

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



DLN: 93493041003444

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)

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the :	2012 cal	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	30-2013					
B Ch	eck ıf a	pplicable	C Name of organization MORAVIAN COLLEGE		D Emplo	yer ide	entification number		
☐ Add	dress ch	hange			24-0	79546	0		
┌ Na	me cha	inge	Doing Business As						
☐ Ind	ıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/st	ute	e E Telephone number				
Te	mınate	ed	1200 Main Street		(610)861-1300				
	ended		City or town, state or country, and ZIP + 4 Bethlehem, PA 18018		(==-/	,			
Ap	plication	n pending			G Gross	receipts	\$ 105,864,535		
			F Name and address of principal officer Mark Reed	H(a)	Is this a group	retur	n for ┌ Yes ┌ No		
			Moravian College		aiiiiates		i tesit no		
			1200 Main Street Bethlehem, PA 18018				uded? TYes TNo		
T Ta	x-exem	npt status	✓ 501(c)(3)		If "No," attach	n a list	(see instructions)		
J W	ebsite	e: ► ww	w moravian edu	H(c)	Group exemp	tion nu	ımber ►		
K For	n of or	ganızatıon	✓ Corporation Trust Association Other ►	L Yea	or of formation 19	933 N	State of legal domicile PA		
Pa	rt I	Sum	mary						
Governance		Church I Bethlehe	ate an independent, residential and coeducational liberal arts College as in America Moravian College delivers a values-based liberal arts educem, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, it traces its founding to 1742 and is recognized as American are seen, Pennsylvania, Pennsylvani	ation in a merica's	a caring enviro s sixth-oldest o	nment college	Located in		
	3 1	Number	of voting members of the governing body (Part VI, line 1a)			з	52		
Activities &			of independent voting members of the governing body (Part VI, line 1b			4	45		
ctiv			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	1,497		
₫	6	Total nu	mber of volunteers (estimate if necessary)			6	865		
	1		related business revenue from Part VIII, column (C), line 12			7a	-38,601		
	Ь	Net unre	elated business taxable income from Form 990-T, line 34			7b	-46,051		
					Prior Year		Current Year		
	١ ۾	C	but an and an at /Dant MIII land 4 b	ı	6.015	E 4 4	6 300 403		
e	8		butions and grants (Part VIII, line 1h)		6,815,		6,288,483		
venue	9	Progra	am service revenue (Part VIII, line 2g)		59,143,	315	58,594,405		
Rayenue		Progra Invest				315 673			
Ravenue	9 10	Progra Invest Other Total I	am service revenue (Part VIII, line 2g)		59,143, 1,423,	315 673 630	58,594,405 4,275,759		
Revenue	9 10 11	Progra Invest Other Total: 12) .	am service revenue (Part VIII, line 2g)		59,143, 1,423, 3,810,	315 673 630	58,594,405 4,275,759 4,698,173		
Revenue	9 10 11 12	Progra Invest Other Total (12) . Grants	am service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193,	315 673 630	58,594,405 4,275,759 4,698,173 73,856,820		
	9 10 11 12	Progra Invest Other Total (12) . Grants Benefi	tment income (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296,	315 673 630 132 929	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011		
	9 10 11 12 13 14	Progra Invest Other Total (12) . Grants Benefi Salar(65-10)	the service revenue (Part VIII, line 2g)	е	59,143, 1,423, 3,810, 71,193,	315 673 630 132 929	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011		
	9 10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes	the service revenue (Part VIII, line 2g)	е	59,143, 1,423, 3,810, 71,193, 21,296,	315 673 630 132 929 0	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0		
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salar((5-10)) Profes Total fu	the service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296,	315 673 630 132 929 0 729	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0		
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total II 12) . Grants Benefi Salario 5-10) Profes Total fu Other	the service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296, 31,414,	315 673 630 132 929 0 729 0	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203		
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	the service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135,	315 673 630 132 929 0 729 0 900 558 574	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total o Reven	the service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year	315 673 630 132 929 0 729 0 900 558 574	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven	the service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247,	315 673 630 132 929 0 729 0 900 558 574 ent	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven	the service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247, 39,006,	315 673 630 132 929 0 729 0 900 558 574 ent 831 269	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167 48,286,492		
Not Assets or Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (12) Reven Total (13) Total (14) Net as	the service revenue (Part VIII, line 2g)	e	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247,	315 673 630 132 929 0 729 0 900 558 574 ent 831 269	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167		
Met Assets or Expenses expenses a Fund Batances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven Total (3) Net as Sign alties of dge and	the service revenue (Part VIII, line 2g)	e Beg	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247, 39,006, 158,241, medules and stater) is based on	315 673 630 132 929 0 729 0 900 558 574 ent 831 269 562	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167 48,286,492 164,739,675		
ab of Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r pena nowled	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Net as Sign alties of dge and as any ki	tment income (Part VIII, column (A), lines 3, 4, and 7d)	e Beg	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247, 39,006, 158,241,	315 673 630 132 929 0 729 0 900 558 574 ent 831 269 562	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167 48,286,492 164,739,675		
Met Assets or Expenses expenses a Fund Batances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pena nowled	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Signal Signal	the service revenue (Part VIII, line 2g)	e Beg	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247, 39,006, 158,241, medules and stater) is based on	315 673 630 132 929 0 729 0 900 558 574 ent 831 269 562	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167 48,286,492 164,739,675		
Sign Care Base Box Ba	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pena nowled	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Signal Mark	the service revenue (Part VIII, line 2g)	e Beg	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247, 39,006, 158,241, medules and stater) is based on	315 673 630 132 929 0 729 0 900 558 574 ent 831 269 562	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167 48,286,492 164,739,675		
Sign Care Base Box Ba	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pena nowled	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Sign alties of dge and as any ki	the service revenue (Part VIII, line 2g)	e Beg	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247, 39,006, 158,241, nedules and stater) is based on 2014-02-06 Date Check ff	315 673 630 132 929 0 729 0 900 558 574 ent 831 269 562	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167 48,286,492 164,739,675		
Sign Palaboos Palaboo	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penanowled arer had	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Signa alties of dge and as any ki	the service revenue (Part VIII, line 2g)	e Beg	59,143, 1,423, 3,810, 71,193, 21,296, 31,414, 18,345, 71,057, 135, inning of Curre Year 197,247, 39,006, 158,241, nedules and stater) is based on	315 673 630 132 929 0 729 0 900 558 574 831 269 562	58,594,405 4,275,759 4,698,173 73,856,820 21,799,011 0 31,606,203 0 17,694,881 71,100,095 2,756,725 End of Year 213,026,167 48,286,492 164,739,675		

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

Fırm's address 🟲

Use Only

Phone no

. Tyes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
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</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
l 1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
l4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
L 6	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L 8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L 9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204		
	complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36	_	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	i i
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2,916		res	IN
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	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)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country ►BD , CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
			1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
c.	Death and the second se	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N
ս 7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		165	
_	file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?			
_		8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	96		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	This which the organization is incensed to issue qualified health plans	İ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l I n
	Dia the organization receive any payments for mooor tallillia Services Guillia the tax year (ı ı ''l d	1	I IN

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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
	organization o maning data coo 17 700, provide the hamos and data cooled in conceder to 1 1 1 1 1 1 1 1 1 1 1			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se		evenu	<i>yes</i>	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ▶ PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► A my Johnson 1200 Main Street Bethlehem, PA (610)861-1304

Form	990	(2012
------	-----	-------

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

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

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

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

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

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

	1									
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

		,	,											
	(A) Name and Tıtle	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W-		(F) Estima amount o compens from t	ited fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099	-MISC)	2/1099-MISC)		organizati relati organiza	ed
												_		
												+		
												+		
												+		
1b	Sub-Total				_			 						
c	Total from continuation shee	ts to Part VII, S	ection A	١.				►						
d	Total (add lines 1b and 1c) .							Þ		1,715,075		0		600,088
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	an			
_											[Yes	No
3	Did the organization list any f on line 1a? <i>If</i> " <i>Yes," complete</i> 5					. кеу •		yee, •	or nignes	t compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual												,	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	Yes	No
_	antian product to the										-			
1	Complete this table for your fi	ve highest comp												
	compensation from the organi	zation Report co (A) Name and business	<u> </u>	ation	ior	спе с	aiend	агуе	ar enaing		(B) cription of services	ion's	tax year (C Comper	:)
St Lui	kes Hospital School of Nursing 801 Ost			15							ruction services for	\dashv	Соптрет	936,355
	xo Inc & Affiliates 4880 Paysphere Circ									Contract fo	od service manageme	ent		253,894
	mark Painting & Wallcoverings 486 Lari ke's Hospital Health Center 153 Brodhe			7						Painting Health Cen	ter fee	\dashv		170,775 143,398
	ke's Hospital Health Center 153 Brodhe er Investment Consulting PO Box 7301			′						Investment		\dashv		124 612

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 9$

Part V		Statement o	t kevenue ule O contains a respon	ise to any dijestion i	n this Part VIII			Г
		CHECK II SCHOOL	are o contains a respon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a	0				
ant ur	b	Membership du	es 1b	0				
Gr Vmc	С	Fundraising eve	ents 1c	60,119				
ifts, ar A	d	Related organiz	ations 1d	0				
, Gi	e	Government grants	s (contributions) 1e	840,694				
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	5,387,670	-	-		
Contributions, Gifts, Grants and Other Similar Amounts	ď	sımılar amounts no		701,712				
Contr and (h	1a-1f \$ Total. Add lines	s 1 a - 1 f		6,288,483			
				Business Code				
Program Serwce Revenue	2a	Tuition and Fees		611310	52,642,404	52,642,404	0	0
Rev€	b	Dormitory Fees an	d Rentals	611310	5,887,859	5,887,859	0	0
l es	С	Federal Admin Rei	mbursement	611310	-15,538	-15,538	0	0
erw	d	Misc Education Pro	ogram Fees	611310	49,721	49,721	0	0
ខ្ម	e	Athletic Receipts		611310	22,509	22,509	0	0
ीख	f	All other progra	m service revenue		7,450	0	7,450	0
₽,	q	Total. Add lines	 		58,594,405			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest,				4 042 50:
	_		ar amounts)		1,913,531	0	0	1,913,531
	4 5		tment of tax-exempt bond p	proceeds	0	0	0	0
	,	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	()	,				
	b	Less rental expenses						
	С	Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	32,620,273	0				
	b	Less cost or other basis and	30,194,100	63,945				
	c	sales expenses Gaın or (loss)	2,426,173	-63,945				
	d	Net gain or (los	s)		2,362,228	О	0	2,362,228
Other Revenue	8a	*	luding ,119 s reported on line 1c)					
Ę.		Secratery, IIII	a	17,120				
the	b	Less direct ex	penses b	26,086				
Ö	С		loss) from fundraising (events 🛌	-8,966		0	-8,966
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b	Less direct ex	penses b					
	С		loss) from gaming activ	/ities▶				
	10a	Gross sales of returns and allo		5,235,644				
	b	Less cost of g	oods sold b	1,723,584				
	С		loss) from sales of inve		3,512,060	3,512,060	0	0
	11-	Miscellaneous		Business Code 611310	129,970	129,970	0	^
	11a	Student fees ar	nd fines	611310	1,111,160	1,111,160	0	0
	b	Miscellaneous		900000	-46,051	1,111,160	-46,051	0
	C C	Passthrough er		900000	-46,051	0	-40,031	0
	d e	All other revenu	ue s 11a-11d	🕨		, , , , , , , , , , , , , , , , , , ,	0	0
					1,195,079			
	12	lotal revenue.	See Instructions	• • • •	73,856,820	63,340,145	-38,601	4,266,793
								Form 990 (2012)

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa				· · · · · ·
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	21,799,011	21,799,011		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,637,400	713,577	705,101	218,722
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	23,049,629	19,658,028	2,696,269	695,332
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,719,003	1,447,843	215,322	55,838
9	Other employee benefits	3,608,471	3,077,147	450,129	81,195
10	Payroll taxes	1,591,700	1,303,824	228,591	59,285
11	Fees for services (non-employees)				
а	Management	465,871	465,871		
b	Legal	40,503		40,503	
C	Accounting	67,766		67,766	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	207,421		207,421	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	221,739	102,527	119,212	
12	Advertising and promotion	233,608	99,216	134,392	
13	Office expenses	1,390,714	1,032,998	261,811	95,905
14	Information technology	939,646	264,896	674,750	
15	Royalties				
16	Occupancy	3,329,541	2,846,632	482,909	
17	Travel	744,247	670,445	46,564	27,238
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,097,985	837,675	260,310	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,713,956	3,378,963	334,993	
23	Insurance	234,722	139,218	95,504	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Food Service	399,461	399,461	0	0
b	Student Government	374,048	374,048	0	0
c	Athletics Program Costs	514,663	514,663	0	0
d	Grounds Maintenance	251,948	251,948	0	0
e	All other expenses	3,467,042	2,677,327	725,590	64,125
25	Total functional expenses. Add lines 1 through 24 e	71,100,095	62,055,318	7,747,137	1,297,640
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

ГС	rt X	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,221	1	6,987
	2	Savings and temporary cash investments	15,339,526	2	24,511,581
	3	Pledges and grants receivable, net	3,313,490	3	2,260,551
	4	Accounts receivable, net	1,005,554	4	1,290,725
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L	y	5	0
ŧ	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	n s		0
4ssets	7	Notes and loans receivable, net	1,000,000		1,000,000
4	8	Inventories for sale or use	23,726		27,567
	9	Prepaid expenses and deferred charges	3,127,979		2.364.835
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 148,241,99			2,001,000
	Ь	Less accumulated depreciation 10b 68,108,69	75,844,342	10c	80,133,339
	11	Investments—publicly traded securities	57,074,911	11	57,380,805
	12	Investments—other securities See Part IV, line 11	29,637,421	12	26,868,852
	13	Investments—program-related See Part IV, line 11	2,129,711	13	1,971,886
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	8,743,950		15,209,039
	16	Total assets. Add lines 1 through 15 (must equal line 34)	197,247,831	16	213,026,167
	17	Accounts payable and accrued expenses	3,715,609	17	4,585,416
	18	Grants payable	0	18	0
	19	Deferred revenue	1,356,110	19	1,067,556
	20	Tax-exempt bond liabilities	30,104,454	20	38,835,463
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ąę		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	0.000.000		0.700.057
		D	3,830,096		3,798,057
	26	Total liabilities. Add lines 17 through 25	39,006,269	26	48,286,492
ĭ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	75,135,006	27	76,223,062
<u>ත</u>					
Fund Balances	28	Temporarily restricted net assets	24,264,423 58,842,133	28	27,989,104
ĭ	29	Permanently restricted net assets	50,842,133	29	60,527,509
or FL		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ξ.	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Zet Vet	33	Total net assets or fund balances	158,241,562	33	164,739,675
	34	Total liabilities and net assets/fund balances	197,247,831	34	213,026,167

Pai	T XI Reconcilliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI			• •	*	
1	Total revenue (must equal Part VIII, column (A), line 12)	₁		73,8	356,820	
2	Total expenses (must equal Part IX, column (A), line 25)	2			100,095	
3	Revenue less expenses Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			241,562	
5	Net unrealized gains (losses) on investments	5			062,306	
6	Donated services and use of facilities	6				
7	Investment expenses	7			(
8	Prior period adjustments	8			1,181	
9	Other changes in net assets or fund balances (explain in Schedule O)					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		164,7	39,675	
Par	t XII Financial Statements and Reporting	<u> </u>				
	Check if Schedule O contains a response to any question in this Part XII				. Г	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on				
	▼ Separate basis				1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate				
	▼ Separate basis					
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigle audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				Į.	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041003444

Employer identification number

OMB No 1545-0047

SCHEDULE A P

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MORAVIAN COLLEGE

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.

2012

Open to Public Inspection

Рa	rt I	Reas	on for Du	blic Charity Sta	tus (All ord	nanization	s must com	nlete this	nart) See		ions			
				e foundation becaus					<u> </u>	nisu ucu				
1	Г			on of churches, or as			-			_				
2	Ī		•	in section 170(b)(1										
3				perative hospital se				on 170(b)(:	L)(A)(iii).					
4	Ĺ.			n organization operat	=)(1)(A)(i	ii). Ente	er the		
	•			ty, and state						, (– , (- , (-				
5	Γ			erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governme	ntal unit	describ	ed ın		
		sect ior	170(b)(1)(A)(iv). (Complete P	art II)									
6	\sqcap	A fede	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.											
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
_	_			n 170(b)(1)(A)(vi).		•		. .						
8	<u> </u>		-	described in section			-	-			_			
9	ı			at normally receives									S	
		•		ities related to its ex	•	=								
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from the support from gross investment income and unrelated business taxable income (less section 511 tax) from the support from gross investment income and unrelated business taxable income (less section 511 tax) from the support from gross investment income and unrelated business taxable income (less section 511 tax) from gross investment income and unrelated business taxable income (less section 511 tax) from gross investment income and unrelated business taxable income (less section 511 tax) from gross investment income and unrelated business taxable income (less section 511 tax) from gross investment income and unrelated business taxable income (less section 511 tax) from gross investment income and unrelated business taxable income (less section 511 tax) from gross investment income and unrelated business taxable income (less section 511 tax) from gross investment income and unrelated business taxable income (less section 511 tax).								L Lax) IIO	Tolli busillesses			
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).												
10 11	<u> </u>	_												
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(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 - Non-functionally								(a)(3).	Check				
e	Γ	other t	_	ox, I certify that the on managers and otl	-			•	, ,		•	•		
f		If the c		received a written de	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Typ	e III sup	porting	organı	zation,	
g			August 17, 2 ng persons?	2006, has the organi	zation accep	oted any gift	or contribut	ion from an	y of the					
				irectly or indirectly o	•		-	persons d	escribed in (i	1)		Yes	No	
				governing body of th			n?				11g(i)			
				er of a person descri						L L	11g(ii)			
				lled entity of a perso						L	11g(iii)	1		
h		Provide	e the follown	ng information about	the supporte	ed organizat	tion(s)							
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	u notify	(vi) Is	s the	(vii) An	nount of	
	uppoi			organization	organizati		the organi		organiza				etary	
OI	ganiz	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppo		col (i) or in the l	-		sup	port	
				or IRC section	docume		Зарро		III the v	0 0 .				
				(see										
				instructions))	Yes	No	Yes	No	Yes	No				
							† -			1				
Tota								1						

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose										
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										
3	furnished by a governmental unit to										
	the organization without charge										
6	Total. Add lines 1 through 5										
	Amounts included on lines 1, 2,										
<i>7</i> a	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										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c										
	from line 6)										
_Se	Section B. Total Support										
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai				
9	A mounts from line 6										
10a	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar										
	sources										
Ь	Unrelated business taxable income (less section 511 taxes)										
	from businesses acquired after										
	June 30, 1975										
c	Add lines 10a and 10b										
11	Net income from unrelated										
11	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)			Librari Corretto con	6.01	E04(-)(2)					
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►				
	check this box and stop here	a Cunnaut Da									
	ction C. Computation of Public			1.2		T I					
15	Public support percentage for 2012			13, column (T))		15					
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16					
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge							
17	Investment income percentage for 20				nn (f))	17					
					. , ,						
18	Investment income percentage from					18					
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□				

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493041003444

OMB No 1545-0047

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ne of the organization AVIAN COLLEGE		Employer identification	n number
MOI	AVIAN COLLEGE		24-0795460	
Pa	organizations Maintaining Donor Ad		unds or Accounts.	complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds	(b) Funds and oth	er accounts
	Total number at end of year	(a) bollor daribod rallac	(2) ramas ana san	<u>., accounts</u>
<u>.</u>	Aggregate contributions to (during year)			
;	Aggregate grants from (during year)			
Ļ	Aggregate value at end of year			
;	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o			Yes No
,	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?		any other purpose	_ Yes
Pa:	tII Conservation Easements. Complete	f the organization answered "Yes"	to Form 990, Part IV, I	 ine 7.
-	Purpose(s) of conservation easements held by the orgon Preservation of land for public use (e.g., recreation Protection of natural habitat	ganization (check all that apply) n or education) Preservation of a		nd area
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in	the form of a conservation	ı
	easement on the last day of the tax year		Held at the En	d of the Vear
а	Total number of conservation easements		2a	d of the real
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified hist	coric structure included in (a)	2c	
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
,	Number of conservation easements modified, transfer the tax year -	red, released, extinguished, or terminat	ed by the organization dui	rıng
Ļ	Number of states where property subject to conserva	tion easement is located 🕨		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of violations, and	Yes No
	Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation ease	ments during the year	
	Amount of expenses incurred in monitoring, inspectin	g, and enforcing conservation easement	ts during the year	
	▶ \$ Does each conservation easement reported on line 20	(d) above satisfy the requirements of se		
ı	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports co	onservation easements in its revenue ar	·	Yes No
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem	ents		
ar	Organizations Maintaining Collection Complete if the organization answered "		or Other Similar As	sets.
.a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	, or research in furtheranc	
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		▶ \$	4,202,208
	If the organization received or held works of art, histo following amounts required to be reported under SFAS		for financial gain, provide	
а	Revenues included in Form 990, Part VIII, line 1		► \$	0
			F +	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	liections of Ar	t, HIS	itoricai i	reasi	ires, or O	tne	r Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	neck any of	the fol	lowing that a	re a	significant use	ofits	
а	Public exhibition		d	▼ Loar	orexc	hange progr	ams			
b	Scholarly research		e	┌ Oth	er					
c	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	aın hov	w they furth	ner the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit								_	_
	assets to be sold to raise funds rather than t		-						☐ Yes	✓ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	1 "Y	es" to Form 9	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				utions	or other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete th	e follov	wing table		_				
_						-	_	An	nount	
С .	Beginning balance					-	1c			
d	Additions during the year					—	1d			
e	Distributions during the year					—	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, III	ne 21?	•					│ Yes	Г No —
_ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		Swered "Y Prior year					(a)Four v	ears back
1a	Beginning of year balance	84,146,237	(0)	84,070,57		67,204,747	(u)	63,031,771		81,853,433
b	Contributions	2,011,902		4,072,54		8,179,246		3,524,590		3,379,894
c	Net investment earnings, gains, and losses	, .		<u> </u>		, ,		, ,		
		8,203,490		-44,47	+	12,738,786		5,196,494	-	17,989,319
d	Grants or scholarships	1,372,978		1,374,89	<u>'</u>	1,295,782		1,314,031		1,239,518
е	Other expenditures for facilities and programs	2,297,544		2,370,72	2	2,509,399		3,052,532		2,972,720
f	Administrative expenses	207,422		206,79	5	247,021		181,545		0
g	End of year balance	90,483,685		84,146,23	7	84,070,577		67,204,747		63,031,770
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g, colu	mn (a))	held as				
а	Board designated or quasi-endowment 🕨	18 %								
ь	Permanent endowment ► 82 %									
c	Temporarily restricted endowment ►) %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organi	zatıon	that are he	ld and	admınıstered	for	the		
	organization by							200	Yes	No
	(i) unrelated organizations				•		•	3a(_	No
ь	If "Yes" to 3a(II), are the related organization						٠	31	_	110
4	Describe in Part XIII the intended uses of th	•							<u> </u>	
Par	t VI Land, Buildings, and Equipme	nt. See Form 9	90, Pa							
	Description of property			(a) Cost of basis (inve		(b) Cost or ot basis (other		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land				0	4,946,	706			4,946,706
b	Buildings				0	91,748,	888	37,247,51	4 5	54,501,374
С	Leasehold improvements				0		0		0	0
d	Equipment				0	23,399,	764	20,152,11	4	3,247,650
	Other				0	28,146,		10,709,02	9 1	17,437,609
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), lın	e 10(c).)		▶	8	30,133,339

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 12</u>	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives	0		
(2)Closely-held equity interests	0		
(3)Other			
(A) Hedge Funds	12,733,902		F
(B) Private Equity	10,496,994		F
			_
(C) Real Asset Funds	3,637,956		F
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	26,868,852		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Iir	ne 15		
(a) Descrip			(b) Book value
	A. C.		
(1) Deposits with Trustees			10,625,410
(2) Investment Income Receivable			205,028
(2) Investment Income Receivable (3) Funds held in trust (Split-Interest)			4,378,601
(3) Funds held in trust (Split-Interest)			4,378,601
(3) Funds held in trust (Split-Interest) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	, line 25. (b) Book value		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	, line 25. (b) Book value		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans	, line 25. (b) Book value 0 1,271,940		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans	, line 25. (b) Book value		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans	, line 25. (b) Book value 0 1,271,940		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable	, line 25. (b) Book value 0 1,271,940 1,287,200		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Refundable federal loans Annuity payable Accumulated Post-retirement benefits	, line 25. (b) Book value 0 1,271,940 1,287,200 507,034		4,378,601

ϵ	Reconciliation of Revenue per Audited Financial Statements with Revenue p	el K	stui ii
1	Total revenue, gains, and other support per audited financial statements	1	57,340,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-18,097,405
3	Subtract line 2e from line 1	3	75,437,670
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 207,421		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	-1,580,850
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	73,856,820
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	50,843,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,749,670
3	Subtract line 2e from line 1	3	49,093,663
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 207,421		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	22,006,432
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	71,100,095

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College's permanent collection consists of art works in varying media (painting, prints, sculpture, digital, etc.) The collection, 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 to enrich their lives. To this purpose, the Payne Gallery builds and maintains exemplary art collections and produces a wide variety of challenging and innovative exhibitions, and stimulating educational programs. As an integral part of the College, the Payne Gallery advances teaching and learning and is conceived as an extension of undergraduate students' education in art by exposing them to styles and techniques which they do not learn in the classroom. In addition, the Payne Gallery serves as a catalyst for creative engagement between the College and diverse local, state and national audiences.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of over 470 individual funds established for a variety of purposes. It includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. As required by authoritative guidance, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Student grants of \$21,799,011 and Change in split-interest agreements -\$360,700
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Cost of good sold \$1,723,584, Special Fund-raising event costs \$26,086, Unrelated business income loss from 990T - \$38,061
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Cost of goods sold \$1,723,584, Special fundraising events expenses \$26,086
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Student Grants \$21,799,011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041003444

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MORAVIAN COLLEGE

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

	24-0795460			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?	┪.		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
u	Stadents rights of privileges.	54		110
b	Admissions policies?	5b		No
C	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The Prospectus, which lists Moravian College's non-discriminatory policy in detail, is given to every prospective student who inquires about admission
SchE_P01_S00_L06	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 Endow ment 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 E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041003444

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

ntemai	Revenue Service					Inspection
Vame	e of the organization				Employer iden	tification number
MOR	AVIAN COLLEGE					
					24-0795460	
Pa	Tt I General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organi:	zation answered
1	For grantmakers. Does the o	organization m	aintain record	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elic					
	the grants or assistance?					┌ Yes ┌ No
2	For grantmakers. Describe in the United States.	1 Part V the or	ganızatıon's pı	rocedures for monitori	ng the use of grant fu	ands outside
	the officed states.					
3	Activites per Region (The follow	ıng Part I, lıne 3	3 table can be dı	uplicated if additional spa	ace is needed)	
					Т	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
	See Add'l Data					
						-
		-				
За	Sub-total					
b	Total from continuation sheets					
	to Part I		_			
С	Totals (add lines 3a and 3b)	0	0			6,423,65

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2012

Part V	Supplemental	Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
chF_P01_S00_L03	Schedule F, Part I, Line 3	Schedule F, Part I, Line 3 - Column (f) Accounting Method - Accrual, Central America and the Caribbean - Investments of \$6,167,351 and program services expenditures of \$30,655
		Schedule F (Form 990) 2012

Additional Data

Software ID: 12000197

Software Version: v1.00

EIN: 24-0795460

Name: MORAVIAN COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		6,167,351
Central America and the Caribbean	0	0	Program Services	Study abroad & educational travel	30,655
East Asia and the Pacific	0	0	Program Services	Study abroad & educational travel	14,120

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Program Services	Study abroad & educational travel	151,820
South America	0	0	Program Services	Study abroad & educational travel	43,709
Sub-Saharan Africa	0	0	Program Services	Study abroad & educational travel	16,000

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

DLN: 93493041003444

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

MORAVIAN COLLEGE

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

24-0795460

Pa	rt I Fundraising Act	ivities. Complete	if the o	rganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
1	Indicate whether the organ	ızatıon raısed funds 1	through a	nv of the 1	following activities Che	eck all that apply	
а	Mail solicitations		-		Solicitation of non		
ь	Internet and email soli	citations		f	Solicitation of gov		
c	Phone solicitations			a	Special fundraisin	_	
d	In-person solicitations			•	,	3 - 1 - 1 - 1 - 1	
2a	Did the organization have a or key employees listed in	Form 990, Part VII)	or entity	ın connec	tion with professional f	undraising services?	Г _{Yes} Г _{No}
Ь	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fui	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	al			.			
3	List all states in which the licensing	organization is regist	tered or lı	censed to	l o solicit funds or has be	l en notified it is exempt	l from registration or

Pai	t II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut	on answered "Yes" to lions and gross income	Form 990, Part IV, line on Form 990-EZ, line	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1 Moravian Golf Classic	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	cor (c)
£.	1	Gross receipts	77,23	9		77,239
Reveilue	2	Less Contributions	60,11	9		60,119
<u>~</u>	3	Gross income (line 1 minus line 2)	17,12	0		17,120
	4	Cash prizes		0		O
ي. د	5	Noncash prizes	2,27	4		2,274
Expenses	6	Rent/facility costs	17,41	2		17,412
ă ă	7	Food and beverages .	75	0	0	750
Dreat	8	Entertainment		0	0	0
Ā	9	Other direct expenses .	5,65	0		5,650
	10	Direct expense summary Add lin	nes 4 through 9 ın columi	n (d)		(26,086)
	11	Net income summary Combine li			•	-8,966
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
_	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	☐ Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨	
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," explain	gaming activities in eac	h of these states?		
10a b		e any of the organization's gaming	licenses revoked, suspe	nded or terminated during		

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No			
.2		neficiary or trustee of a trust or a men					
	formed to administer charitable of	gaming?		· · · · Fyes F No			
.3	Indicate the percentage of gamir	ng activity operated in					
а	The organization's facility			13a			
b	An outside facility			13b			
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records			
	Name ►						
	Address 🟲						
	revenue?	ntract with a third party from whom the					
	amount of gaming revenue retain	ed by the third party 🟲 \$					
C	If "Yes," enter name and address	s of the third party					
	Name 🟲						
	Address ►						
.6	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	\$ \$					
	Description of services provided	>					
	☐ Director/officer	Employee	Independent contractor				
.7	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent			
		activities during the tax year 🟲 💲					
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical				
	Identifier	Return Reference	Explana	tion			

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

Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493041003444

Open to Public

Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number MORAVIAN COLLEGE 24-0795460 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line	e 22
Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships and grants for various students	1523	21,799,011	ı		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02		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.

Compensation Information

DLN: 93493041003444

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization MORAVIAN COLLEGE

Employer identification number

24-0795460

Pa	rt I Questions Regarding Compensati	on				
					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					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u>~</u>	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	✓ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	<u>~</u>	Compensation survey or study			
	Form 990 of other organizations	굣	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					
а	Receive a severance payment or change-of-contro	ol paymen	ıt?	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?					Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, 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 accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III					
				8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)The Rev Dr Christopher M Thomforde President/College & Seminary Trustee	(i) (ii)	226,957 0	0	21,278 0	24,908 0	36,343 0	309,486 0	0
(2)Gary A Carney VP Institutional Advancement	(i) (ii)	138,569 0	0	1,521 0	14,253 0	66,204 0	220,547	0
(3)Gordon Weil VP Academic Affairs/Dean	(i) (ii)	136,413 0	0	1,139 0	14,076 0	12,208 0	163,836 0	0
(4)John R Dilendik Professor Education	(i) (ii)	110,881 0	0	560 0	9,252 0	48,198 0	168,891 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any a	additional information	
Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Moravian College 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.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	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 J (Form 990) 2012

DLN: 93493041003444

Open to Public

Inspection

OMB No 1545-0047

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 Part VI.

► Attach to Form 990.

► See separate instructions.

Internal Revenue Service Name of the organization MORAVIAN COLLEGE

Pariel Bond Issues

Department of the Treasury

Employer identification number

24-0795460

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	feased		On alf of uer	. ` `	Pool ncing	
							Yes	No	Yes	No	Yes	No	
A	Pennsylvania Higher Education Facilities Authority	23-2243852	70917N6U3	06-16-2005	1 4 5 3 3 1 3	Refunding of callable 1994 tax- exempt bonds		×		×		х	

Renovations to existing Northampton County Industrial campus facilities & 23-1971754 05-19-2011 5,000,000 Χ Χ Χ Development Authority 66353LBJ5 construction of new fitness Northampton County General Refunding of callable 1999 and 66353LBQ9 22,522,097 С Purpose Authority 23-1971754 04-04-2012 Χ Χ Χ 2001 tax-exempt bonds

Northampton General Purpose Renovations to existing Hall of Authority 23-1971754 66353LCC9 01-31-2013 9,999,015 Χ Χ Science academi facility

Par	Tell Proceeds											
				4	I	В	<u> </u>	С			D	
1	A mount of bonds retired				0	0			0			0
2	Amount of bonds legally defeased				0	0			0			0
3	Total proceeds of issue			4,632,31	3	5,000,000		22,522,	,097		9,999,0	015
4	Gross proceeds in reserve funds			11,67	5	0		1,925,	,000			0
5	Capitalized interest from proceeds				0	0			0			0
6	Proceeds in refunding escrows			4,494,50	0	0		20,339,	,804			0
7	Issuance costs from proceeds			55,69	4	62,545		257,	,293			0
8	Credit enhancement from proceeds			70,44	4	0			0		171,	101
9	Working capital expenditures from proceeds				0	0			0			0
10	Capital expenditures from proceeds				0	4,937,455			0		9,827,9	914
11	Other spent proceeds				0	0			0			0
12	Other unspent proceeds				0	0			0			0
13	Year of substantial completion		20	05	20	12	20	12		20	13	
			Yes	No	Yes	No	Yes	No	,	Yes	No	
14	Were the honds issued as part of a current refu	ndina issue?	V									

Were the bonds issued as part of a current refunding issue? Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Χ Χ 15 Х Χ Has the final allocation of proceeds been made? Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final Х Х Χ Χ allocation of proceeds?

Private Business Use

			4		В		C	1)
		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?		×		×		×		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Χ property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% 0% 0 0% 0% other than a section 501(c)(3) organization or a state or local government 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 0% 0% 0% 0% (c)(3) organization, or a state or local government Total of lines 4 and 5 6 0% 0% 0 0% 0% Does the bond issue meet the private security or payment test? 7 Х Х Х Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified 9 bonds of the issue are remediated in accordance with the requirements under Х Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? Х Х Χ Χ b No rebate due? c Х Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Par	tiv Arbitrage (Continued)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		X
Ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		x		x		x
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		x	

Α

Part V Procedures To Undertake Corrective Action

1	Has the organization established written procedures to ensure
	that violations of federal tax requirements are timely identified
	and corrected through the voluntary closing agreement program if
	self-remediation is not available under applicable regulations?

Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		l X
 بمميدا مامانه	- l	- for roomen		ana an Caba	dula I/ /aaa		

Part VI Supplemental Inf	ormation. Complete this part to j	provide additional information for responses to questions on Schedule K (see instructions).
Identifier	Return Reference	Explanation
SchK_P04_S00_L02c		PHEFA 2005 Bonds arbitrage computation performed on 6/30/2013 NCGPA 2012 Bonds arbitrage computation performed on 4/4/2013 Part V Procedures were adopted in fiscal year 2013/2014 No violations have been identified

Schedule K (Form 990) 2012

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 Part VI.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493041003444

2012

Open to Public

Department of the Treasury **Inspection** Internal Revenue Service Name of the organization **Employer identification number** MORAVIAN COLLEGE 24-0795460 Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price ıssuer Yes Yes Yes No No No Proceeds Part II C Α В D Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 Gross proceeds in reserve funds 4 Capitalized interest from proceeds 5 Proceeds in refunding escrows Issuance costs from proceeds 7 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? 14 Were the bonds issued as part of an advance refunding issue? 15 Has the final allocation of proceeds been made? 16 Does the organization maintain adequate books and records to support the final 17 allocation of proceeds? **Private Business Use**

property financed by tax-exempt bonds?

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

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

No

Yes

No

Yes

No

Α

Yes

Yes

No

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				A		В		C		D
_	A bloom	h	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?									
Ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		0/0
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?									
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage									· ·
		А			В		С		D	
		Yes	No	Yes	No	Ye	5	No	Yes	No
1	Has the issuer filed Form 8038-T?									
2	If "No" to line 1, did the following apply?			•		•	•	•	•	
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			-					Į.	
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?									
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									

Part IV Arbitrage (Continued)

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guarantee contract (GIC)?	ed investment								
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing value of the GIC satisfied?	ng the fair market								
6	Were any gross proceeds invested beyond an period?	n available temporary								
7	Has the organization established written proc the requirements of section 148?	cedures to monitor								
Pa	rt V Procedures To Undertake Cor	rective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written proc that violations of federal tax requirements ar and corrected through the voluntary closing a self-remediation is not available under applic	e timely identified agreement program if								
Pa	art VI Supplemental Information.	Complete this part to pr	ovide addition	ial information	on for respon	ises to quest	ions on Sche	dule K (see	instructions)	
	Identifier Re	eturn Reference				Explana	ition			

Α

В

С

Schedule K (Form 990) 2012

DLN: 93493041003444

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open to Public **Inspection**

Internal Revenue Service Name of the organization

MORAVIAN COLLEGE

Department of the Treasury

Employer identification number

24-0795460

(a) Name	of disquali	fied pers	on (b) Rel	ationsh	ıp between d	lisqualified	(c) Descrip	otion o	ftrans	action	- 1	(d) Cor	rected
. ,	·				i and organiza	•	.,					Yes	No
			d by organiza	ition ma	nagers or di	squalified pers	ons during the	yearu	nders	ection			
				• •		· · · · · the organizatio	n	• •	•				
Enter the am	ns to an	d/or F	rom Inter	ested	Persons.	-			-	F \$.			
Enter the am t III Loa Com	ns to an	nd/or F	rom Intere	ested ed "Yes'	Persons. ' on Form 99	0-EZ, Part V,	line 38a, or Fo	rm 990	D, Par	Part IV, line 26	e 26, o	r ıf the	
Enter the am t III Loa Com	ns to an plete if the nization re	nd/or F e organız ported a tıonshıp	rom Interdation answeren amount on F	ested ed "Yes' orm 99	Persons. ' on Form 99 0, Part X, III oan to m the	-			In	(h) oved ird or	r If the	
t II Loa Com organ Name of erested	ns to an plete if the nization re (b) Rela	nd/or F e organız ported a tıonshıp	rom Interdation answeren amount on F	ested ed "Yes' form 99 (d) Lo	Persons. ' on Form 99 0, Part X, III oan to m the	00-EZ, Part V, ne 5, 6, or 22 (e)Origina principal	I (f) Balance	(g)	In	(h Appro) oved ird or	(i)W	ment
t II Loa Com organ Name of erested	ns to an plete if the nization re (b) Rela	nd/or F e organız ported a tıonshıp	rom Interdation answeren amount on F	ested ed "Yes' form 99 (d) Lo or froi	Persons. on Form 99 on, Part X, Indoor to me the gration?	00-EZ, Part V, ne 5, 6, or 22 (e)Origina principal	I (f) Balance	(g) defa	In ult?	(h Appro by boa commi) oved ird or ttee?	(i)W agree	ment
t II Loa Com organ Name of erested	ns to an plete if the nization re (b) Rela	nd/or F e organız ported a tıonshıp	rom Interdation answeren amount on F	ested ed "Yes' form 99 (d) Lo or froi	Persons. on Form 99 on, Part X, Indoor to me the gration?	00-EZ, Part V, ne 5, 6, or 22 (e)Origina principal	I (f) Balance	(g) defa	In ult?	(h Appro by boa commi) oved ird or ttee?	(i)W agree	ment
t II Loa Com organ Name of erested	ns to an plete if the nization re (b) Rela	nd/or F e organız ported a tıonshıp	rom Interdation answeren amount on F	ested ed "Yes' form 99 (d) Lo or froi	Persons. on Form 99 on, Part X, Indoor to me the gration?	00-EZ, Part V, ne 5, 6, or 22 (e)Origina principal	I (f) Balance	(g) defa	In ult?	(h Appro by boa commi) oved ird or ttee?	(i)W agree	
t II Loa Com organ Name of erested	ns to an plete if the nization re (b) Rela	nd/or F e organız ported a tıonshıp	rom Interdation answeren amount on F	ested ed "Yes' Form 99 (d) Lo or from organiz	Persons. on Form 99 on, Part X, III on the exation? From	00-EZ, Part V, ne 5, 6, or 22 (e)Origina principal	I (f) Balance	(g) defa	In ult?	(h Appro by boa commi) oved ird or ttee?	(i)W agree	ment
til Loa Com organ Name of erested erson	ns to an plete if the nization re (b) Rela with organical contents or As	nd/or Fee organiz eported a tionship anization	rom Interdation answered attornanswered amount on Front (c) Purpose of Ioan	ested ed "Yes' Form 99 (d) Lo or froi organiz To	Persons. ' on Form 99 00, Part X, III oan to m the cation? From \$ number of the cation of the cati	(e)Origina principal amount	l (f) Balance due	(g) defa	In ult?	(h Appro by boa commi) oved ird or ttee?	(i)W agree	ment
Enter the am Loa Com organ Name of erested erson	ns to an plete if the nization re (b) Rela with organization of the nization re (c) Rela with organization of the nization of	ssistan ne orga (b) Rel interes	rom Interdation answered attornanswered amount on Front (c) Purpose of Ioan	ested ed "Yes' Form 99 (d) Lo or from organiz To ting In wered ween	Persons. ' on Form 99 10, Part X, III ban to m the eation? From \$ nterested "Yes" on F	(e)O-EZ, Part V, ne 5, 6, or 22 (e)Origina principal amount	l (f) Balance due	(g) defa	In ult?	(h A ppro by boa commi Yes) poved ird or ttee? No	(i)W agree	Ment

Part W Business Transactions I					
Complete if the organization	<u>n answered "Yes" on I</u>	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
				Yes	No

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

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

DLN: 93493041003444

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization MORAVIAN COLLEGE

Employer identification number

					24-0795460			
Pa	Types of Property		Ι	T	T			
		(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 d noncash contrib	etermı		ts
1	Art—Works of art	Х	3	85,042	Fair Market Value			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	10	187,658	Fair Market Value			
LO	Securities—Closely held stock .	Х	1	370,928	Fair Market Value			
L1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
L4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
L6	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
_	Trustee	.,	_	5 2 4 0				
25	Other ► (Travel)	X	4	5,240	Fair Market Value			
	A thletic Training							
26	Other ► (Services)	X	1	40,800	Fair Market Value			
	Equipment							
27	Other► (<u>Credit</u>)	Х	1	9,373	Fair Market Value			
	Event	l	_					
	Other ► (Hosting)	X	1	·	Fair Market Value			
29	Number of Forms 8283 received for which the organization comple				29			2
	.o. which the organization comple	1 01111 0	200, raiciv, Dollee Ackill	ocagement i i i	1		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it		103	110
	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not require	a to be asea	200		No
h	If "Yes," describe the arrangem					30a		NO
31				roway of any non-standard	contributions?	31	Yes	
	Does the organization have a gif	•		•			165	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncash			
	contributions?					32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (a) is checked,			
	describe in Part II					1	1	

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041003444

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.

2012
Open to Public Inspection

Name of the organization MORAVIAN COLLEGE	Employer identifi	cation number
	24-0795460	

ldentifier	Return Reference	Explanation
F990_P06_S0A_	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.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Moravian College and Theological Semnary ("Institution") recognize that the governance role of its respective Board 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 filling 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 11th 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. I Management shall be responsible for assembling, preparing and inputting all required information necessary for filling out the online Form 990. 2 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 input. Ensuring that the content input is properly reflected in the Initial Draft 3. Any changes by management to the Initial Draft shall be incorporated where appropriate, and a revised draft ("Revised Draft") of the 990 will generated. 4. 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. 5. In a timeframe sufficiently in advance of the due date, management will make the 990 available to the committee members via a secure Trustee website. 6. 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 Draf

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflicts of interest forms for all employees are initially submitted to the Office of Human Resources The Chief Human Resource Officer assesses whether action or monitoring is required, soliciting the opinion of the Vice President for 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 Persons are required to comply with the Conflict of Interest Policy and disclose and announce any conflict, and abstain from involvement in any decision where the conflict would apply

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation Philosophy Purpose. As delegated representatives of the Joint Executive Committee of the Board of Trustees of Moravian College and Moravian Theological Semnary, the Executive Compensation Sub-Committee ("Committee") has the power, duty and responsibility to determine the institution's Executive Compensation Philosophy and to establish such guid elines, 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 Semnary. The Vice Chairman of the Board of the College, The Vice Chairman of the Semnary Board. The Chair of the Finance Committee of the Semnary, The Chair of the Committee on in vestments, and The Chair of the Academic Committee of the College. The Executives Sension 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 of the President of Norder and College of the executives whose compensation will be approved by the Committee of the President of the College of the executives whose compensation Processional Sensional Processional Sensional Processional Sensional Pr

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	President shall submit his/her current year performance evaluation of each one of the Sen ior Staff to the Committee. This evaluation shall be based on regular annual performance rieview, 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 IR S 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

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19		Financial Statements are available on the College website (www moravian edu) Governing documents and conflict of interest policies are made available upon request

ldentifier	Return Reference	Explanation
F990_P11_S00_L09	Form 990, Part XI, Line 9	Change in value of split-interest agreements -\$360,700, Unrelated business income from 990T \$38,601

Software ID: 12000197 **Software Version:** v1.00

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 (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
The Rev Dr Christopher M Thomforde President/College & Seminary Trustee	40	х		х				248,235	0	61,251
Frank L Crouch VP/Dean Theo Sem/Sem Trustee	40	х		х				85,354	0	61,386
Dr Kelly Denton-Borhaug College Trustee	40	х						50,390	0	61,972
Dr Daniel Jasper College Trustee	40	х						61,847	0	5,994
The Rev Dr Deborah Appler Seminary Trustee	40	х						59,209	0	50,632
Mr Curtis H Barnette College Trustee	1 5	х						0	0	0
Rev David E Bennett College/Seminary Trustee	1 5	х						0	0	0
Mr DeLight E Breidegam College Trustee	1 5	х						0	0	0
Mrs Concetta Burke College Trustee	1 5	х						0	0	0
The Rev Dr Elizabeth D Miller College/Seminary Trustee	1 5	х						0	0	0
The Rev Dr Douglas W Caldwell College Trustee	1 5	х						0	0	0
Mr Gregory Christensen College Trustee	1 5	х						0	0	0
Mrs Lyn Trodahl Chynoweth College/Semınary Trustee	1 5	х						0	0	0
Mr Brian J Corvino College Trustee	1 5	х						0	0	0
Mr Michael M Ellis College Trustee	1 5	х						0	0	0
Mrs Genevieve Gee College Trustee	1 5	х						0	0	0
The Rev David B Guthrie College/Seminary Trustee	1 5	х						0	0	0
Ms Candy Barr Heimbach College Trustee	1 5	х						0	0	0
Mrs Priscilla Hurd College Trustee	1 5	х						0	0	0
Dr Richard T Kingston Jr College Trustee	1 5	х						0	0	0
Mr Nathaniel Ferraro College Trustee	1 5	х						1,687	0	0
Mrs Deborah McKınnon College Trustee	1 5	х						0	0	0
Ms Sally Breidegam Miksiewicz College Trustee	1 5	х						0	0	0
Dr Parry J Miller College Trustee	1 5	х						0	0	0
Mr Christopher Ohmacht College Trustee	1 5	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Q# 15@ Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 5 Mrs Betsev Puth Χ 0 0 0 College Trustee 1 5 Mr Kenneth Rampolla 0 0 Х 0 College Trustee 15 Mr A Reed Raymond 0 0 0 Х College Trustee 1 5 Mr Frederick A Reinhard Х 0 0 0 College Trustee 1 5 Mr Robert J Schoenen 0 0 0 Х College Trustee 15 Mr Paul G Sittenfeld 0 0 0 Х College/Seminary Trustee 15 Dr Honnie P Spencer 0 0 0 Х College Trustee 15 Dr Susan M Studds 0 0 0 College Trustee 1 5 Mrs Nancy A Taylor Χ 0 0 College Trustee 15 Mr Walter F Williams 0 0 0 X College Trustee 1 5 Mr Stephen Black Χ 0 0 0 Seminary Trustee 1 5 The Rev Katie VanDerLinden 0 Χ 0 Seminary Trustee 15 The Rev Brian R Dixon 0 0 0 Х Seminary Trustee 15 The Rev Dr Eileen Edwards 0 Х 0 0 Seminary Trustee 1 5 The Rev Dr Amy Gohdes-Luhman Χ 0 0 0 Seminary Trustee 1 5 Mrs Marty Stockton Hancock 0 0 0 Х Seminary Trustee 15 The Rev Jane A Harberg 0 0 0 Х Seminary Trustee 1 5 Mr J Robert Hess Χ 0 0 0 Seminary Trustee 1 5 Rev James T Hicks Х 0 0 0 Seminary Trustee 15 The Honorable Wilma A Lewis 0 0 0 Х Seminary Trustee 1 5 Mr David Lobach Х O 0 0 Seminary Trustee 1 5 Dr Yvonne T Maddox Х 0 0 0 Seminary Trustee 15 The Rev Jami L Possinger 0 0 0 Х Seminary Trustee 15 The Rev Dr Neil Routh 0 0 Х 0 Seminary Trustee 15 The Rev Dr Craig Troutman 0 0 Seminary Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related compensation per an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and any related Former <u>9</u> Individual trustae or director Highest compensated employee Institutional Trustee organizations hours for employee related organizations below dotted line) 1 5 Mrs Heather H Vacek Х 0 0 Seminary Trustee 1 5 The Rev Dr Janice M Young Х 0 0 0 Seminary Trustee 1 5 The Rev Dr Samuel Zeiser Χ 0 0 0 Seminary Trustee 15 Mr Trevor Glanville Х 556 0 0 College Trustee 15 Mr Bryan Peacock 0 0 0 Х College Trustee 15 Ms Kelly Rindock Х 0 0 0 College Trustee 15 Mr Ray S Bishop Jr 0 0 0 Х College Trustee 15 The Rt Rev M Blair Couch Х 0 0 0 Seminary Trustee 15 Ms Susan Shields 0 0 0 Х Seminary Trustee 40 Gordon Weil 137,552 Χ 0 26,284 VP Academic Affairs/Dean 40 Gary A Carney Χ 140,090 0 80,457 VP Institutional Advancement 40 Mark F Reed Χ 124,792 0 13,890 VP for Finance & Administration 40 Kenneth T Huus Χ 0 30,705 112,837 **VP** Enrollment 32 5 Anne M Reid Χ 76,411 0 62,978 Treasurer 40 Ms Nicole Loyd 92,596 0 Х 18,441 VP Student Affairs/Dean of Students 40 John R Dilendik Х 111,441 0 57,450 Professor Education 40 Kay B Somers Х 0 102,931 10,103 **Professor Mathmatics** 40 Sandra E Fluck 104,325 0 Х 24,889 Professor Education 40 Mr Douglas Plotts 103,446 0 Χ 19,179 Dir Facilities Mgmt, Planning & Construction 40 Ms Julie DelGiorno 14,477 101,376 0

Chief of Staff