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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

MORAVIAN COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1200 MAIN STREET

Room/suite

City or town, state or country, and ZIP + 4

BETHLEHEM, PA 18018

F Name and address of principal officer

MARK F REED

1200 MAIN STREET

BETHLEHEM, PA 18018

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.MORAVIAN.EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1933

M State of legal domicile

PA

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO OPERATE AN INDEPENDENT, RESIDENTIAL AND COEDUCATIONAL LIBERAL ARTS COLLEGE AND THEOLOGICAL 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</div></div>																								
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

MARK F REED VP FOR FINANCE & ADMIN

Date

2012-03-28

Print/Type preparer's name

JULIUS GREEN

Preparer's signature

JULIUS GREEN

Date

Check if self-employed

☐

PTIN

Firm's name

PARENTEBEARD LLC

Firm's EIN

Firm's address

1200 ATWATER DRIVE SUITE 225

MALVERN, PA 19355

Phone no

(610) 647-8100

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO OPERATE AN INDEPENDENT, RESIDENTIAL AND COEDUCATIONAL LIBERAL ARTS COLLEGE AND THEOLOGICAL SEMINARY AFFILIATED WITH THE MORAVIAN CHURCH IN AMERICA MORAVIAN COLLEGE DELIVERS A VALUES-BASED LIBERAL ARTS EDUCATION IN A CARING ENVIRONMENT LOCATED IN BETHLEHEM, PENNSYLVANIA, IT TRACES ITS FOUNDING TO 1742 AND IS RECOGNIZED AS AMERICA'S SIXTH-OLDEST COLLEGE

2

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

Yes

☒ No

If "Yes," describe these new services on Schedule O

3

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

Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 50,550,861 including grants of \$ 20,016,243) (Revenue \$ 51,534,949)

LIBERAL ARTS COLLEGE - DURING THE YEAR ENDED JUNE 30, 2011, MORAVIAN COLLEGE OPERATED AN INDEPENDENT, RESIDENTIAL LIBERAL ARTS COLLEGE AFFILIATED WITH THE MORAVIAN CHURCH IN AMERICA THE COLLEGE OFFERED UNDERGRADUATE AND GRADUATE PROGRAMS TO PREPARE MEN AND WOMEN FOR ADVANCED STUDY AND CONTINUOUS LEARNING, INDIVIDUAL ACHIEVEMENT, AND LEADERSHIP AND SERVICE FOR THE COMMON GOOD MORAVIAN COLLEGE AND ITS THEOLOGICAL SEMINARY EDUCATED A DIVERSE GROUP OF STUDENTS FROM A GREAT VARIETY OF SOCIOECONOMIC, RELIGIOUS, RACIAL AND ETHNIC BACKGROUNDS, AND FROM APPROXIMATELY 21 STATES AND 10 FOREIGN COUNTRIES DURING THE YEAR ENDED JUNE 30, 2011, THE COLLEGE HAD ENROLLMENT OF 1,508 FULL-TIME DAY STUDENTS CONSISTING OF 647 MEN AND 861 WOMEN PLUS 172 FULL-TIME EQUIVALENT STUDENTS IN ITS EVENING AND GRADUATE PROGRAMS DURING THE YEAR ENDED JUNE 30, 2011, 1,548 COLLEGE STUDENTS RECEIVED GRANTS TOTALING \$20,016,243

4b

(Code) (Expenses \$ 7,294,901 including grants of \$) (Revenue \$ 9,633,975)

AUXILIARY ENTERPRISES (EXPENSES EXCLUDING COST OF SALES) - MORAVIAN COLLEGE PROVIDES TEXTBOOKS, EDUCATIONAL MATERIALS AND SUPPLIES THROUGH ITS BOOKSTORE, PROVIDES LIVING ACCOMMODATIONS THROUGH ITS DORMITORIES AND PROVIDES NUTRITIOUS MEALS THROUGH ITS FOOD SERVICE TO THE STUDENTS LISTED IN PART III, LINE 4A

4c

(Code) (Expenses \$ 1,701,937 including grants of \$ 289,101) (Revenue \$ 837,517)

THEOLOGICAL SEMINARY - MORAVIAN COLLEGE'S THEOLOGICAL SEMINARY, ROOTED IN THE MORAVIAN FAITH TRADITION, OFFERED GRADUATE DEGREES AND CONTINUING EDUCATION PROGRAMS TO PREPARE MEN AND WOMEN FOR EFFECTIVE LEADERSHIP AND SERVICE IN CONGREGATIONAL, COUNSELING, TEACHING, AND OTHER MINISTRIES AVERAGE ENROLLMENT AT THE THEOLOGICAL SEMINARY WAS 52 FULL-TIME EQUIVALENT STUDENTS DURING THE YEAR ENDED JUNE 30, 2011, 86 SEMINARY STUDENTS RECEIVED GRANTS TOTALING \$289,101

4d

Other program services (Describe in Schedule O)

















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 59,547,699

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		<div>YesNo</div>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<div>1a2,934</div>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<div>1b0</div>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<div>1cYes</div>
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<div>2a1,595</div>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<div>2bYes</div>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<div>3aYes</div>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<div>3bYes</div>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<div>4aYes</div>
b	If "Yes," enter the name of the foreign country: CJ, BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<div>5aNo</div>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div>5bNo</div>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<div>5c</div>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<div>6aNo</div>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div>6b</div>
7 Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<div>7aYes</div>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div>7bYes</div>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div>7cNo</div>
d	If "Yes," indicate the number of Forms 8282 filed during the year.	<div>7d</div>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div>7eNo</div>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<div>7fNo</div>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div>7g</div>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div>7h</div>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<div>8</div>
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	<div>9a</div>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<div>9b</div>
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12.	<div>10a</div>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<div>10b</div>
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders.	<div>11a</div>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<div>11b</div>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<div>12a</div>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div>12b</div>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	<div>13a</div>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<div>13b</div>
c	Enter the amount of reserves on hand.	<div>13c</div>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<div>14aNo</div>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<div>14b</div>

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 58		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	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)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Kenneth K Kalapay 1200 Main Street Bethlehem, PA 180186650 (610) 861-1539

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,506,664	0	400,341

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ST LUKE'S HOSPITAL SCHOOL OF NURSING 801 OSTRUM STREET BETHLEHEM, PA 18015	PROFESSIONAL EDUCATION SVCS	943,183
SODEXO INC & AFFILIATES 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE MANAGEMENT	253,605
EINHORN YAFFE PRESCOTT ARCHITECTURE PO BOX 617 ALBANY, NY 12201	ARCHITECTURAL SERVICES	209,651
REESE LOWER PATRICK & SCOTT LTD 1910 HARRINGTON DRIVE LANCASTER, PA 17601	ARCHITECTURAL SERVICES	126,986
BRICKMAN GROUP LTD 3630 SOLUTIONS CENTER CHICAGO, IL 60677	GROUNDS MANAGEMENT	113,446
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 7		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	41,146			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	798,121			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,579,476			
	g	Noncash contributions included in lines 1a-1f \$		315,036			
	h	Total. Add lines 1a-1f		12,418,743			
	Program Service Revenue	2a	Business Code				
		TUITION AND FEES	611310	52,071,207	52,071,207		
b		DORMITORY FEES & RENTA	611310	5,877,767	5,877,767		
c		FEDERAL ADMIN REIMBURS	611310	58,714	58,714		
d		MISC EDUCATION FEES	611310	50,583	50,583		
e		ATHLETIC RECEIPTS	611310	27,695	27,695		
f		All other program service revenue		12,075		12,075	
g		Total. Add lines 2a-2f		58,098,041			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,133,176		2,133,176	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses		88,332		
		c	Gain or (loss)		-88,332		
		d	Net gain or (loss)		-297,010		-297,010
	8a	Gross income from fundraising events (not including \$ 41,146 of contributions reported on line 1c) See Part IV, line 18	a	11,918			
		b	Less direct expenses	b	21,727		
		c	Net income or (loss) from fundraising events . .		-9,809		-9,809
	9a	Gross income from gaming activities See Part IV, line 19 . .	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . .				
	10a	Gross sales of inventory, less returns and allowances	a	6,225,808			
		b	Less cost of goods sold	b	2,469,600		
		c	Net income or (loss) from sales of inventory . .		3,756,208	3,756,208	
Miscellaneous Revenue			Business Code				
11a	STUDENT FEES & FINES	611310	139,423	139,423			
	b	MISCELLANEOUS	611310	12,769	12,769		
	c	PASSTHROUGH ENTITY INC	900000	-5,942		-5,942	
	d	All other revenue					
e	Total. Add lines 11a-11d			146,250			
12	Total revenue. See Instructions			76,245,599	61,994,366	6,133 1,826,357	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	20,305,344	20,305,344		
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	1,528,507	734,475	637,441	156,591
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	22,613,061	19,214,984	2,622,057	776,020
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,610,718	1,359,206	195,141	56,371
9	Other employee benefits	3,185,024	2,634,489	440,535	110,000
10	Payroll taxes	1,570,449	1,283,673	226,153	60,623
a	Fees for services (non-employees)				
	Management	467,625	467,625		
b	Legal	52,645		52,645	
c	Accounting	68,358		68,358	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	235,521		235,521	
g	Other	64,687	24,069	39,023	1,595
12	Advertising and promotion	155,760	117,045	38,715	
13	Office expenses	1,433,920	1,058,011	284,411	91,498
14	Information technology	968,823	191,123	777,700	
15	Royalties				
16	Occupancy	3,512,592	3,025,010	487,582	
17	Travel	856,196	794,601	40,918	20,677
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,456,407	1,261,683	194,724	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,593,478	3,197,948	395,530	
23	Insurance	164,720	127,727	36,993	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STUDENT GOVERNMENT	395,645	395,645		
b	FOOD SERVICE	374,226	374,226		
c	ATHLETICS PROGRAM COSTS	306,891	306,891		
d	GROUND'S MAINTENANCE	263,770	263,770		
e	UBI TAXES	11,500		11,500	
f	All other expenses	3,122,593	2,410,154	670,238	42,201
25	Total functional expenses. Add lines 1 through 24f	68,318,460	59,547,699	7,455,185	1,315,576
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				10,796	1	10,552
	2	Savings and temporary cash investments				16,921,018	2	23,479,531
	3	Pledges and grants receivable, net				4,150,130	3	4,410,459
	4	Accounts receivable, net				762,987	4	683,894
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				3,089,504	7	1,000,000
	8	Inventories for sale or use				296,595	8	277,115
	9	Prepaid expenses and deferred charges				2,333,601	9	3,129,476
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	132,668,367				
	b	Less: accumulated depreciation	10b	60,860,593	71,444,196	10c	71,807,774	
	11	Investments—publicly traded securities			66,392,243	11	81,286,623	
	12	Investments—other securities. See Part IV, line 11				12		
	13	Investments—program-related. See Part IV, line 11				13	2,129,569	
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			11,502,793	15	12,763,198	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			176,903,863	16	200,978,191	
Liabilities	17	Accounts payable and accrued expenses			3,824,478	17	3,972,006	
	18	Grants payable				18		
	19	Deferred revenue			1,276,493	19	1,425,404	
	20	Tax-exempt bond liabilities			27,520,000	20	31,473,167	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities. Complete Part X of Schedule D			4,094,695	25	3,951,802	
	26	Total liabilities. Add lines 17 through 25			36,715,666	26	40,822,379	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			72,532,881	27	76,114,980	
	28	Temporarily restricted net assets			20,420,039	28	27,844,196	
	29	Permanently restricted net assets			47,235,277	29	56,196,636	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other funds				32		
	33	Total net assets or fund balances			140,188,197	33	160,155,812	
	34	Total liabilities and net assets/fund balances			176,903,863	34	200,978,191	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,245,599
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,318,460
3	Revenue less expenses Subtract line 2 from line 1	3	7,927,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,188,197
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,040,476
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	160,155,812

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Part I

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

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

- 1

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
MORAVIAN COLLEGE

Employer identification number
24-0795460

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)	Revenues included in Form 990, Part VIII, line 1	▶ \$ 2,000
(ii)	Assets included in Form 990, Part X	▶ \$ 2,898,708

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☒

Public exhibition

b

☐

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☒ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	67,204,747	63,031,771	81,853,433		
b Contributions	8,179,246	3,524,590	3,379,894		
c Investment earnings or losses	12,738,786	5,196,494	-17,989,319		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,805,181	4,366,563	4,212,238		
f Administrative expenses	247,021	181,545			
g End of year balance	84,070,577	67,204,747	63,031,770		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 19 000 %

b

Permanent endowment ▶ 81 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,966,179		4,966,179
b Buildings		82,611,403	33,165,780	49,445,623
c Leasehold improvements				
d Equipment		22,294,641	18,454,568	3,840,073
e Other		22,796,144	9,240,245	13,555,899
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				71,807,774

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	76,245,599
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,318,460
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,927,139
4	Net unrealized gains (losses) on investments	4	11,601,201
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	439,275
9	Total adjustments (net) Add lines 4 - 8	9	12,040,476
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	19,967,615

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	70,225,037
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	11,601,201
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-20,119,032
e	Add lines 2a through 2d	2e	-8,517,831
3	Subtract line 2e from line 1	3	78,742,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-2,497,269
c	Add lines 4a and 4b	4c	-2,497,269
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	76,245,599

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	50,257,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2,491,327
e	Add lines 2a through 2d	2e	2,491,327
3	Subtract line 2e from line 1	3	47,766,095
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	235,521
b	Other (Describe in Part XIV)	4b	20,316,844
c	Add lines 4a and 4b	4c	20,552,365
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	68,318,460

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
	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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF 470 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE, WHICH PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 433,333 INVESTMENT LOSS FROM PARTNERSHIPS NOT BOOKED 5,942
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 433,333 STUDENT GRANTS -20,305,344 INVESTMENT MANAGEMENT FEES EXPENSE -235,521 UNRELATED BUSINESS INCOME TAX EXPENSE -11,500
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD EXPENSES -2,469,600 SPECIAL FUNDRAISING EVENTS EXPENSES -21,727 INVESTMENT LOSS FROM PARTNERSHIPS NOT BOOKED -5,942
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD EXPENSES 2,469,600 SPECIAL FUNDRAISING EVENTS EXPENSES 21,727
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT GRANTS 20,305,344 UNRELATED BUSINESS INCOME TAX EXPENSE 11,500

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
MORAVIAN COLLEGE

Employer identification number

24-0795460

Part I

- 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?
- 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?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE PROSPECTUS, WHICH LISTS MORAVIAN COLLEGE'S NONDISCRIMINATORY POLICY IN DETAIL, IS GIVEN TO EVERY PROSPECTIVE STUDENT WHO INQUIRES ABOUT ADMISSION
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE HAS BONDED INDEBTEDNESS FROM FEDERAL AGENCIES FOR TWO DORMITORIES. THE COLLEGE ALSO RECEIVES NATIONAL SCIENCE FOUNDATION GRANTS, NATIONAL ENDOWMENT FOR THE HUMANITIES GRANTS AND A NATIONAL PARK SERVICE GRANT. STUDENTS ATTENDING THE COLLEGE PARTICIPATE IN FEDERAL FAMILY EDUCATION LOAN, DIRECT STUDENT LOAN, PERKINS LOAN, PELL GRANT, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, FEDERAL WORK STUDY PROGRAMS, THE ACADEMIC COMPETITIVENESS GRANT AND THE NATIONAL SMART GRANT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
MORAVIAN COLLEGE

Employer identification number
24-0795460

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐

Yes

☐

No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			MORAVIAN GOLF CLASSIC	(event type)	(total number)	(Add col (a) through col (c))
			(event type)			
	1	Gross receipts	53,064			53,064
	2	Less Charitable contributions	41,146			41,146
Direct Expenses	3	Gross income (line 1 minus line 2)	11,918			11,918
	4	Cash prizes				
	5	Non-cash prizes	1,311			1,311
	6	Rent/facility costs	13,200			13,200
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	7,216			7,216
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				21,727
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				-9,809

Part III Gaming.

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

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

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 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MORAVIAN COLLEGE

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

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Open to Public
Inspection

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24-0795460

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

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

2

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

▶

3

Enter total number of other organizations

▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS & GRANTS FOR VARIOUS STUDENTS	1634	20,305,344			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MORAVIAN COLLEGE FOLLOWS STATE AND FEDERAL REGULATION IN ADMINISTERING SCHOLARSHIP 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 ACCOUNT 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 AS NECESSARY ANY REFUNDS FROM STUDENT ACCOUNTS ARE DONE IN COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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
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Part I

Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REV DR CHRISTOPHER M THOMFORDE	(i) (ii)	236,680 0	0 0	3,072 0	24,000 0	19,573 0	283,325 0	0 0
(2) GORDON WEIL	(i) (ii)	135,254 0	0 0	1,015 0	13,627 0	8,983 0	158,879 0	0 0
(3) DENNIS A DOMCHEK	(i) (ii)	129,740 0	0 0	1,049 0	13,171 0	9,919 0	153,879 0	0 0
(4) JOHN R DILENDIK	(i) (ii)	111,211 0	0 0	491 0	9,007 0	69,529 0	190,238 0	0 0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	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 OF THE COLLEGE. THIS HOUSE IS ON CAMPUS AND IS PROVIDED TO THE ACADEMIC DEAN AS A CONDITION OF EMPLOYMENT. ACCORDINGLY, IT IS NOT TAXABLE INCOME. 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. THE COLLEGE PROVIDES LIMITED HOUSEKEEPING SERVICES FOR THE PRESIDENT AND ACADEMIC DEAN RELATIVE TO COLLEGE FUNCTIONS. ACCORDINGLY, THE SOCIAL CLUB MEMBERSHIP AND LIMITED HOUSEKEEPING SERVICES ARE NOT INCLUDED IN TAXABLE INCOME.
	PART I, LINE 1B	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.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047		
											2010		
	Department of the Treasury Internal Revenue Service											Open to Public Inspection	
Name of the organization MORAVIAN COLLEGE										Employer identification number 24-0795460			

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917N6U3	06-16-2005	4,632,313	REFUNDING OF CALLABLE 1994 TAX-EMEMPT BONDS		X		X		X
B	NORTHAMPTON COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-1971754		05-19-2011	5,000,000	RENOVATIONS TO EXISTING CAMPUS FACILITIES/CONSTRUCTION OF NEW FITNESS CTR		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	4,632,313		5,000,000					
4	Gross proceeds in reserve funds	11,675							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	4,494,500							
7	Issuance costs from proceeds	55,694		62,545					
8	Credit enhancement from proceeds	70,444							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	4,937,455		4,937,455					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2005		2012		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IVArbitrage

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

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public 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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II 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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance
(1)		25,709

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MORAVIAN COLLEGE

Employer identification number
24-0795460

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		17	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	9	66,058	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .	X	1	235,000	FAIR MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ (TRAVEL)	X	3	3,497	FAIR MARKET VALUE
26 Other ▶ (PRINTING)	X	1	5,264	FAIR MARKET VALUE
27 Other ▶ (EQUIPMENT)	X	2	5,200	FAIR MARKET VALUE
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			1

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS REPORTED IS BASED ON THE NUMBER OF INDIVIDUAL DONORS WHO PROVIDED CONTRIBUTIONS OTHER THAN CASH FOR EACH TYPE OF PROPERTY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
MORAVIAN COLLEGE

Employer identification number
24-0795460

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		SALLY BREIDEGAM MIKSIEWICZ (COLLEGE TRUSTEE) AND DELIGHT E BREIDEGAM (COLLEGE TRUSTEE) HAVE A FAMILY RELATIONSHIP. MICHAEL ELLIS (COLLEGE TRUSTEE), ANNE REID (COLLEGE TREASURER), AND DR. RICHARD KINGSTON, JR. (COLLEGE TRUSTEE) HAVE A BUSINESS RELATIONSHIP.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		<p>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 SEMINARY ("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 FIRM WITH 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") OF THE 990 5 MANAGEMENT SHALL ENSURE THAT CHANGES TO THE INITIAL DRAFT ARE PROPERLY REFLECTED IN THE REVISED DRAFT AND THAT THE REVISED DRAFT, WITH THE ACCURACY OF THE CONTENT NOW VERIFIED BY MANAGEMENT, IS SUITABLE FOR THE BOARD TO DO A PROPER REVIEW 6 IN A TIMEFRAME SUFFICIENTLY IN ADVANCE OF THE DUE DATE, MANAGEMENT WILL MAKE THE REVISED DRAFT AVAILABLE FOR REVIEW TO ALL MEMBERS OF THE AUDIT COMMITTEE MANAGEMENT WILL MAKE THE 990 AVAILABLE TO THE COMMITTEE MEMBERS VIA A SECURE TRUSTEE WEBSITE 7 WHEN THE COMMITTEE MEMBERS HAVE HAD AN OPPORTUNITY TO SUFFICIENTLY REVIEW THE 990, THE AUDIT COMMITTEE SHALL MEET WITH MANAGEMENT (IN PERSON OR VIA TELECONFERENCE) TO DISCUSS CONTENT OF REVISED DRAFT AND PRESENT ANY RECOMMENDED CHANGES RECOMMENDED CHANGES WILL BE PRESENTED TO PREPARER AND INCORPORATED INTO THE RETURN AS APPROPRIATE, AND PREPARER SHALL DELIVER TO MANAGEMENT A FINAL DRAFT ("FINAL DRAFT") OF THE RETURN ANY QUESTIONS OR RECOMMENDED CHANGES BY THE AUDIT COMMITTEE SHALL BE DOCUMENTED ALONG WITH MANAGEMENT RESPONSES ("FEEDBACK") 8 THE AUDIT COMMITTEE SHALL MAKE THE FINAL DRAFT AND FEEDBACK AVAILABLE FOR REVIEW TO ALL MEMBERS OF THE BOARDS OF THE COLLEGE AND SEMINARY THE FINAL DRAFT WILL BE MADE AVAILABLE TO THE BOARD MEMBERS VIA A SECURE TRUSTEE WEBSITE BOARD MEMBERS SHALL BE NOTIFIED OF THE FILING DATE AT THE TIME THE FINAL DRAFT IS POSTED TO THE TRUSTEE WEBSITE COMMENTS FROM BOARD MEMBERS MUST BE FORWARDED TO MANAGEMENT NO LESS THAN 7 DAYS PRIOR TO THE FILING DATE RECOMMENDED CHANGES WILL BE PRESENTED TO PREPARER AND INCORPORATED INTO THE RETURN AS APPROPRIATE, AND PREPARER SHALL DELIVER TO MANAGEMENT A FINAL RETURN ("FINAL RETURN") CHANGES AND COMMENTS WILL BE DOCUMENTED AND POSTED TO THE TRUSTEE WEBSITE 9 UPON FILING WITH THE IRS, THE FINAL RETURN AND ALL BOARD CHANGES AND COMMENTS SHALL BE POSTED TO THE TRUSTEE WEBSITE</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE COLLEGE COMMUNITY (FACULTY, STAFF, OFFICERS AND DIRECTORS) ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT UPON ASSOCIATION WITH THE COLLEGE IN ADDITION, MORAVIAN COLLEGE OFFICERS AND OTHER PERSONS WITH SUBSTANTIAL INFLUENCE ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY ALL CONFLICT OF INTEREST FORMS FOR FACULTY, STAFF AND OFFICERS ARE RECEIVED AND REVIEWED BY 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 FINANCE AND ADMINISTRATION IF NECESSARY ALL CONFLICTS THAT ARE DISCLOSED ARE REVIEWED BY THE AUDIT COMMITTEE AT LEAST ANNUALLY CONFLICT OF INTEREST FORMS FOR TRUSTEES ARE SUBMITTED TO, AND REVIEWED BY, THE OFFICE OF THE PRESIDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION CHARTER AND COMPENSATION PHILOSOPHY PURPOSE AS DELEGATED REPRESENTATIVES OF THE JOINT EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF MORAVIAN COLLEGE AND MORAVIAN THEOLOGICAL SEMINARY, THE EXECUTIVE 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 PROCEDURES AS NECESSARY FOR THE PROPER AND EFFICIENT ADMINISTRATION OF THE EXECUTIVE COMPENSATION PROGRAM ("ECP") FURTHER, THE COMMITTEE ACKNOWLEDGES ITS RESPONSIBILITY TO ENSURE THAT THE PROGRAM IS 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 A MANNER NECESSARY 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 BE COMPRISED OF EIGHT (8) MEMBERS APPOINTED BY THE CHAIR OF THE JOINT BOARD ALL 8 MEMBERS SHALL ALL BE MEMBERS OF THE JOINT EXECUTIVE COMMITTEE THE CHAIRMAN OF THE COMMITTEE SHALL BE THE CHAIR OF THE COLLEGE'S FINANCE COMMITTEE THE OTHER MEMBERS SHALL BE 1 THE CHAIRMAN OF THE BOARD OF THE COLLEGE, THE CHAIRMAN OF THE BOARD OF THE SEMINARY, THE VICE CHAIRMAN OF THE BOARD OF THE COLLEGE, THE VICE CHAIRMAN OF THE SEMINARY BOARD, THE CHAIR OF THE FINANCE COMMITTEE OF THE SEMINARY, THE CHAIR OF THE COMMITTEE ON INVESTMENTS, AND THE CHAIR OF THE ACADEMIC COMMITTEE OF THE COLLEGE 2 THE PRESIDENT ATTENDS ALL MEETINGS (EXCEPT WHEN THE COMMITTEE MEETS IN EXECUTIVE SESSION) AS A NON-VOTING MEMBER EXECUTIVES THE COMMITTEE WILL DETERMINE THE COMPENSATION OF THE PRESIDENT OF THE COLLEGE THE EXECUTIVES WHOSE COMPENSATION WILL BE APPROVED BY THE COMMITTEE CURRENTLY CONSIST OF THE 6 ADDITIONAL INDIVIDUALS IN THE FOLLOWING POSITIONS - THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION, THE VP OF ACADEMIC AFFAIRS AND DEAN OF THE FACULTY, THE VP OF ENROLLMENT, THE VP OF STUDENT AFFAIRS AND DEAN OF STUDENTS, THE VP OF INSTITUTIONAL ADVANCEMENT, THE VP AND DEAN OF THE SEMINARY FROM TIME TO TIME THE COMMITTEE IN ITS DISCRETION MAY AMEND THIS LIST TO ADD/SUBTRACT INDIVIDUALS AS DETERMINED BY NEW RECRUITMENTS, PROMOTIONS, REALIGNMENT IN ORGANIZATIONAL STRUCTURE AND THE LIKE COMPENSATION PHILOSOPHY THE COMMITTEE IS CHARGED WITH THE RESPONSIBILITY TO ESTABLISH AND MAINTAIN A COMPENSATION PACKAGE THAT WILL ENABLE THE INSTITUTION TO ATTRACT, RETAIN, MOTIVATE AND REWARD THE MANAGEMENT TEAM LEADERSHIP NEEDED TO SUCCESSFULLY ACCOMPLISH THE INSTITUTION'S MISSION AND STRATEGIC AND OPERATIONAL GOALS THE FOLLOWING WILL PROVIDE THE NECESSARY GUIDELINES TO ACCOMPLISH THIS OBJECTIVE - A TOTAL COMPENSATION CONCEPT WILL BE USED EMPLOYING A COMBINATION OF BASE SALARY, BENEFITS, DEFERRED COMPENSATION AND OTHER PERQUISITES AS MAY BE NEEDED FROM TIME TO TIME TO MAINTAIN A COMPETITIVE POSITION WITH PEER INSTITUTIONS THE COMMITTEE ALSO HAS THE AUTHORITY TO IMPLEMENT OTHER METHODS OF COMPENSATION, E.G. VARIABLE PAY, AS MAY BE NECESSARY FROM TIME TO TIME IN ORDER TO ATTRACT AND RETAIN QUALIFIED EXECUTIVES - BASE SALARY WILL BE TARGETED AS A MINIMUM AT THE 50TH PERCENTILE OF SIMILAR POSITIONS FOR EXPERIENCED PROFESSIONALS AS REPORTED ANNUALLY BY CUPA HR (COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES) FOR BACCALAUREATE INSTITUTIONS WAGE LEVELS FOR THE SPECIFIC EXECUTIVES LISTED PREVIOUSLY SHALL BE ESTABLISHED AND MAINTAINED BASED UPON GENERAL EXPERIENCE, SPECIFIC PERFORMANCE, AND OVERALL CONTRIBUTION TO THE SUCCESS OF THE INSTITUTION ANNUAL REVIEWS WILL TAKE PLACE PRIOR TO JULY 1 EACH YEAR - THE OVERALL GOAL SHALL BE TO MAINTAIN EQUITY AND FAIRNESS IN COMPENSATION DEMONSTRATED THROUGH COMPARABILITY WITH PEERS AND THROUGH THE CONSISTENT APPLICATION OF PRINCIPLES - DEFERRED COMPENSATION AND PERQUISITE OPPORTUNITIES MAY BE DEVELOPED TO OPTIMIZE WHATEVER TAX DEFERRAL OPPORTUNITIES EXIST WITHIN THE TAX CODE AND TO BE COMPETITIVE WITH PEER INSTITUTIONS - THIS PHILOSOPHY SHALL APPLY IN NEARLY ALL CASES, EXCEPT IN THOSE VERY RARE CIRCUMSTANCES WHEN IT IS NECESSARY TO RECRUIT AND RETAIN HIGHLY MARKET SENSITIVE POSITIONS SUCH EXCEPTIONS WILL BE CAREFULLY DOCUMENTED COMMITTEE RESPONSIBILITIES THE COMMITTEE HAS THE RESPONSIBILITY TO - SET THE EXECUTIVE COMPENSATION PHILOSOPHY AND OBTAIN APPROVAL FROM THE BOARD OF TRUSTEES - IMPLEMENT A PROCESS FOR EVALUATION OF THE PRESIDENT AND HIS/HER SENIOR STAFF - THE PRESIDENT'S EVALUATION SHALL BE CARRIED OUT BY THE CHAIR OF THE JOINT BOARD AND BROUGHT TO THE ATTENTION OF THE COMMITTEE - THE PRESIDENT'S EVALUATION SHALL INCLUDE CONSIDERATIONS OF CURRENT YEAR PERFORMANCE REVIEW, 360 REVIEWS FROM THE PRESIDENT'S SENIOR STAFF, AND INPUT FROM EVERY BOARD MEMBER (OPTIONAL) VIA A STANDARD PERFORMANCE EVALUATION FORM - THE PRESIDENT SHALL SUBMIT HIS/HER CURRENT</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>T Y EAR PERFORMANCE EVALUATION OF EACH ONE OF THE SENIOR STAFF TO THE COMMITTEE THIS EVALUATION SHALL BE BASED ON REGULAR ANNUAL PERFORMANCE REVIEW, 360 REVIEWS AND INPUT FROM EACH COMMITTEE CHAIR OF THE TWO BOARD(S) WHO ANNUALLY SHALL SUBMIT TO THE PRESIDENT AN EVALUATION OF THE SENIOR STAFF MEMBER WHO SUPPORTS THAT COMMITTEE - THE PRESIDENT WILL RECOMMEND SALARY ADJUSTMENTS FOR HIS SENIOR STAFF TO THE COMMITTEE FOR REVIEW AND APPROVAL - SET, MONITOR AND REVIEW THE COMPENSATION OF THE PRESIDENT - APPROVE THE PRESIDENT'S COMPENSATION RECOMMENDATIONS OF THE MEMBERS OF HIS/HER SENIOR LEADERSHIP TEAM - ENSURE THAT SAID COMPENSATION IS REASONABLE AND WITHIN THE BOUNDS OF IRS CODE 4958 (INTERMEDIATE SANCTIONS) IN REACHING THIS JUDGMENT THE COMMITTEE SEEKS OUT EXPERT OPINION, MARKET ANALYSIS AND MAY RETAIN AN INDEPENDENT CONSULTANT FOR THIS PURPOSE - ESTABLISH, MONITOR AND DETERMINE ACCOMPLISHMENT OF PAY AWARD GOALS FOR THE PRESIDENT - APPROVE ACCOMPLISHMENT OF PAY AWARD GOALS FOR OTHER EXECUTIVES, AS APPLICABLE - RESOLVE AND DETERMINE ALL DISPUTES OR QUESTIONS ARISING UNDER THE PROGRAM, INCLUDING THE POWER TO DETERMINE THE RIGHTS OF EXECUTIVES AND TO REMEDY ANY AMBIGUITIES, INCONSISTENCIES OR OMISSIONS - AMEND OR RESTRUCTURE THE PROGRAM AT ANY TIME AND FOR ANY REASON - INFORM THE BOARD OF TRUSTEES AND THE JOINT EXECUTIVE COMMITTEE AS APPROPRIATE - ASSURE COMPLIANCE WITH IRS REGULATIONS INCLUDING APPROVAL OF THE TOP FIVE (5) PAID POSITIONS</p>

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 11,601,201 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 433,333 INVESTMENT LOSS FROM PARTNERSHIPS NOT BOOKED 5,942 TOTAL TO FORM 990, PART XI, LINE 5 12,040,476

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: MORAVIAN COLLEGE
EIN: 24-0795460

QBU Id	Country of Operation	Functional Currency
EURO		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: MORAVIAN COLLEGE
EIN: 24-0795460

QBU Id	Country of Operation	Functional Currency
EURO		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2010 Functional Currency and
Exchange Rate QBU Statement**

Name: MORAVIAN COLLEGE
EIN: 24-0795460

QBU Id	Country of Operation	Functional Currency
USD		1

Additional Data

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV DR CHRISTOPHER M THOMFORDE PRESIDENT/COLLEGE & SEMINARY TRUSTEE	40 00	X		X				239,752	0	43,573
REV DR FRANK L CROUCH VP/DEAN THEO SEM /SEM TRUSTEE	40 00	X		X				80,675	0	29,356
DR KELLY DENTON-BORHAUG COLLEGE TRUSTEE	40 00	X						47,175	0	38,287
DR ROBERT MAYER COLLEGE TRUSTEE	40 00	X						80,636	0	7,639
MS BRITTANY BEARD COLLEGE TRUSTEE	1 50	X						5,347	0	0
MR COREY KOENIG COLLEGE TRUSTEE	1 50	X						4,175	0	0
THE REV DR DEBORAH APPLER SEMINARY TRUSTEE	40 00	X						71,718	0	15,658
MS LAURA GORDON SEMINARY TRUSTEE	1 50	X						850	0	0
MR CURTIS H BARNETTE COLLEGE TRUSTEE	1 50	X						0	0	0
REV DAVID E BENNETT COLLEGE/SEMINARY TRUSTEE	1 50	X						0	0	0
MR DELIGHT E BREIDEGAM COLLEGE TRUSTEE	1 50	X						0	0	0
MRS CONCETTA BURKE COLLEGE TRUSTEE	1 50	X						0	0	0
THE RT REV DR WAYNE BURKETTE COLLEGE/SEMINARY TRUSTEE	1 50	X						0	0	0
THE REV DR DOUGLAS W CALDWELL COLLEGE TRUSTEE	1 50	X						0	0	0
MR GREGORY CHRISTENSEN COLLEGE TRUSTEE	1 50	X						0	0	0
MRS LYN TRODAHL CHYNOWETH COLLEGE/SEMINARY TRUSTEE	1 50	X						0	0	0
MR BRIAN J CORVINO COLLEGE TRUSTEE	1 50	X						0	0	0
DR HARRY G DIMOPOULOS COLLEGE TRUSTEE	1 50	X						0	0	0
MR MICHAEL M ELLIS COLLEGE TRUSTEE	1 50	X						0	0	0
MRS GENEVIEVE GEE COLLEGE TRUSTEE	1 50	X						0	0	0
MR WILTON GRANNUM COLLEGE TRUSTEE	1 50	X						0	0	0
THE REV DAVID B GUTHRIE COLLEGE/SEMINARY TRUSTEE	1 50	X						0	0	0
MS CANDY BARR HEIMBACH COLLEGE TRUSTEE	1 50	X						0	0	0
MRS PRISCILLA HURD COLLEGE TRUSTEE	1 50	X						0	0	0
DR RICHARD T KINGSTON JR COLLEGE 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) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MRS DEBORAH MCKINNON COLLEGE TRUSTEE	1 50	X						0	0	0	
MS SALLY BREIDEGAM MIKSIEWICZ COLLEGE TRUSTEE	1 50	X						0	0	0	
DR A KATHRINE MILLER COLLEGE TRUSTEE	1 50	X						0	0	0	
DR PARRY J MILLER COLLEGE TRUSTEE	1 50	X						0	0	0	
THE REV DR ELIZABETH D MILLER COLLEGE/SEMINARY TRUSTEE	1 50	X						0	0	0	
MR CHRISTOPHER OHMACHT COLLEGE TRUSTEE	1 50	X						0	0	0	
MRS BETSEY PUTH COLLEGE TRUSTEE	1 50	X						0	0	0	
MR KENNETH RAMPOLLA COLLEGE TRUSTEE	1 50	X						0	0	0	
MR A REED RAYMOND COLLEGE TRUSTEE	1 50	X						0	0	0	
MR FREDERICK A REINHARD COLLEGE TRUSTEE	1 50	X						0	0	0	
MS LISA M ROTH COLLEGE TRUSTEE	1 50	X						0	0	0	
MR ROBERT J SCHOENEN COLLEGE TRUSTEE	1 50	X						0	0	0	
MR PAUL G SITTENFELD COLLEGE/SEMINARY TRUSTEE	1 50	X						0	0	0	
DR HONNIE P SPENCER COLLEGE TRUSTEE	1 50	X						0	0	0	
DR SUSAN M STUDDS COLLEGE TRUSTEE	1 50	X						0	0	0	
MRS NANCY A TAYLOR COLLEGE TRUSTEE	1 50	X						0	0	0	
MR MARTIN L TRICHON COLLEGE TRUSTEE	1 50	X						0	0	0	
MR WALTER F WILLIAMS COLLEGE TRUSTEE	1 50	X						0	0	0	
MR STEPHEN BLACK SEMINARY TRUSTEE	1 50	X						0	0	0	
MR BRUCE BOWEN SEMINARY TRUSTEE	1 50	X						0	0	0	
THE REV BRIAN R DIXON SEMINARY TRUSTEE	1 50	X						0	0	0	
THE REV DR EILEEN EDWARDS SEMINARY TRUSTEE	1 50	X						0	0	0	
THE REV DR AMY GOHDES-LUHMANN SEMINARY TRUSTEE	1 50	X						0	0	0	
MRS MARTY STOCKTON HANCOCK SEMINARY TRUSTEE	1 50	X						0	0	0	
THE REV JANE A HARBERG 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) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR J ROBERT HESS SEMINARY TRUSTEE	1 50	X						0	0	0
REV JAMES T HICKS SEMINARY TRUSTEE	1 50	X						0	0	0
MS WILMA A LEWIS SEMINARY TRUSTEE	1 50	X						0	0	0
MR DAVID LOBACH SEMINARY TRUSTEE	1 50	X						0	0	0
DR YVONNE T MADDOX SEMINARY TRUSTEE	1 50	X						0	0	0
THE REV JAMI L POSSINGER SEMINARY TRUSTEE	1 50	X						0	0	0
THE REV DR NEIL ROUTH SEMINARY TRUSTEE	1 50	X						0	0	0
THE REV DR CRAIG TROUTMAN SEMINARY TRUSTEE	1 50	X						0	0	0
MRS LAURA TURNER SEMINARY TRUSTEE	1 50	X						0	0	0
MRS HEATHER H VACEK SEMINARY TRUSTEE	1 50	X						0	0	0
THE REV DR JANICE M YOUNG SEMINARY TRUSTEE	1 50	X						0	0	0
THE REV DR SAMUEL ZEISER SEMINARY TRUSTEE	1 50	X						0	0	0
BERNARD J STORY VP ENROLLMENT	40 00			X				102,825	0	45,369
GORDON WEIL VP ACADEMIC AFFAIRS/DEAN	40 00			X				136,269	0	22,610
GARY A CARNEY VP INSTITUTIONAL ADVANCEMENT	40 00			X				27,744	0	5,604
DENNIS A DOMCHEK VP FOR FINANCE & ADMINISTRATION	40 00			X				130,789	0	23,090
BEVERLY J KOCHARD VP STUDENT SVCS/DEAN OF STUDENTS	40 00			X				101,823	0	22,147
ANNE M REID TREASURER	32 50			X				73,618	0	29,895
PETER A CAPUTO VP INSTITUTIONAL ADVANCEMENT	40 00			X				76,274	0	8,461
JOHN R DILENDIK PROFESSOR EDUCATION	40 00					X		111,702	0	78,536
MARK F REED DIR BUS & FIN OPS	40 00					X		105,441	0	11,137
JAMES P WEST PROFESSOR BUSINESS	40 00					X		109,851	0	18,979