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DLN: 93493125013534

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspec<u>tio</u>n

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable KING'S COLLEGE Address change 24-0804602 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 133 NORTH RIVER STREET Terminated (570) 208-5837 Amended return City or town, state or country, and ZIP + 4 WILKESBARRE, PA 18711 Application pending **G** Gross receipts \$ 86,349,488 Name and address of principal officer **H(a)** Is this a group return for JOHN J RYAN CSC ┌ Yes 🗸 No affiliates? 133 NORTH RIVER STREET WILKESBARRE, PA 18711 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** Tax-exempt status ☐ 4947(a)(1) or ☐ 527 501(c) () ◀ (insert no) H(c) Group exemption number ► Website: ► WWW KINGS EDU L Year of formation 1946 M State of legal domicile PA Summary Part I Briefly describe the organization's mission or most significant activities
PROVIDES STUDENTS WITH A LIBERAL ARTS EDUCATION ENABLING THEM TO LEAD MEANINGFUL & SATISFYING Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 39 33 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 1,455 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 150 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 127,165 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 7.613.673 5,643,512 Contributions and grants (Part VIII, line 1h) . . 73,018,972 Program service revenue (Part VIII, line 2g) . 73,283,889 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,355,339 4,534,558 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 94,062 52,803 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 83,082,046 83,514,762 13 26,344,159 24,863,203 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 35,520,521 Expenses 36,117,296 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . 2,356 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,316,751 b 19.035.423 18,855,993 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 81,499,234 79,239,717 19 Revenue less expenses Subtract line 18 from line 12 1,582,812 4,275,045 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 145,642,545 161,746,517 21 Total liabilities (Part X, line 26) 48,760,736 58,442,075 Red (22 Net assets or fund balances Subtract line 21 from line 20 96,881,809 103,304,442 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-05-04 Signature of officer Date Sian Here JOHN J RYAN CSC PRESIDENT Type or print name and title Preparer's signature Print/Type preparer's name 2014-05-04 EDWARD A KOLLAR CPA EA P00012018 self-employed Paid Firm's name PARENTEBEARD LLC Firm's EIN > 23-2932984 Preparer

Use Only

Firm's address - 46 PUBLIC SQUARE SUITE 400

WILKESBARRE, PA 18701

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

Phone no (570) 820-0100

✓ Yes ☐ No

Par	Stat Chec	ement of Program Servik if Schedule O contains a resp	ice Accomplishment onse to any question in th	s nis Part III .		
1	Briefly desc	cribe the organization's mission				
ARTS	EDUCATIO	E, A CATHOLIC COLLEGE IN TO WHICH OFFERS THE INTER ID SATISFYING LIVES				
2		inization undertake any signific				☐ Yes 🔽 No
	If "Yes," des	scribe these new services on So	chedule O			
3	services?	inization cease conducting, or r				┌ Yes ┌ No
	If "Yes," des	scribe these changes on Sched	ule O			
4	expenses S	e organization's program servic section 501(c)(3) and 501(c)(4 penses, and revenue, if any, for) organizations are require	ed to report the		
4a	STUDENTS T OR NATIONAL 1,981 ARE FU RESIDENTS F) (Expenses \$ EGE IS A NOT-FOR-PROFIT EDUCATIO THE COLLEGE WAS FOUNDED IN 1946 A ORIGIN, AND SEEKS TO ASSIST TALE JIL-TIME UNDERGRADUATES APPROX FROM PENNSYLVANIA, NEW YORK, AND NAL RESOURCES OF APPROXIMATELY	AND WELCOMES STUDENTS INT NTED STUDENTS OF MODEST F: IMATELY 93% OF THE COLLEGE) NEW JERSEY DURING THE YEA	IDES UNDERGRADU O ITS COMMUNITY INANCIAL MEANS TH' S PRESENT FULL-T:	WITHOUT REGARD TO GENDER, IE COLLEGE HAS APPROXIMATEL' IME UNDERGRADUATE STUDENT	RACE, RELIGION, DISABILITY Y 2,500 STUDENTS, OF WHOM BODY IS COMPRISED OF
4b	(Code) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4 c	(Code) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
	Otherpre	ram carvices (Doscriba in Cabi	adula O)			
-4u	(Expenses		uding grants of \$)	(Revenue \$)
4e	Total prog	ram service expenses ►	70,343,816			

art 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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νo
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		No
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^{\square}	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	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	Yes	
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🕏	13	Yes	
	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		No
L5	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
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
L7	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
L8	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	
L9	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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28a 28b	Yes	No
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		Yes	No
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No No
b c	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c		
b c 29 30	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29		No
b c 29 30	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29 30		No No
b c 29 30 31	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29 30 31		No No
b c 29 30 31	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29 30 31 32		No No No
b c 29 30 31 32 33	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29 30 31 32 33		No No No No
b c 29 30 31 32 33 34 35a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29 30 31 32 33 34		No No No No
b c 29 30 31 32 33 34 35a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29 30 31 32 33 34 35a		No No No No
b c 29 30 31 32 33 34 35a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 28c 29 30 31 32 33 34 35a 35b		No No No No No

a I	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,518			140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
)	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	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		103	
	account)?	4a		No
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tay chalter transaction at any time during the tay year?	- Fo		NI.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o
		5b		IN
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
-	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			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	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		N
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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 10b			
	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)			
	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			
	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		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

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

			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	Yes	
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	Yes	
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	Yes	
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		N o
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	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> u	<u>ie Code</u>	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		N o
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ▶ PA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 ►THOMAS GRABER CPA 133 NORTH RIVER STREET WILKESBARRE, PA (570) 208-5837

Form	990	(2012)
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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	1								
(A) Name and Title	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(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 Title	(B) A verage hours per week (list any hours	more t perso and a	tion (han d n is l	ne l both	oox, an d	heck unless officer stee)	5	from organiza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W	0	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		organization and related organizations			
											+				
											+				
1b Sub-Total					٠.		<u> </u>								
c Total from continuation sheets	s to Part VII, S	ection A	١.				>								
d Total (add lines 1b and 1c) .							>		957,433		0		184,913		
Total number of individuals (inc \$100,000 of reportable compe	_					d abov	'e) w	ho receive	d more th	nan					
												Yes	No		
3 Did the organization list any fo							yee	, or highes	t compen	sated employee					
on line 1a? If "Yes," complete So							•				3		No		
For any individual listed on line organization and related organization and related organization.	•	-							-		4	Yes			
5 Did any person listed on line 1a services rendered to the organi			-					_		or individual for	5		No		
										L					
Section B. Independent Con			. استاد							th t100 000					
Complete this table for your five compensation from the organization												ax year			
Na.	(A) ame and business	address							Des	(B) cription of services		(C Comper			
SORDONI CONSTRUCTION SERVICES 45 OWE			18704							CTION SERVICES			,047,357		
CONGREGATION OF THE HOLY CROSS US PRO			GEPOF	RT CT	0660	04				ATIVE & FACULTY			543,954		
ELITE UNDERWRITING SERVICES 191 SHERE SODEXHO 4880 PAYSPHERE CIRCLE CHICAGO		19341							FACILITIES	E PLAN/CONSULTING AND DINING SERVICE	+		404,461 308,382		
		DE 54 17 -	74.4						MANAGEME HEALTH IN:	ENT SURANCE CLAIM	-				
FIRST PRIORITY HEALTH 19 NORTH MAIN ST	KEET WILKES BARI	KE PA 187	/11						PROCESSIN				251,655		

\$100,000 of compensation from the organization +12

Form 99			f Danis and					Page 9
Part V	444	Statement o Check if Schedu	o r Revenue ule O contains a respon	ise to any question i	n this Part VIII		<u></u>	<u> </u>
	ı				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
के के	1a	Federated cam						
Grants mounts	b	Membership du	es 1b					
A.G	C	Fundraising eve	ents 1c	30,400				
Giffs, nilar An	d	Related organiz	zations 1d					
im:	e	Government grants	s (contributions) 1e	2,998,059				
tior sr S	f	All other contribution	ons, gifts, grants, and 1f	2,615,053	j	j		
혈	g	Noncash contribution	ons included in lines		i			
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1 a - 1 f		5,643,512			
		- I - I - I - I - I - I - I - I - I - I		Business Code				
enne	2a	STUDENT TUITION	& FEES	611600	61,164,470	61,164,470		
Re vs	ь	AUXILIARY (ROOM)	/BOARD)	721310	11,989,664	11,859,573	130,091	
- <u>9</u> 2	С	INTERNAL PRINT R	REVENUE	611600	97,716	97,716		
Program Serwce Revenue	d	TUITION DEP FRFE	EITURES	611600	11,382	11,382		
	e	SPORTS TEAM INC		711210	7,940	7,940		
₽ Log	f	All other progra	am service revenue		12,717	12,717		
	g		s 2a-2f		73,283,889			
	3		ome (including dividend ar amounts)		2,510,606			2,510,606
	4		stment of tax-exempt bond p					
	5	Royalties	() Parl					
	6a	Gross rents	(ı) Real 208,432	(II) Personal				
	ь	Less rental expenses	153,246					
	С	Rental income or (loss)	55,186					
	d	, ,	me or (loss)		55,186		-2,926	58,112
		C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,691,157					
	Ь	Less cost or other basis and	2,667,205					
	С	sales expenses Gaın or (loss)	2,023,952					
	d	Net gain or (los	ss)		2,023,952			2,023,952
Other Revenue	8a	Ψ	luding ,400 s reported on line 1c)	10,115				
Ĭ,	Ь		penses b [14,275	4.160			4 100
0	c 9a		(loss) from fundraising of rom gaming activities leed 19	events 🛌	-4,160			-4,160
	b c		a penses b (loss) from gaming activ	vities				
		Gross sales of returns and allo	ınventory, less	· ·				
	b c		oods sold b (loss) from sales of inve	entory				
		Miscellaneous	s Revenue	Business Code				
		FINES (LIBRA	RY & PRKG)	812930	1,777	1,777		
	Ь							
	d	All other reveni						
	e e	Total. Add lines	L	🕨				
	12		See Instructions	🕨	1,777			
					83,514,762	73,155,575	127,165	4,588,510 Form 990 (2012)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 24,863,203 24,863,203 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 597,634 395,134 202,500 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 25,463,392 22,046,905 2,911,677 504,810 Pension plan accruals and contributions (include section 401(k) 1,809,047 1,578,173 199,376 31,498 and 403(b) employer contributions) 5,949,529 5,037,467 645,675 Other employee benefits 266,387 10 1,700,919 1,476,357 192,188 32,374 11 Fees for services (non-employees) Management Legal 122,668 122,668 96,485 96,485 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,361,372 1,025,204 322,241 13,927 Schedule O) Advertising and promotion . . 319,972 20,903 12 296,062 3,007 13 Office expenses 2,690,722 1,871,973 740,563 78,186 814,874 571,804 218,357 14 Information technology . . . 24,713 15 156 156 Royalties . 3,873,167 3,344,889 486,117 42,161 16 Occupancy **17** 574,689 533,443 21,893 19,353 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 90,357 59,194 23,824 7,339 20 1,638,644 1,630,806 7,838 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 3,756,650 375,665 37,566 3,343,419 23 413,786 107,190 306,596 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) 1,778,490 a FOOD 1,699,935 36,666 41,889 REPAIRS AND MAINTENANCE 342,569 330,900 11,669 ATHLETIC TEAM EXPENSES 331,661 331,661 d DUES AND SUBSCRIPTIONS 290,483 166,475 118,891 5,117 359,248 28,600 324,724 5,924 e All other expenses Total functional expenses. Add lines 1 through 24e 25 79,239,717 70,343,816 7,579,150 1,316,751 Joint costs. Complete this line only if the organization 26 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

Par	τΧ	Check if Schedule O contains a response to any question in t	hıs Part X						
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			115,961	1			
	2	Savings and temporary cash investments			571,837	2	990,391		
	3	Pledges and grants receivable, net		•	5,288,107	3	5,155,211		
	4	Accounts receivable, net			3,683,408	4	1,657,172		
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II of			5			
Assets	6	Loans and other receivables from other disqualified persons $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	ng employers		6				
82	7	Notes and loans receivable, net	2,534,066	7	2,453,141				
4	8	Inventories for sale or use			36,639	8	37,918		
	9		expenses and deferred charges						
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	138,930,923	42,029	9	354,367		
	ь	Less accumulated depreciation	10b	54,942,805	83,489,880	10c	83,988,118		
	11	Investments—publicly traded securities	1,079,349	11	3,032,831				
	12	Investments—other securities See Part IV, line 11	42,354,802	12	50,695,677				
	13	Investments—program-related See Part IV, line 11		13	· · · ·				
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			6,446,467	15	13,381,691		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			145,642,545	16	161,746,517		
	17	Accounts payable and accrued expenses			4,338,835	17	4,668,490		
	18	Grants payable				18	<u> </u>		
	19	Deferred revenue			2,026,008	19	1,626,569		
	20	Tax-exempt bond liabilities		_	31,995,000	20	45,000,000		
	21	Escrow or custodial account liability Complete Part IV of Sc			- 1,1 - 2,1 - 2	21			
ilities	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquared employees.	ctors, truste						
Liabilit		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third part	ies		120,000	23	0		
	24	Unsecured notes and loans payable to unrelated third parties	5		2,735,545	24	1,427,003		
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	Part X of Scl	nedule					
		D			7,545,348	25	5,720,013		
	26	Total liabilities. Add lines 17 through 25			48,760,736	26	58,442,075		
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	· ▼ and cor	nplete					
<u>8</u>	27	Unrestricted net assets		•	50,595,044	27	54,468,420		
<u>В</u>	28	Temporarily restricted net assets			16,103,442	28	17,030,702		
Ξ	29	Permanently restricted net assets		•	30,183,323	29	31,805,320		
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨 🦵	and					
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	1			31			
	32	Retained earnings, endowment, accumulated income, or othe	r funds			32			
	l					-a T	103,304,442		
Net	33	Total net assets or fund balances		•	96,881,809	33	103,304,442		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		83,5	514,762
2	Total expenses (must equal Part IX, column (A), line 25)	2		79,2	239,717
3	Revenue less expenses Subtract line 2 from line 1	3		4,2	275,045
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,8	381,809
5	Net unrealized gains (losses) on investments	5		2	259,578
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,8	388,010
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		103,3	304,442
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	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 Separate basis Both consolidated and separate basis	wed on			
h	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 sepa basis, consolidated basis, or both	rate	20	103	
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Software ID: Software Version:

EIN: 24-0804602
Name: KING'S COLLEGE

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

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	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 any	Positio more unless an dire	than	onot one son is er an trust	box s bot d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
MR THOMAS R SMITH CHAIRMAN	1 00	х		х				0	0	0	
MR MARK DECESARIS VICE-CHAIRMAN	1 00	х		х				0	0	0	
MRS KAREN KEEFER SECRETARY	1 00	х		х				0	0	0	
MR RICHARD A ALLEY MD DIRECTOR	1 00	х						0	0	0	
REV THOMAS E CHAMBERS DIRECTOR	1 00	х						0	0	0	
BRO RICHARD DALY CSC DIRECTOR	1 00	х						0	0	0	
REV JOHN F DENNING DIRECTOR	1 00	х						0	0	0	
MR BRENDAN P DOUGHER DIRECTOR	1 00	х						0	0	0	
MRS JANE B FEINSTEIN DIRECTOR	1 00	х						0	0	0	
MR SCOTT HENRY DIRECTOR	1 00	х						0	0	0	
DR JONATHAN P HOSEY DIRECTOR	1 00	х						0	0	0	
JOSEPH E KLUGER ESQ DIRECTOR	1 00	х						0	0	0	
MS KATHLEEN MCCARTHY LAMBERT DIRECTOR	1 00	х						0	0	0	
GERTRUDE C MCGOWAN ESQ DIRECTOR	1 00	х						0	0	0	
MR MICHAEL D MOLEWSKI DIRECTOR	1 00	х						0	0	0	
MR TIMOTHY J MORRIS DIRECTOR	1 00	х						0	0	0	
MR JOHN G NACKLEY DIRECTOR	1 00	х						0	0	0	
MR JOHN D O'BRIEN DIRECTOR	1 00	х						0	0	0	
MR JAMES T O'HARA ESQ DIRECTOR	1 00	х						0	0	0	
REV THOMAS J O'HARA CSC DIRECTOR	1 00	х						0	0	0	
MR CHARLES E PARENTE DIRECTOR	1 00	х						0	0	0	
MR RICHARD J PINOLA DIRECTOR	1 00	х						0	0	0	
REV MARK L POORMAN CSC PHD DIRECTOR	1 00	х						0	0	0	
MR DONALD B POPE-DAVIS PHD DIRECTOR	1 00	х						0	0	0	
REV JAMES L REBETA CSC DIRECTOR	1 00	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 Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Institutional hours organizations dividual trustae dividual trustae Ē for employee related organizations below Trustee dotted line) MRS VIRGINIA S ROSE Χ 0 0 DIRECTOR 1 00 MR DAVID SCHANKWEILER 0 0 Х 0 DIRECTOR 1 00 MR JAMES V SCHNEIDER 0 0 0 Х DIRECTOR 1 00 MR DAVID J SELINGO ESQ Χ 0 0 0 DIRECTOR 1 00 MS CATHERINE J SERAFIN ESQ 0 0 DIRECTOR 1 00 MS PATRICIA E SINEX 0 0 0 Х DIRECTOR 1 00 REV KEVIN P SPICER CSC PHD 0 0 0 Х DIRECTOR 1 00 BRO DONALD STABROWSKI CSC 0 0 0 DIRECTOR 1 00 MR WALTER TISCHER Χ 0 0 **DIRECTOR** 1 00 MR GLENN W TYRANSKI n 0 0 Χ **DIRECTOR** 1 00 MS SUSAN E UNVARSKY Χ 0 0 0 DIRECTOR 1 00 REV OLIVER F WILLIAMS CSC 0 Χ DIRECTOR 1 00 REV JOHN L YOUNG CSC MD 0 0 0 Х DIRECTOR 1 00 MR EBERHARD FABER Χ 0 0 0 DIRECTOR 1 00 MR JOSEPH A FRANK SR Χ 0 0 0 DIRECTOR EMERITUS 1.00 MR ALLAN M KLUGER ESQ 0 0 0 Х DIRECTOR EMERITUS 1 00 MR JAMES L PURCELL ESQ 0 0 0 Х DIRECTOR EMERITUS 1 00 MR JOHN M RANDOLPH JR Χ 0 0 0 **DIRECTOR EMERITUS** 1 00 MR Y JUDD SHOVAL Χ 0 0 0 DIRECTOR EMERITUS 1 00 MR JESSE J WATKINS 0 0 0 Х DIRECTOR EMERITUS 40 00 REV JOHN J RYAN CSC Х 0 0 8,516 **PRESIDENT** 40 00 LISA MARIE MCCAULEY Х 155,035 0 19,776 VP FINANCE/TREASURER 40 00 FREDERICK PETTIT 15,531 151,933 0 Х VP - INSTUTIONAL ADVANCEMENT 40 00 DR BERNARD HEALEY 132,379 22,615 Х 0 40 00 NICHOLAS HOLODICK EDD 148,374 0 27,665 VP - ACADEMIC AFFAIRS

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	more unless an	(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	Former			related organizations
BARRY WILLIAMS CPA JD DEAN - BUSINESS SCHOOL	40 00					х		129,900	0	27,318
MS JANET MERCINCAVAGE VP OF STUDENT AFFAIRS	40 00					х		122,476	0	28,207
PAUL MORAN EXECUTIVE DIRECTOR - IITS	40 00					х		117,336	0	35,285

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493125013534

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

KING'S 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.

Open to Public Inspection

					. (***			1	24-0804			
	rt I			blic Charity Sta						instruction	S	
	rganı		•	te foundation becaus	•			•	•			
1	<u> </u>		•	ion of churches, or a				ection 1/0	(b)(1)(A)(I).			
2	고			in section 170(b)(1			•	4=64134				
3				perative hospital se								
4	Γ			h organization opera	ted in conjun	ction with a	hospital des	cribed in s e	ection 170(b)	(1)(A)(iii).	Enter the	
5	\vdash			ity, and state erated for the benefi	t of a college	or universi	tv owned or o	perated by	, a governmer	ntal unit des	cribed in	
_	•	_	•	(A)(iv). (Complete P	_		.,	,	. 9000			
6	\vdash			local government o	· ·	al unit desc	rıbed ın sect i	ion 170(b)	(1)(A)(v).			
7	,		•	at normally receives	_			` .		from the aer	neral public	
	•			on 170(b)(1)(A)(vi).				- g		5		
8	Г	A com	munity trust	described in sectio	n 170(b)(1)(A)(vi) (Cor	mplete Part II	[)				
9	Г	An org	anızatıon th	at normally receives	(1) more th	an 331/3% o	of its support	from contr	ibutions, mer	nbership fee	s, and gross	
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		•		oss investment inco				•		tax) from b	usinesses	
				ganızatıon after June								
10		An org	anızatıon or	ganized and operate	d exclusively	to test for	public safety	See sect i	on 509(a)(4).			
11		_		ganized and operate	,				•	,		
				ly supported organız ıbes the type of supp						see section	509(a)(3). Check	
				b Type II c						lon-function	ally integrated	
е	Γ	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled directly	or indirec	tly by one or	more disqua	llified persons	
				ion managers and ot	her than one	or more pub	olicly support	ed organız	ations descri	bed in section	on 509(a)(1) or	
f			1509(a)(2)	received a written d	atarmınatıan	from the ID	C that it is a	Tuno I Tu	no II or Two	III cuppor	ting organization	
•			this box	received a writteri d	etermination	nom the 1K	.5 tilat it is a	турет, ту	pe II, or Type	e III Suppor	ing organization,	
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from an	y of the		,	
			ng persons?							,		
		., .		rectly or indirectly of	•		•	persons a	escribed in (ii		Yes No	
				governing body of th		_	n /				g(i)	
			· ·	er of a person descr							g(ii)	
				lled entity of a perso						110	y(iii)	
h		Provide	e the followi	ng information about	the support	ed organizat	.1011(5)					
) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of	
	uppo			organization	organizati		the organi		organiza		monetary	
OI	ganız	ation		(described on lines 1- 9 above	col (i) list		ın col (i) o	•	col (i) or in the l	-	support	
				or IRC section	docume		Заррог		III the t	, 5 .		
				(see								
				instructions))	Yes	No	Yes	No	Yes	No	7	
									1	1		
Toto	1		1			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	iplete Pa	rt III.)	
	ection A. Public Support 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	ction 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	15									
16	6 Public support percentage from 2011 Schedule A, Part III, line 15										
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

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DLN: 93493125013534

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ınıaı	Tevende Scivice F Attach to Form	il 990. P See Separate Histructions.			Inspec	.1011
	ne of the organization G'S COLLEGE			oloyer identific	ation numbe	er
Pai	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,				s. Complet	te if the
		(a) Donor advised funds		(b) Funds and	other accou	ınts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the organization		nor adv	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?				┌ Yes	┌ No
Τ	t II Conservation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the organ Preservation of land for public use (e.g., recreation of protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a	certifie	d historic stru	cture	
	easement on the last day of the tax year			1		
	Tabal aumahawat aanaamataan aasaanaata			Held at th	e End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements Number of conservation easements on a certified history	ric structure included in (2)	2b			
	Number of conservation easements included in (c) acqu	• •	2c			
	historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminat	ed by tr	ne organizatior	n during	
	the tax year ►					
	Number of states where property subject to conservation	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	dling of	f violations, an	d	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation ease	ments o	during the year	-	
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s durın	g the year		
	+ \$					
	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)$?) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financia				
1	Organizations Maintaining Collections Complete if the organization answered "Ye		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education,	or rese	earch in furthei		
	If the organization elected, as permitted under SFAS 1. works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue is held for public exhibition, education,	statem	nent and balan		IC
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
	Revenues included in Form 990, Part VIII, line 1			► \$		
	Assets included in Form 990, Part X			<u></u>		
	133cc meraded in Form 330, Fure A			- +		

Par	Organizations Maintaining Co	llections of Art	t, HIS	<u>storical i</u>	reas	ures, or O	<u>tne</u>	<u>r Similar As</u>	ssets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the fo	lowing that a	are a	significant use	e of its	
а	Public exhibition		d	┌ Loar	orex	change progr	ams			
b	Scholarly research		е	┌ Othe	er					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	aın hov	w they furth	er the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit							ıılar	_	_
	assets to be sold to raise funds rather than t								☐ Yes	│ No
Par	Part IV, line 9, or reported an an					n answere	d "Y	es" to Form 9	9 90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?				utions	or other ass	ets i		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing table		Г		_		
_						-		Ar	nount	
С	Beginning balance					F	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?)					☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been	provided in P	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior year				Three years back	(e)Four y	
1a	Beginning of year balance	49,703,899		55,315,775	+	48,432,886	-	44,686,604		51,779,947
b	Contributions	1,302,555		3,560,210)	1,085,136		1,508,921		1,610,755
С	Net investment earnings, gains, and losses	4,546,155		-75,944	1	7,869,667		4,500,781	-:	16,834,873
d	Grants or scholarships	1,654,445		1,596,142	2	2,071,914		2,263,420		1,869,225
e	Other expenditures for facilities and programs	-7,500,000		7,500,000)					
f	Administrative expenses									
g	End of year balance	61,398,164		49,703,899	€	55,315,775		48,432,886	4	14,686,604
2	Provide the estimated percentage of the cur	rent year end balan	ice (lir	ne 1g, colur	nn (a))	held as				
а	Board designated or quasi-endowment	27 620 %								
b	Permanent endowment ► 51 800 %									
С		580 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		zation	that are he	ld and	admınıstered	d for	the		
	organization by	-							Yes	No
	(i) unrelated organizations							3a		
_	(ii) related organizations						•	3a		No
	If "Yes" to 3a(II), are the related organizatio				•		٠	3	ь	<u> </u>
4 Dat	t VI Land, Buildings, and Equipme				10					
Par	Description of property	int. See Form 95	90, Pa	(a) Cost o		(b)Cost or ot	her	(c) Accumulated	(d) Bo	ok value
	Description of property			basis (inve		basis (othe		depreciation		
1a	Land					17,152	,300		1	7,152,300
b	Buildings					92,476	,481	36,018,96	55 5	6,457,516
С	Leasehold improvements									
d	Equipment					28,960	,601	18,923,84	10 1	0,036,761
_e	Other					341	,541			341,541
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	gual Form 990 Part	X colu	ımn (B) Jine	= 10(c))		🕨	8	3,988,118

Part VII Investments—Other Securities. See			
(a) Description of security or category	(b) Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other	6,730,598		F
(A) HIGHBRIDGE CAPITAL	82,191		F
(B) BAY RESOURCE PARTNERS	28,094		F
(C) ONE WILLIAM ST OFFSHORE FD	1,744,549		F
COONE WILLIAM ST OTTSHOKE TO	1,744,545		1
(D) BENEFICIAL INTERESTS IN ASSETS HELD BY OTHERS	42,110,245		F
Total. (Column (b) must equal Form 990. Part X. col (B) line 12)	E0.60E.677		
Part VIII Investments—Program Related. See (a) Description of investment type	(b) Book value		od of valuation
(a) Description of investment type	(b) book value		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, lin			
(a) Descrip	tion		(b) Book value
(1) DEFERRED FINANCING COSTS			246,627
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS			6,398,814
(3) DEPOSITS WITH BOND TRUSTEE			6,736,250
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			13,381,691
Part X Other Liabilities. See Form 990, Part X (a) Description of liability			
1 (a) Description of Hability Federal Income taxes	(b) Book value		
AGENCY FUNDS PAYABLE	529,887		
REFUNDABLE ADVANCES - GRANTS	1,928,428		
FAIR VALUE - INTEREST RATE SWAP	3,261,698		
TAIR VALUE - INTEREST RATE SWAP	3,201,098		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	5,720,013		
2. Fin 48 (ASC 740) Footnote In Part XIII provide the tex	t of the footnote to the organ	nization's financial states	ments that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	62,086,75
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	8	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	30	
e	Add lines 2a through 2d	2e	-21,581,25
3	Subtract line 2e from line 1	3	83,668,008
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		
b	Other (Describe in Part XIII) 4b -153,24	. 6	
c	Add lines 4a and 4b	4c	-153,240
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	83,514,76
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Re	turn
1	Total expenses and losses per audited financial statements	1	55,664,12
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)	46	
e	Add lines 2a through 2d	2e	153,240
3	Subtract line 2e from line 1	3	55,510,87
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		
b	Other (Describe in Part XIII)	4 0	
c	Add lines 4a and 4b	4c	23,728,840
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	79,239,71

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PART V, LINE 4 THE COLLEGE'S ENDOWMENT IS USED TO PROVIDE SCHOLARSHIPS TO STUDENTS AND PROVIDE FUNDS TO OFFSET FACULTY SALARIES AND DEVELOPMENT COSTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORELIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT HAS DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN FISCAL YEAR 2013 AND 2012 THE COLLEGE'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES THE COLLEGE'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2012, 2011, AND 2010 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 2D - OTHER ADJUSTMENTS		INSTITUTIONALLY FUNDED FINANCIAL AID -23,728,840 UNREALIZED GAINS ON INTEREST RATE SWAPS 1,567,125 CHANGES IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 320,885
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -153,246
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 153,246 NET UNREALIZED LOSSES ON INVESTMENTS
PART XII, LINE 4B - OTHER ADJUSTMENTS		INSTITUTIONALLY FUNDED FINANCIAL AID 23,728,840

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DLN: 93493125013534

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

Name of the organization KING'S COLLEGE 24-0804602 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Νo Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? No_ 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

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							
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE'S BROADCAST ADVERTISEMENTS DO NOT SPECIFICALLY INCLUDE ITS NONDISCRIMINATION POLICIES THESE POLICIES ARE EXPLICITLY STATED IN ALL PRINTED BROCHURES, CATALOGS, AND ON THE COLLEGE'S WEBSITE							
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	KING'S COLLEGE RECEIVES OPERATING FUNDS DESIGNATED BY GOVERNMENT FUNDING AGENCIES FOR PARTICULAR OPERATING PURPOSES CERTAIN STUDENTS OF THE COLLEGE WERE RECIPIENTS OF GRANTS UNDER THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE ACT THE COLLEGE ACTS AS THE CUSTODIAN AND DISBURSING AGENT FOR THESE FUNDS							

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493125013534

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

KING'S COLLEGE

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

24-0804602

Pa	rt I Fundraising Act	ivities. Complete	ıf the oi	rganizati	on answered "Yes" t	to Form 990. Part IV	. line 17.
1	Indicate whether the organ			ny of the f	following activities Che	eck all that apply	<u>, </u>
a	Mail solicitations			e	Solicitation of non		
b	Internet and email solid	citations		Т -	Solicitation of gov		
c	Phone solicitations			g	Special fundraisin	g events	
d	In-person solicitations						
2a	Did the organization have a or key employees listed in						Г Yes Г No
b	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol 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		·		>			
3	List all states in which the o	organization is regist	ered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2			
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut						
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through			
			FATHER FARBER GOLF TOURNAMENT (event type)	(event type)	(total number)	col (c))			
₽	1	Gross receipts	40,51	5		40,515			
Revenue	2	Less Contributions	30,40	D .		30,400			
<u>~</u>	3	Gross income (line 1 minus line 2)	10,11	5		10,115			
	4	Cash prizes		0					
မွာ	5	Noncash prizes	4,18	2		4,182			
Expenses	6	Rent/facility costs	7,46	8		7,468			
ă	7	Food and beverages .							
Direct	8	Entertainment							
Δ	9	Other direct expenses .	2,62	5		2,625			
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n (d)		(14,275)			
	11	Net income summary Combine Ii	ne 3, column (d), and line	e 10	•	-4,160			
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
~	1	Gross revenue							
ses	2	Cash prizes							
p	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
<u>ā</u>	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes ┌ No				
	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									
-									
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspe	nded or terminated during	the tax year?				

70ES	the organization operate gaining	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable o	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 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🕨			
	Address ▶			
. 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{Yes} \Gamma_{No}$
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 🖇		
Par	columns (III) and (v), a	mation. Complete this part to pi and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 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: 93493125013534

Open to Public

Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number KING'S COLLEGE 24-0804602 **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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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) COLLEGE ENDOWED SCHOLARSHIPS	2110	23,728,840			
(2) EPAT GRANT, SCHOLARSHIP	12	191,000			
(3) HOLY CROSS MISSION DEVELOPMENT SCHOLARSHIP	3	6,763			

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

Complete this part to provide the information required in Fart 1, time 2, Fart 111, Column (b), and any other additional information									
Identifier	Return Reference	Explanation							
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE COLLEGE'S FINANCIAL AID OFFICE EVALUATES EACH STUDENT'S FINANCIAL NEED, AS DETERMINED THROUGH INFORMATION PROVIDED ON THE STUDENT FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) MANAGEMENT AWARDS MERIT SCHOLARSHIPS TO INDIVIDUALS THAT QUALIFY, BASED ON DONOR STIPULATIONS (I E SPECIFIC MAJORS, LOCALITY, ETC) AND AWARDS FEDERAL, STATE, AND PRIVATE NEED BASED AWARDS TO PROVIDE ADDITIONAL RESOURCES TO STUDENTS FOR THEIR HIGHER EDUCATION INDIVIDUALS RECEIVING AWARDS ARE ON CAMPUS AND MEET WITH FINANCIAL AID COUNSELORS TO ENSURE STUDENTS ARE IN FACT WITHIN THE U S							

DLN: 93493125013534

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information 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.

Open to Public Inspection

Name of the organization KING'S COLLEGE

Employer identification number

24-0804602

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 First-class or charter travel Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 print or 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 First-class or charter travel First-class or charter travel Indicate which, if any, of the following the filing organization used to establish the compensation of the organization of the CEO/Executive Director, but explain in Part III Compensation committee First-class or charter travel Tindependent compensation consultant Compensation committee Partitue employment contract 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 Receive a severance payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? Tindepend	نعد	Questions Regarding Compensation					
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) Discretionary spending account Personal services (e.g., maid, c				Yes	No		
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of							
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If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			1		
	5						
		compensation contingent on the revenues of					
a The organization? Sa N	а	The organization?	5a		No		
b Any related organization?	b	Any related organization?	5b		Νo		
If "Yes," to line 5a or 5b, describe in Part III							
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	6						
	_		6-		No		
					No No		
	U		ОВ		INO		
If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	7				ĺ		
in the second of	,		7		No		
8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was	8						
subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
In Part III 8 N		III P d I L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8		No		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		9		1		

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

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

Note. The sum of columns (B)(I)-(III) 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
		(i) Base compensation			other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
(1)LISA MARIE MCCAULEY VP FINANCE/TREASURER	(i) (ii)	155,035	0	0	5,680 0	14,096	174,811 0	0
(2)FREDERICK PETTIT VP - INSTUTIONAL ADVANCEMENT	(i) (ii)	151,933 0	0	0	12,57 4 0	2,957 0	167,464 0	0
(3)DR BERNARD HEALEY PROFESSOR	(i) (ii)	132,379 0	0	0	10,282	12,333	154,994 0	0
(4)NICHOLAS HOLODICK EDD VP - ACADEMIC AFFAIRS	(i) (ii)	148,374 0	0	0	12,671 0	14,994 0	176,039 0	0
(5)BARRY WILLIAMS CPA JD DEAN - BUSINESS SCHOOL	(i) (ii)	129,900	0	0	11,531 0	15,787 0	157,218 0	0
(6)MS JANET MERCINCAVAGE VP OF STUDENT AFFAIRS	(i) (ii)	122,476	0	0	12,136	16,071 0	150,683 0	0
(7)PAUL MORAN EXECUTIVE DIRECTOR - IITS	(i) (ii)	117,336 0	0	0	10,509 0	24,776 0	152,621 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 additional information

The complete the part of the p									
Identifier	Return Reference	Explanation							
	,	THE COLLEGE PAID THE INITIATION FEES AND MONTHLY DUES MEMBERSHIPS FOR FR JOHN RYAN, CSC, DR NICHOLAS HOLODICK, AND MR FREDERICK PETTIT TO THE WESTMORELAND CLUB THE WESTMORELAND CLUB IS A NON-PROFIT SOCIAL CLUB USED BY MEMBERS OF MANAGEMENT TO HOST MEETINGS WITH BUSINESS PARTNERS OF THE COLLEGE, BOARD MEMBERS, POTENTIAL DONORS, FACULTY AND STAFF FR JOHN RYAN, CSC, DR NICHOLAS HOLODICK, AND MR FREDERICK PETTIT WERE NOT TAXED ON THE MEMBERSHIP DUES PAID BY THE COLLEGE ON THEIR BEHALF							
	· · · · · · - , · ·	THE EXPENSES INCURRED AT THE WESTMORELAND CLUB ARE SUBJECT TO THE DOCUMENTATION REQUIREMENTS OF THE COLLEGE							

Schedule J (Form 990) 2012

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(Form 990)

Department of the Treasury

DLN: 93493125013534

2012

OMB No 1545-0047

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. ► See separate instructions.

► Attach to Form 990.

Open to Public

Interna	rtment of the Treasury nal Revenue Service		FAttacii to	101111 550. F	- see separate	mstruct	. IOIIS.						Inspe		
	e of the organization									Em	ployer id	entifica	ation nur	nber	
KING	G'S COLLEGE									24	-08046	02			
Pa	rt I Bond Issues														
i			1							(a) De	efeased		(h) On (i)		Pool
ı	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	(f)	Description	n of purpose	(9) 50	leasea		suer	fina	incing
ı										Yes	No	Yes	No	Yes	No
ı	CITY OF WILKES-BARRE		1			I -		ENT REFUN 'S, AUX GYI							
	FINANCE AUTHORITY	20-5684698	1	06-03-2013	45,000	0,000 C	CONS	TRUCTION	,		X		Х	İ	×
1			1					ISITION & VATION						İ	
Pa	rt III Proceeds		<u> </u>				ENU	VALION							
_	THE PROCEEDS		7 /	A B			3		С		D				
1	Amount of bonds retired														
2	Amount of bonds legally defea	ased													
3	Total proceeds of issue				·	45,000,0	000	00							
4	Gross proceeds in reserve fun	nds											·——		
5	Capitalized interest from proce	eeds									,				
6	Proceeds in refunding escrows	s													
7	Issuance costs from proceeds	s				238,7	750						·——		
8	Credit enhancement from proc	ceeds							,						
9	Working capital expenditures t	from proceeds													
10	Capital expenditures from pro	ceeds			7,500,000						·——				
11	Other spent proceeds				30,475,000				,						
12	Other unspent proceeds				6,786,250						·				
13	Year of substantial completion	n			20	2014								•	
					Yes	No	\Box	Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as part	t of a current refundi	ing issue?		Х								l		
15	Were the bonds issued as part	t of an advance refu	nding issue?			Х									
16	Has the final allocation of proc	ceeds been made?			Х		\Box								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?										T				
Par	t IIII Private Business U	Jse							1						
ı 		,				4		E	B		С			D	
I					Yes	No		Yes	No	Yes	N	lo	Yes		No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned					l x									

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

property financed by tax-exempt bonds?

financed property?

Sche	dule K (Form 990) 2012									Page 2	
Par	Private Business Use (Continued)								_		
						B		<u>C</u>		D	
3a	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No	
э а	of bond-financed property?		Х								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?		×								
С	Are there any research agreements that may result in private business us financed property?	e of bond-		Х							
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 as a result of unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government			%		%	%			%	
6	Total of lines 4 and 5			%		%		%	i	%	
7	Does the bond issue meet the private security or payment test?			Х							
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		%		%		%		%		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?										
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?										
Par	t IV Arbitrage							1			
	Arbitrage	А			В		С		D		
		Yes	No	Yes	No Y		Yes No		Yes	No	
1	Has the issuer filed Form 8038-T?	X									
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			•	•	•	•	•			
3	Is the bond issue a variable rate issue?	X									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х									
b	Name of provider	PNC CAPITA MARKETS	L								
С	Term of hedge	18 00000	0000000								
d	Was the hedge superintegrated?	Х									
e	Was a hedge terminated?		Х								
		•									

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	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?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							
Pa	rt V Procedures To Undertake Corrective Action								
		А		В	1	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?	Х							
		•		•	•		•	•	
Pa	art VI Supplemental Information. Complete this part to pr	ovide addition	<u>ıal ınformatı</u>	on for respoi	nses to ques	tions on Sche	edule K (see	instructions)	١.

Schedule K (Form 990) 2012

Explanation

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As Filed Data -

DLN: 93493125013534

OMB No 1545-0047

Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

► 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.

2012

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization KING'S COLLEGE								Employer identification number					
Part I Exces	ss Benefit Trans	cactions (coction 5	01/c)/3) a	and coction 5	01/c)/4) or		-080-					
	ete if the organization										10b		
	of disqualified perso	on (b) Re	lationship	between dis	qualified	(c) Descri					(d) Corr	ected	
			person and	d organizati	on					,	Yes	No	
2 Enter the an	mount of tax incurred	d by organiza	ation mana	ners or disa	nualified perso	ns during the	veari	ınder	section				
4958	· · · · ·				qualified perso		,	•	> \$				
3 Enter the an	nount of tax, if any,	on line 2, ab	ove, reimb	ursed by th	e organization				F \$				
	i ns to and/or Fi oplete if the organiza				EZ Dort V L	no 20a or Eo	rm 00	0 Bar	+ T\/ lun	25 0	riftha		
	inization reported an					ile 30a, 01 F0	יפפ וווו	o, Pai	L I V , IIII	ie 26, 0	i ii tiie		
(a) Name of	(b) Relationship				(e)Original	(f)Balance	(g)	In	(h	1)	(i)Wr	itten	
ınterested	with organization	of loan	or from t		principal	due	defa	(g) In default?				ement?	
person			organızat	ion /	amount				by board or committee?				
			То	From			Yes	No	Yes	No	Yes	No	
											•		
											_		
											_		
											_		
											_		
			<u> </u>						<u> </u>		_		
otal			▶ \$										
	nts or Assistance					: TV lune 27							
	plete if the organ							tance	(0)	Durnos	e of ass	ıctono	
(a) Name of int person		ationship bet ed person ar		A mount o	f assistance	(d) Type o	1 45515	tance	(e)	Purpos	e 01 a55	istalic	
,	l l	rganızatıon											
								_				_	
	1		ı										

Part IV Business Transactions					
Complete if the organization	<u>on answered "Yes" on I</u>	<u>Form 990, Part IV, lı</u>	ne 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 organiz reven	f zatıon's
				Yes	No
See Additional Data Table					

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
		Cahadula I /Farm 000 at 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

Software ID: Software Version:

EIN: 24-0804602
Name: KING'S COLLEGE

Form 990, Schedule L, Part IV - (a) Name of Interested person	Business Transaction (b) Relationship between interested person and the organization	ns Involving Inter (c) Amount of transaction	ested Persons (d) Description of transaction	(e) Sharing of organization's revenues? Yes No
(1) CHARLES PARENTE	DIRECTOR	158,732	LACKAWANNA AMERICAN INSURANCE (LAI) MAINTAINS THE COLLEGE'S WORKERS COMPENSATION POLICY LAI IS A WHOLLY OWNED SUBSIDIARY OF LACKAWANNA CASUALTY COMPANY (LCC) LCC IS OWNED BY PAGNOTTI ENTERPRISES MR PARENTE IS A MINORITY OWNER AND OFFICER OF PAGNOTTI ENTERPRISES ALL TRANSACTIONS WITH LACKAWANNA CASUALTY COMPANY AND PAGNOTTI ENTERPRISES WERE CONDUCTED AT ARM'S	No
(2) GERTRUDE C MCGOWAN ESQ	DIRECTOR	251,655	MS MCGOWAN IS A VICE PRESIDENT OF FIRST PRIORITY HEALTH FIRST PRIORITY PROCESSES MEDICAL CLAIMS ON BEHALF OF THE COLLEGE THE PAYMENT AMOUNT REPRESENTS AN ADMINISTRATIVE FEE PAID THE COLLEGE IS SELF INSURED AND PAYS ALL MEDICAL CLAIMS ALL TRANSACTIONS WITH FIRST PRIORITY HEALTH WERE	No
(3) SCOTT HENRY	DIRECTOR	109,571	CONDUCTED AT ARM'S LENGTH MR HENRY IS THE OWNER OF MARTZ TRAILWAYS THE COLLEGE PAID MARTZ TRAILWAYS FOR TRANSPORTATION SERVICES ALL TRANSACTIONS WITH MARTZ TRAILWAYS WERE	No
(4) CHARLES PARENTE	DIRECTOR	4,047,357	CONDUCTED AT ARM'S LENGTH MR PARENTE IS A MINORITY OWNER OF SORDONI CONSTRUCTION SERVICES, INC THE COLLEGE PAID CONSTRUCTION RELATED COSTS TO SORDONI CONSTRUCTION SERVICES, INC IN CONNECTION WITH THE CONSTRUCTION OF A NEW AUXILIARY GYMNASIUM ALL TRANSACTIONS WITH SORDONI CONSTRUCTION SERVICES, INC WERE CONDUCTED AT ARM'S LENGTH	No
(5) CHARLES PARENTE	DIRECTOR	1,717,083	MR PARENTE IS A LIMITED PARTNER OF FRIENDS OF KING'S, LLP, WHICH IS A PARTNER OF RPG KING'S, LP THE COLLEGE ENTERED INTO A LEASE AGREEMENT WITH RPG KING'S, LP, IN CONJUNCTION WITH A MULTIUSE BUILDING ADJACENT TO THE COLLEGE'S CAMPUS THE BUILDING CONSISTS PRIMARILY OF STUDENT HOUSING AND VARIOUS RETAIL SUITES THE DISCLOSED AMOUNT REFLECTS THE CASH PAID BY THE COLLEGE TO RPG KING'S, LP IN CONJUNCTION WITH THE STATED LEASE AGREEMENT, INCLUDING REIMBURSABLE COSTS THE ORIGINAL LEASE TERM IS THIRTY YEARS, WITH A PURCHASE OPTION AVAILABLE AFTER SEVEN YEARS	No
(6) MARK DECESARIS	VICE CHAIRMAN	1,717,083	MR DECESARIS IS A LIMITED PARTNER OF FRIENDS OF KING'S, LLP, WHICH IS A PARTNER OF RPG KING'S, LP THE COLLEGE ENTERED INTO A LEASE AGREEMENT WITH RPG KING'S, LP, IN CONJUNCTION WITH A MULTIUSE BUILDING ADJACENT TO THE COLLEGE'S CAMPUS THE BUILDING CONSISTS PRIMARILY OF STUDENT HOUSING AND VARIOUS RETAIL SUITES THE DISCLOSED AMOUNT REFLECTS THE CASH PAID BY THE COLLEGE TO RPG KING'S, LP IN CONJUNCTION WITH THE STATED LEASE AGREEMENT, INCLUDING REIMBURSABLE COSTS THE ORIGINAL LEASE TERM IS THIRTY YEARS, WITH A PURCHASE OPTION AVAILABLE AFTER SEVEN	No
(7) MICHAEL MOLEWSKI	DIRECTOR	1,717,083	MR MOLEWSKI IS A LIMITED PARTNER OF FRIENDS OF KING'S, LLP, WHICH IS A PARTNER OF RPG KING'S, LP THE COLLEGE ENTERED INTO A LEASE AGREEMENT WITH RPG KING'S, LP, IN CONJUNCTION WITH A MULTIUSE BUILDING ADJACENT TO THE COLLEGE'S CAMPUS THE BUILDING CONSISTS PRIMARILY OF STUDENT HOUSING AND VARIOUS RETAIL SUITES THE DISCLOSED AMOUNT REFLECTS THE CASH PAID BY THE COLLEGE TO RPG KING'S, LP IN CONJUNCTION WITH THE STATED LEASE AGREEMENT, INCLUDING REIMBURSABLE COSTS THE ORIGINAL LEASE TERM IS THIRTY YEARS, WITH A PURCHASE OPTION AVAILABLE AFTER SEVEN	No
(8) RICHARD PINOLA	DIRECTOR	1,717,083	PARTNER OF FRIENDS OF KING'S, LLP, WHICH IS A PARTNER OF RPG KING'S, LP THE COLLEGE ENTERED INTO A LEASE AGREEMENT WITH RPG KING'S, LP, IN CONJUNCTION WITH A MULTIUSE BUILDING ADJACENT TO THE COLLEGE'S CAMPUS THE BUILDING CONSISTS PRIMARILY OF STUDENT HOUSING AND VARIOUS RETAIL SUITES THE DISCLOSED AMOUNT REFLECTS THE CASH PAID BY THE COLLEGE TO RPG KING'S, LP IN CONJUNCTION WITH THE STATED LEASE AGREEMENT, INCLUDING REIMBURSABLE COSTS THE ORIGINAL LEASE TERM IS THIRTY YEARS, WITH A PURCHASE OPTION AVAILABLE AFTER SEVEN	No
(9) EBERHARD FABER	DIRECTOR	1,717,083	MR FABER IS A LIMITED PARTNER OF FRIENDS OF KING'S, LLP, WHICH IS A PARTNER OF RPG KING'S, LP THE COLLEGE ENTERED INTO A LEASE AGREEMENT WITH RPG KING'S, LP, IN CONJUNCTION WITH A MULTIUSE BUILDING ADJACENT TO THE COLLEGE'S CAMPUS THE BUILDING CONSISTS PRIMARILY OF STUDENT HOUSING AND VARIOUS RETAIL SUITES THE DISCLOSED AMOUNT REFLECTS THE CASH PAID BY THE COLLEGE TO RPG KING'S, LP IN CONJUNCTION WITH THE STATED LEASE AGREEMENT, INCLUDING REIMBURSABLE COSTS THE ORIGINAL LEASE TERM IS THIRTY YEARS, WITH A PURCHASE OPTION AVAILABLE AFTER SEVEN YEARS	No
(10) Y JUDD SHOVAL	DIRECTOR EMERITUS	729,846	MR SHOVAL IS AN OFFICER OF AMBIT FUNDING THE COLLEGE IS AN INVESTOR IN AMBIT FUNDING THE AMOUNT REFLECTS THE FAIR VALUE OF THE INVESTMENT AS OF YEAR-END, IN ACCORDANCE WITH GENNERALLY ACCEPTED ACCOUNTING PRINCIPLES	No
(11) JOHN O'BRIEN	DIRECTOR	1,717,083	MR O'BRIEN IS A LIMITED PARTNER OF FRIENDS OF KING'S, LLP, WHICH IS A PARTNER OF RPG KING'S, LP THE COLLEGE ENTERED INTO A LEASE AGREEMENT WITH RPG KING'S, LP, IN CONJUNCTION WITH A MULTIUSE BUILDING ADJACENT TO THE COLLEGE'S CAMPUS THE BUILDING CONSISTS PRIMARILY OF STUDENT HOUSING AND VARIOUS RETAIL SUITES THE DISCLOSED AMOUNT REFLECTS THE CASH PAID BY THE COLLEGE TO RPG KING'S, LP IN CONJUNCTION WITH THE STATED LEASE AGREEMENT, INCLUDING REIMBURSABLE COSTS THE ORIGINAL LEASE TERM IS THIRTY YEARS, WITH A PURCHASE OPTION AVAILABLE AFTER SEVEN YEARS	No
(12) JOSEPH KLUGER	DIRECTOR	92,791	MR KLUGER IS A PARTNER AT THE LAW FIRM OF HOURIGAN, KLUGER, AND QUINN THE COLLEGE PAID FOR LEGAL SERVICES PERFORMED BY HOURIGAN, KLUGER, AND QUINN	No

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As Filed Data -

DLN: 93493125013534

OMB No 1545-0047

Open to Public

Open to Publ Inspection

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.

Name of the organization KING'S COLLEGE

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

24-0804602

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ATTY JOE KLUGER (DIRECTOR) AND ATTY ALLAN KLUGER (DIRECTOR EMERITUS) HAVE A FAMILY RELATIONSHIP MARK DECESARIS (VICE CHAIRMAN), EBERHARD FABER (DIRECTOR), AND CHARLES PARENTE (DIRECTOR) HAVE BUSINESS RELATIONSHIPS REV THOMAS O'HARA, CSC IS THE PROVINCIAL OF THE US PROVINCE OF HOLY CROSS THE PRESIDENT OF KING'S COLLEGE, FR JOHN J RYAN, CSC (ALONG WITH ALL OTHER PRIESTS AND BROTHERS ON CAMPUS) ARE MEMBERS OF THE US PROVINCE OF HOLY CROSS THE PRIESTS THAT ARE MEMBERS OF THE BOARD OF DIRECTORS ARE ALSO MEMBERS OF THE US PROVINCE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	THE MANAGEMENT OF THE DINING SERVICES AND FACILITIES DEPARTMENTS ARE CONTRACTED OUT TO SODEXO THE RESPECTIVE MANAGERS FROM SODEXO REPORT TO THE COLLEGE'S CFO AND ULTIMATE DECISION MAKING RESTS WITH THE CFO, INCLUDING PERSONNEL DECISIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION OF KING'S COLLEGE INCLUDE ALL FULL-FLEDGED MEMBERS OF THE CONGREGATION OF HOLY CROSS WHOSE OFFICIAL ASSIGNMENT IS DIRECTLY RELATED TO KING'S COLLEGE. THE MEMBERS MEET AT LEAST ANNUALLY AND AS OFTEN AS DEEMED NECESSARY BY THE MEMBERS, CORPORATE OFFICERS OR BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE CORPORATION, THROUGH CONSULTATION WITH VARIOUS BOARD COMMITTEES, ELECT THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS ACTS AS THE GOVERNING BODY OF THE COLLEGE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PROVIDED TO THE COLLEGE'S AUDIT COMMITTEE, IN DRAFT FORM, DURING A REGULARLY SCHEDULED MEETING. THE INFORMATION PRESENTED TO THE COMMITTEE MEMBERS IS PROVIDED TO THEM PRIOR TO THE MEETING DATE. THE COMMITTEE MEMBERS REVIEW THE 990 INDIVIDUALLY AND RAISE QUESTIONS AND CONCERNS REGARDING THE INFORMATION PRESENTED TO MANAGEMENT DURING THE MEETING FOLLOWING DISCUSSION, MEMBERS OF THE COMMITTEE VOTE TO AUTHORIZE THE COLLEGE'S MANAGEMENT TO SUBMIT THE FORM 990, AS PRESENTED OR WITH IDENTIFIED CHANGES FOLLOWING THE APPROVAL BY THE AUDIT COMMITTEE THE FINAL FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER AND POSTED TO A SECURE WEBSITE ACCESSIBLE BY BOARD MEMBERS FOLLOWING A THIRTY DAY REVIEW PERIOD, MANAGEMENT WILL AUTHORIZE THE FILING OF THE FORM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CHAIRMAN OF THE BOARD DISTRIBUTES, EXPLAINS, AND COLLECTS COMPLETED CONFLICT OF INTEREST STATEMENTS THESE STATEMENTS ARE REVIEWED BY THE BUSINESS OFFICE WHO OBTAINS ADDITIONAL INFORMATION, IF REQUIRED THE CHAIRMAN OF THE BOARD ATTENDS ALL BOARD MEETINGS WHERE ACTIONS ARE VOTED ON TO ENSURE INDIVIDUALS WITH POTENTIAL CONFLICTS OF INTEREST DO NOT PROVIDE COMMENTARY OR PARTICIPATE IN THE EVALUATION OF THE TRANSACTION THESE INDIVIDUALS ARE ALSO FORBIDDEN TO VOTE ON ACTIONS WHERE POTENTIAL CONFLICTS ARE PRESENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COLLEGE'S BOARD OF DIRECTORS CONTAINS AN EXECUTIVE COMPENSATION COMMITTEE TO DETERMINE THE COMPENSATION OF THE CEO AND VARIOUS VICE PRESIDENTS COMPENSATION IS BASED ON AN EVALUATION OF SALARIES PAID TO INDIVIDUALS AT COMPARABLE INSTITUTIONS OF HIGHER EDUCATION, WITHIN SIMILAR GEOGRAPHICAL REGIONS THIS INFORMATION IS ACCUMULATED THROUGH DATA PUBLISHED BY THE EASTERN ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (EACUBO) FOLLOWING REVIEW OF COMPARABLE DATA, THE CEO PREPARES PERFORMANCE EVALUATIONS ON THE VARIOUS VICE PRESIDENTS WITHIN THE COLLEGE, BASED ON ESTABLISHED CRITERIA THE CEO SUBMITS SALARY RECOMMENDATIONS FOR THESE POSITIONS TO THE BOARD'S EXECUTIVE COMPENSATION COMMITTEE FOR ULTIMATE APPROVAL THE CEO PERFORMANCE EVALUATION IS PERFORMED BY THE EXECUTIVE COMPENSATION COMMITTEE AND A SALARY RECOMMENDATION IS PRESENTED AND APPROVED FOLLOWING THAT PROCESS

Identifier	Return Reference	Explanation
	1 ' '	THE COLLEGE MAINTAINS PUBLIC INSPECTION COPIES OF FORMS 990 AND FORM 990-T IN THE COLLEGE'S BUSINESS OFFICE DURING REGULARLY SCHEDULED HOURS FURTHER, A COPY OF THE FORM 990 IS AVAILABLE ON THE WORLD WIDE WEB AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR	FORM 990, PART XI,	UNREALIZED LOSSES ON INTEREST RATE SWAPS 1,567,125 CHANGES IN
FUND BALANCES	LINE 9	BENEFICIAL INTEREST IN PERPETUAL TRUSTS 320,885

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THERE HAS BEEN NO CHANGE IN THE SELECTION OR OVERSIGHT OF THE INDEPENDENT AUDITORS THE COLLEGE PUBLICLY BID THEIR AUDIT SERVICES DURING THE SPRING OF 2006 AT THAT TIME, THE EXISTING AUDITOR WAS RETAINED AS THE INDEPENDENT AUDITORS OF THE COLLEGE BASED ON RECOMMENDATION OF THE COMMITTEE. THE AUDIT COMMITTEE MEETS THREE TIMES A YEAR, AND ANNUALLY EVALUATES THE PERFORMANCE OF THE INDEPENDENT AUDITORS, ASSESSES FEES FOR SERVICES, AND FORMALLY RECOMMENDS APPOINTMENT OF THE FIRM TO THE FULL BOARD FOR APPROVAL