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered or Form 990-EZ, Part V lines 38a or 40b.

DLN: 93493045010111 OMB No 1545-0047

Internal Revenue Service

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

Yes

No

(e) Sharing of organization's

No

Inspection

Name of the organization MORAVIAN COLLEGE

Employer identification number

24-0795460

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(c) Corrected? (a) Name of disqualified person (b) Description of transaction

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(f) (b) Loan to **(e)** In Approved (g)Written or from the (a) Name of interested person and (c)Original by board or (d)Balance due default? agreement? organization?

principal amount purpose committee? From Yes No

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

STEPSON OF COLLEGE PRESIDENT JAMES CHADWICK CHRISTOPHER M THOMFORDE 15,368 ALLISON STORY DAUGHTER OF OFFICER BERNARD STORY 28,735 WIFE OF OFFICER BERNARD STORY MARGARET STORY 1,132

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

(b) Relationship

between interested (c) A mount of (a) Name of interested person (d) Description of transaction

person and the revenues? transaction organization

VICE PRESIDENT FOR **DENNIS A DOMCHEK** 55,739 Dennis A Domchek, Vice Νo FINANCE AND President for Finance and ADMINISTRATION Administration of the College, is a member of the Board of

Moravian College Housing, Inc (MCHI) MCHI, a non-related 501(C)(3) entity, owns and operates a dormitory located on the campus of the College MCHI leases the land from the College for \$1 per year In addition to the land lease, the following transactions exist between the two parties - All student charges are invoiced by the College Accordingly, room rentals in the building owned by MCHI are billed and collected by the College Funds collected from the students are subsequently remitted to MCHI Room rentals remitted for 2009/10 were \$1,409 375 -MCHI contracts with the College to perform various maintenance and custodial services For 2009/10 MCHI paid \$55,739 to Moravian College for these services - In 2008, the College issued a \$1,000,000 note to MCHI

principal balance of the 858.580 The Reverend Douglas W DOUGLAS W CALDWELL TRUSTEE Νo Caldwell, Trustee, is a member

Lukes Hospital During the year ended June 30, 2010, the College paid St Luke's for the following - St Luke's provides clinical instruction for the Nursing students of the College \$841,483 was paid to St Luke's for these services - The College Health Center is managed by staff of St Luke's Hospital St Luke's was paid a management fee of \$5,929 for this service (Note the total amount paid of \$217,680

included \$211,751 in reimbursement of expenses (staff, supplies, etc))- Various services are provided to the College by St Luke's (training, flu shots, etc) \$11,168 was

CHRISTOPHER M THOMFORDE PRESIDENT 858,580 Christopher M Thomforde, Νo President of the College, is a

member of the Board of Directors for St Lukes Hospital During the year ended June 30, 2010, the College paid St Luke's for the following - St Luke's provides clinical instruction for the Nursing students of the College \$841,483 was paid to St Luke's for these services - The College Health Center is managed by staff of St Luke's Hospital St Luke's was paid a management fee of \$5,929 for this service (Note the total amount paid of \$217,680 included \$211,751 in reimbursement of expenses

paid for these services

Annually, the College accrues interest income on the unpaid

of the Board of Directors for St

(staff, supplies, etc))- Various services are provided to the College by St Luke's (training, flu shots, etc) \$11,168 was paid for these services

Schedule L (Form 990 or 990-EZ) 2009

DLN: 93493045010111

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part I Types of Property

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

NonCash Contributions

Employer identification number Name of the organization MORAVIAN COLLEGE 24-0795460

| | | (a) Check If | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line | (d) Method of de reven | etermin | ıng | |
|-------|--|--------------------|--------------------------------|--|------------------------------|---------|------|------|
| | | applicable | | 1g | reveni | ues | | |
| 1 | Art—Works of art | | | J | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional Interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | Х | 8 | 163,835 | FAIR MARKET VAL | UE | | |
| 10 | Securities—Closely held stock $\ .$ | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Q ualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► (<u>EQUIPMENT</u>) | Х | 1 | 22,937 | FAIR MARKET VAL | UE | | |
| 26 | Other ► (GIFT CARDS) | Х | 1 | 60 | FAIR MARKET VAL | UE | | |
| 27 | Other ▶() | | | | | | | |
| 28 | O ther ▶ () | | | | | | | |
| 29 | Number of Forms 8283 received for which the organization compl | | | | 29 | | | 1 |
| | | | | | | | Yes | No |
| 30a | During the year, did the organiza | | | • • | | | | |
| | must hold for at least three year | s from the o | date of the initial contributi | on, and which is not require | d to be used | | | |
| | for exempt purposes for the entire | re holding p | eriod? | | | 30a | | No |
| b | If "Yes," describe the arrangeme | ent in Part 1 | II | | | | | |
| 31 | Does the organization have a gif | tacceptand | ce policy that requires the r | review of any non-standard | contributions? | 31 | Yes | |
| 32a | Does the organization hire or use contributions? | e third parti | ies or related organizations | to solicit, process, or sell i | non-cash • • • • • | 32a | | No |
| b | If "Yes," describe in Part II | | | | | | T | _ |
| 33 | If the organization did not report | revenues i | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |
| | describe in Part II | | | | | | | |
| For F | rivacy Act and Paperwork Reduction | Act Notice | see the Instructions for Fore | n 990. Cat No 51227J | Schedule | M (Form | 200) | 2009 |

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

DLN: 93493045010111 OMB No 1545-0047

Inspection

Name of the organization MORAVIAN COLLEGE

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

Part VI,

line 12c

Section B,

Form 990 or to provide any additional information. ► Attach to Form 990.

Employer identification number

24-0795460

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section A, line 2 | | MS SALLY BREIDEGAM (COLLEGE TRUSTEE) IS THE DAUGHTER OF MR DELIGHT E BREIDEGAM (COLLEGE TRUSTEE) 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 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 with oare 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. |
| Form 990, Part VI, Section B, line 11 | | Purpose The purpose of this policy is to establish a process for appropriate review of the Federal Form 990, prior to its filing. Policy. Moravian College and Theological Semnary ("Institution") recognize that the governance role of its respective Boards of Trustees includes the annual review of the Form 990. Accordingly, the Institution requires review of the Form 990 by the Boards prior to its filing on an annual basis. The review process includes the opportunity for Board members to provide feedback and requires documented responses from management that address Board member questions and concerns. The process, as outlined below, must be completed no later than the 15th day of the eleventh month following the fiscal year ending period (assuming all extensions have been timely filed). With extensions filed, for a June 30th fiscal year end, the process must be completed and the 990 must be filed no later than May 15th of the following year. A Board resolution is not required in order for the Form 990 to be filed Process. 1 Management shall engage a qualified CPA firmwith appropriate tax filing experience for not for profit organizations ("Preparer"). Experience of the Preparer shall include, but not be limited to, filing of the federal form 990. 2. Management shall be responsible for assembling and forwarding to the Preparer all required information necessary for the preparation of the initial Draft ("Initial Draft") of the 990. 3. Initial Draft shall be reviewed by management 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 reflected in the initial Draft. 4 Any changes by management to the initial Draft shall be submitted to the Preparer, changes shall be incorporated where appropriate, and Preparer shall deliver to management a revised draft. ("Revised Draft available for review to all members of the Audit Committee Management in limital Praft and p |
| Form 990, | | Conflict of interest forms for all employees are initially submitted to the Office of Human Resources. The Chief Human |

Resource Officer assesses whether action or monitoring is required, soliciting the opinion of the Vice President for

least annually Conflict of interest forms for trustees are submitted to, and reviewed by, the office of the President

Finance and Administration if necessary All conflicts that are disclosed are reviewed by the Audit Committee at

| | T | |
|--|---------------------|--|
| ldentifier | Return Reference | Explanation |
| Form 990, Part VI, Section B, line 15 | | Executive Compensation Charler and Compensation Philosophy PURPOSE As delegated representatives of the Joint Receutive Compensation Sub-Committee ("Committee") has the power, duty and responsibility to determine the institution's executive compensation philosophy and to establish such guidelines, rules and procedure as necessary for the proper and efficient administration of the Executive Compensation Program ("ECP"). Further, the Committee acknowledges as responsibility to ensure that the programs appropriate in view of its mission, and tax-exempt status, and that its compensation and benefits are reasonable and not excessive. To that end, the Committee shall review and approve all forms of executive compensation and benefits in amininar recessary to qualify for the "rebuttable presumption of reasonableness" under the intermediate sanctions rules of Section 4958 of the Internal Revenue Code MEMBERSHIP The Committee shall comprise of eight (6) members appointed by the Chair of the Joint Executive Committee The Chairman of the Board of the College, The Vice Chairman of the Board of the Seminary Board, The Chair of the Chair of the College, and the Chair of the College. The Vice Chairman of the Board of the Seminary Board, The Chair of the Finance Committee of the Seminary. Board of the College, The Vice Chairman of the Board of the College, The Vice Chairman of the Academic Committee of the Executives whose compensation of the Academic Committee of the Executives whose compensation of the President of the College. The Executives whose compensation will be approved by the Committee our first promotions, realignment in organizational structure and the like COMMENSATION PHLOSOPHY. The Students Affars and Dean of Students, the VP of Institutional Advancement, The VP and Dean of the Seminary From time to time the Committee our statege and operational goals. The Glowing will provide the necessary guidelines to accomplish the institution to attract, retain, motivate and rew and the management team leadership neceded to |

Form 990, Part VI, Section C, line 19 Financial statements are available on the College website Governing documents and conflict of interest policies are made available upon request FORM 990, PART XI, LINE 2C YES THE ORGANIZATION DOES

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

Cat No 51056K

Schedule O (Form 990) 2009

DLN: 93493045010111

OMB No 1545-1668

SCHEDULE 0 (Form 8865)

Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership

(under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.

| Name of transferor | File | r's identifying number |
|--------------------|------|------------------------|
| MORAVIAN COLLEG | E | |
| | 24- | 0795460 |

Name of foreign partnership DEUTSCHE BANK PRIVATE EQUITY GLOBAL SELECT FUND IV (US)

| Type of property | (a) Date of transfer | (b) Number of Items transferred | (c) Fair market value on date of transfer | (d) Cost or other basıs | (e) Section 704(c) allocation method | (f) Gain recognized on transfer | (g) Percentage intere in partnership afte transfer |
|-------------------------|-----------------------------------|--|--|--------------------------------------|---|---|--|
| sh | 2009-12-31 | tiansiened | 400,000 | | method | transier | 2 35 |
| | | | | | | | |
| arketable | | | | | | | |
| cunties | | | | | | | |
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| ed in trade business | | | | | | | |
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| operty | | | | | | | |
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| operty | | | | | | | |
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| upplement | al Information | Required To | Be Reported (| see instructions | s): | | |
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| David TT Dis | anacitiona Dan | artable linde | v Soction 6029 | DD | | | |
| Part II Dis | | ortable unde | er Section 6038 | | (f) | <u> </u> | (h) |
| (a) Type of | (b) Date of | (c) Date of | (d) Manner of | (e) Gaın | Depreciation recapture | (g) Gain allocated | Depreciation recapture |
| property | original transfer | disposition | disposition | recognized by partnership | recognized by | to partner | allocated |
| | | | | • | partnership | | to partner |
| | + | | | | | | |
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Schedule O (Form 8865) 2009

Software ID: Software Version:

EIN: 24-0795460

Name: MORAVIAN COLLEGE

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 | | | organizations (W- 2/1099- MISC) | from the organization and related organizations | | | |
| REV DR FRANK L CROUCH VP/DEAN THEO SEM/SEM TRU | 40 00 | Х | • | × | | | • | 80,113 | 0 | 23,849 |
| REV DR CHRISTOPHER M PRESIDENT/COLLEGE & SEM | 40 00 | X | | Х | | | | 237,378 | 0 | 73,423 |
| CURTIS H BARNETTE COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| REV DAVID BENNETT COLLEGE & SEMINARY TRUST | 1 50 | X | | | | | | 0 | 0 | 0 |
| DELIGHT E BREIDEGAM COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| CONCETTA BURKE COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| RT REV DR WAYNE BURKE COLLEGE & SEMINARY TRUST | 1 50 | X | | | | | | 0 | 0 | 0 |
| REV DR DOUGLAS W CALD COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| GREGORY CHRISTENSEN COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| LYN TRODAHL CHYNOWETH COLLEGE & SEMINARY TRUST | 1 50 | X | | | | | | 0 | 0 | 0 |
| DR HARRY G DIMOPOULOS COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| ANNE DUTLINGER COLLEGE TRUSTEE | 40 00 | Χ | | | | | | 66,392 | 0 | 13,564 |
| MICHAEL M ELLIS COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| GENEVIEVE GEE COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| NICHOLAS S HEIMBACH COLLEGE TRUSTEE | 1 50 | X | | | | | | 1,889 | 0 | 0 |
| WILTON GRANNUM COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| CANDY BARR HEIMBACH COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| PRISCILLA HURD COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| DR RICHARD T KINGSTON COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| DR ROBERT MAYER COLLEGE TRUSTEE | 40 00 | Χ | | | | | | 90,199 | 0 | 7,639 |
| DEBORAH MCKINNON COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| SALLY BREIDEGAM MIKSIEWI COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| DR A KATHRINE MILLER COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| DR PARRY J MILLER COLLEGE TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| REV ELIZABETH D MILLER COLLEGE & SEMINARY TRUST | 1 50 | Х | | | | | | 0 | 0 | 0 |

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 | | (C) tion (check all hat apply) | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | per week | Individual trustee or director | Institutional Trustee | Office | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| CHRISTOPHER OHMACHT COLLEGE TRUSTEE | 1 50 | Х | | | | | | 0 | 0 | 0 |
| BETSEY PUTH COLLEGE TRUSTEE | 1 50 | x | | | | | | 0 | 0 | 0 |
| KENNETH RAMPOLLA COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| A REED RAYMOND COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| FREDERICK A REINHARD COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| ROBERT SCHOENEN COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| KELLY SCHNEIDER COLLEGE TRUSTEE | 1 50 | Х | | | | | | 1,395 | 0 | 0 |
| PAUL G SITTENFELD COLLEGE & SEMINARY TRUST | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| HONNIE P SPENCER COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| DR SUSAN STUDDS COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| NANCY A TAYLOR COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| MARTIN L TRICHON COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| WALTER F WILLIAMS COLLEGE TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| STEPHEN BLACK SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| BRUCE BOWEN SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| REV BRIAN R DIXON SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| REV OTTO DREYDOPPEL SEMINARY TRUSTEE | 40 00 | X | | | | | | 44,382 | 0 | 20,038 |
| REV DR EILEEN EDWARDS SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| MARTY S HANCOCK SEMINARY TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| REV JANE A HARBERG SEMINARY TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| J ROBERT HESS SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| REV JAMES T HICKS SEMINARY TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| WILMA A LEWIS SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| YVONNE T MADDOX SEMINARY TRUSTEE | 1 50 | Χ | | | | | | 0 | 0 | 0 |
| REV JAMI L POSSINGER SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) A verage 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 |
| REV DR NEIL ROUTH SEMINARY TRUSTEE | 1 50 | X | | | | | | 0 | 0 | 0 |
| REV DR CRAIG TROUTMAN SEMINARY TRUSTEE | 1 50 | Х | | | | | | 0 | 0 | 0 |
| LAURA TURNER SEMINARY TRUSTEE | 1 50 | Х | | | | | | 0 | 0 | 0 |
| RUSSELL WILLIAMS SEMINARY TRUSTEE | 1 50 | Х | | | | | | 1,970 | 0 | 0 |
| HEATHER H VACEK SEMINARY TRUSTEE | 1 50 | Х | | | | | | 0 | 0 | 0 |
| REV DR JANICE M YOUNG SEMINARY TRUSTEE | 1 50 | Х | | | | | | 0 | 0 | 0 |
| PETER A CAPUTO VP INSTITUTIONAL ADVANCE | 40 00 | | | Х | | | | 142,005 | 0 | 14,505 |
| DENNIS A DOMCHEK VP FOR FINANCE & ADMINIS | 40 00 | | | Х | | | | 131,468 | 0 | 20,578 |
| BEVERLY J KOCHARD VP STUDENT SVCS/DEAN OF | 40 00 | | | Х | | | | 102,253 | 0 | 19,884 |
| ANNE M REID TREASURER | 32 50 | | | Х | | | | 74,215 | 0 | 28,067 |
| BERNARD J STORY VP ENROLLMENT | 40 00 | | | Х | | | | 105,218 | 0 | 54,982 |
| GORDON WEIL VP ACADEMIC AFFAIRS/DEAN | 40 00 | | | Х | | | | 136,702 | 0 | 20,345 |
| JOHN R DILENDIK PROFESSOR EDUCATION | 40 00 | | | | | Х | | 108,135 | 0 | 73,251 |
| MARK F REED DIR - BUS & FIN OPS | 40 00 | | | | | Х | | 105,441 | 0 | 11,137 |
| DOUGLAS J PLOTTS DIR - FMPC | 40 00 | | | | | Х | | 100,064 | 0 | 16,280 |

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

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|------------------------|---------------|----------------------|--|---|--|
| TUITION AND FEES | 611,710 | 51,177,665 | 51,177,665 | | |
| DORMITORY FEES & RENTA | 611,710 | 5,405,060 | 5,405,060 | | |
| FEDERAL ADMINISTRATIVE | 611,710 | 69,761 | 69,761 | | |
| MISCELLANEOUS EDUCATIO | 611,710 | 58,117 | 58,117 | | |
| ATHLETIC RECEIPTS | 611,710 | 27,125 | 27,125 | | |

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

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| STUDENT GOVT | 399,355 | 399,355 | | |
| ATHLETICS PROGRAM COSTS | 379,366 | 379,366 | | |
| STUDY ABROAD COSTS | 364,713 | 364,713 | | |
| PUBLICATIONS | 340,616 | 25,330 | 315,286 | |
| Equipment Rental and Ma | 295,933 | 239,281 | 56,652 | |