efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493133038489 OMB No 1545-0047

foundations) Do not enter social security numbers on this form as it may be made public

Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization MESSIAH COLLEGE D Employer identification number ☐ Address change 23-1352661 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O $\,$ box if mail is not delivered to street address) One College Ave Suite 3010 $\,$ E Telephone number ☐ Amended return ☐ Application pending (717) 766-2511 City or town, state or province, country, and ZIP or foreign postal code Mechanicsburg, PA $\,$ 17055 G Gross receipts \$ 240,788,785 F Name and address of principal officer H(a) Is this a group return for Kim S Phipps ☐Yes ☑No subordinates? One College Ave Suite 3010 H(b) Are all subordinates Mechanicsburg, PA 17055 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► http://www.messiah.edu L Year of formation 1909 M State of legal domicile PA Summary 1 Briefly describe the organization's mission or most significant activities Messiah College is a Christian college of the liberal and applied arts and sciences, offering undergraduate and graduate level programs Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 30 Number of independent voting members of the governing body (Part VI, line 1b) 27 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 3,397 Total number of volunteers (estimate if necessary) . . . 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 87,134 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** 6,398,511 13,625,733 8 Contributions and grants (Part VIII, line 1h) . . **9** Program service revenue (Part VIII, line 2g) 119,381,260 123,543,081 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 16,351,621 12,853,236 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 948,322 914,548 143,079,714 150,936,598 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 38,958,899 40,961,047 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 60,066,690 62,416,563 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶2,030,804 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 37,999,134 39,887,925 137,024,723 143,265,535 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,671,063 19 Revenue less expenses Subtract line 18 from line 12 . 6,054,991 Net Assets or Fund Balances **Beginning of Current Year End of Year** 330,090,324 339,936,919 20 Total assets (Part X, line 16) . 90,209,996 21 Total liabilities (Part X, line 26) 86,372,370 ${f 22}$ Net assets or fund balances Subtract line 21 from line 20 . 243,717,954 249,726,923 Part III 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 <u>any knowle</u>dge 2019-05-10 Signature of officer Sign Here DAVID WALKER VP FOR FINANCE/PLANNING Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check \square if Paid self-employed Firm's name Firm's EIN ▶ **Preparer** Firm's address Phone no Use Only

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

☐ Yes ☐ No Form **990** (2017) Cat No 11282Y

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the oi			·		
	mission of Messiah Colle ce, leadership, and reco			vard maturity of intellec	t, character, and Christian faith in	preparation for lives of
2	Did the organization (undertake any signific	ant program ser	vices during the year wi	hich were not listed on	
	the prior Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Sc	hedule O			
3	Did the organization of	cease conducting, or r	make significant	changes in how it condu	ucts, any program	
	services? If "Yes," describe the					☐ Yes 🗹 No
4	Describe the organiza	ation's program servic d 501(c)(4) organizati	e accomplishmer	to report the amount of	largest program services, as meas if grants and allocations to others,	
4a	(Code) (Expenses \$	126.214.743	including grants of \$	38,958,899) (Revenue \$	123,439,204)
	See Additional Data		, ,		, , , , ,	, , ,
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code	VF		in all white a manufact of a) (Revenue \$)
40	(Code) (Expenses \$		including grants of \$) (Revenue \$,
4d	Other program servic	,	lule O) cluding grants of	\$	0) (Revenue \$	0)
40	Total program serv	ice expenses >	126.214.7	43		

or X as applicable

Checklist of Required Schedules

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Page 3

No

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11a

11b

11c

11d

11e

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14a

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Yes

Nο

Nο

No

Nο

Nο

Nο

Nο

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Nο No Nο

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? Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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TOTTI	990 (2017)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🛸

301 7701-2 and 301 7701-3⁷ If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Dage 1

No

Νo

No

Nο

Νo

No

Nο

Nο

No

Nο

24c

24d

25a

25b

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 229			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 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" to line 3b, 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 account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	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).			
а	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?	7 b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	_	_
b	Enter the amount of reserves the organization is required to maintain by the states 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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI			✓
	ction At Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30			
	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 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	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	12c	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<u> </u>	16b		
<u>Se</u>	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	FL , PA , VA			
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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DAVID S WALKER CPA One College Ave Suite 3010 Mechanicsburg, PA 17055 (717) 766-2511			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Page 8

Part	VIII Section A. Officers, Direc	tors, Trustees	, Key	Empl	loye	es,	and	Higl	hest Compens	ated Employees	(cont	inued)	
	(A) Name and Title Average hours per week (list any hours for relatec			ne b	ox, ι n of	t che inle: ficer	eck moss pers and a ee)	son	(D) Reportable compensation from the organization (V	from related V- organizations (n d (W-	Estima amount o compen from	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC) 2/1099-MISC	-)	organization and related organizations	
See A	Additional Data Table												
								-					
											+		
											+		
	ub-Total						•						
	otal from continuation sheets to P otal (add lines 1b and 1c)			•	•	•	▶		1,530,573	104,5	50		404,016
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rec	eived more than	\$100,000			<u> </u>
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			,	,		oyee,		-	ted employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										4	Yes	
5	Did any person listed on line 1a receivervices rendered to the organization									ndıvıdual for	5		No
Se	ction B. Independent Contract												
1	Complete this table for your five high from the organization Report compe										mpens	sation	
		(A)		,		9	***********			(B)		(C	
Wohls	Name en Construction Company	and business addre	955						Construc	escription of services		Comper 11	,094,247
РО Во	x 4612												
	ster, PA 17604 Associates								Construc	rtion		1	,320,266
PO Bo									Construc	don		_	,320,200
Dıllsbu	ırg, PA 170190432												
	an Farmer Shoemaker Pell Whildin PC								Architec	cural			239,046
	Spillman Dr hem, PA 18015												
Derck	& Edson Associates LLP								Construc	tion			211,614
33 S E	Planners Broad St PA 17543												
	L Heim Company								Construc	tion			204,581
Harrıs	Greenwood St burg, PA 17105										00 (
	otal number of independent contracto ompensation from the organization ►		not lim	iited t	o th	ose	ıısted	abov	ve) wno received	more than \$100,0	uu ot		

Part	VII	I Statement of	Revenue								
				a respo	onse or note to any	line in t	hıs Part VIII				🗆
							(A) revenue	Rela ex fur	(B) ated or empt action venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1 a	Federated campaign	ns	1a	0		I			I	
ants	1	b Membership dues .		1 b	0						
Gra mo	•	c Fundraising events		1c	25,000						
ffs, Ir A	•	d Related organization	ns	1d	0						
ig'.	•	e Government grants (co	ontributions)	1e	963,551						
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, and similar amounts no	gifts, grants, ot included		10.507.100						
uti. her		above		1f	12,637,182						
를	!	g Noncash contribution in lines 1a-1f \$		821,	.723						
Contained and	h	Total Add lines 1a-1				4.5	3,625,733				
	┵				Business		5,025,733				
) He	2a	Tuition &Fees				611310	99,19	91,869	99,191,86)	0 0
₽. V	b	Auxiliary and Other				611310	22,1:	12,532		32,42	2 22,080,110
4Ce	С	Registration & Other Fee	25			611710	2,23	38,680	2,167,22	71,45	5 0
Ser	d										
an	е							0			0 0
Program Service Revenue		All other program se			123.5	43,081		I			
4		Total.Add lines 2a-2f			<u> </u>						_
		Investment income (ir similar amounts) .			nterest, and other	ļ	5,047,569	Ð	0	-16,743	5,064,312
		Income from investme			ond proceeds		(D	0	0	0
	5	Royalties			>		163,800)	0	0	163,800
	_	Constants	(ı) Rea	l	(II) Personal	_					
	ьа	Gross rents		39,375	0	,					
	b	Less rental expenses		5,092	0						
	c	Rental income or		34,283	0	-					
		(loss)				ļ					
	d	Net rental income oi			(11) Ohla an		34,283	3	0	0	34,283
	7a	Gross amount from sales of assets other than inventory	(i) Securit	43,750	(II) Other	_					
	b	Less cost or other basis and sales expenses	89,8	138,083	0	-					
		Gain or (loss)	7,8	05,667	0]					
		Net gain or (loss) .		•	•		7,805,667	7	0	0	7,805,667
Other Revenue	δa	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	25,000 d on line 1c)	of	11,000						
Ä		Less direct expenses : Net income or (loss)		b and ev	9,012]	1,988			0	1,988
the		Gross income from g			ents •	1	1,500			-	
Ò		See Part IV, line 19									
		Less direct expenses	_	a		-					
		•		b activit	les L]					
	c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances										
	b Less cost of goods sold b c Net income or (loss) from sales of inventory ▶										
	_	Miscellaneous		,, 0110	Business Code			1			
	11	.aEarned Discounts			900099		401,265	5	0	0	401,265
	Ь	Management and Co	nsulting Fees		900099		25,815	5	0	0	25,815
	c	Cost Recovery			900099	,	101,098	3	0	0	101,098
	d	All other revenue .					186,299	9	0	0	186,299
		Total. Add lines 11a	-11d		•		74.4.17	7			
	12	Total revenue. See	Instructions				714,477		101		
							150,936,598	3	101,359,094	87,134	35,864,637 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	39,084,562	39,084,562		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,876,485	1,876,485		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	897,387	197,522	417,986	281,879
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	44,439,135	37,296,879	6,108,858	1,033,398
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,820,653	2,280,816	462,116	77,721
9 Other employee benefits	11,046,625	8,627,969	2,243,362	175,294
10 Payroll taxes	3,212,763	2,621,218	515,399	76,146
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	46,743	300	39,930	6,513
c Accounting	88,293	2,100	86,193	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17				
f Investment management fees	616,770		616,770	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,818,218	2,069,783	717,904	30,531
12 Advertising and promotion	1,069,871	941,567	121,812	6,492
13 Office expenses	2,888,703	2,521,222	224,559	142,922
14 Information technology	1,761,219	1,713,996	25,381	21,842
15 Royalties	0	0	0	0
16 Occupancy	5,775,657	5,150,659	582,512	42,486
17 Travel	3,968,318	3,439,711	430,311	98,296
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •	0	0	0	0
19 Conferences, conventions, and meetings	633,131	411,960	185,094	36,077
20 Interest	1 806 371	1 702 816	13 555	0

0

10,735,610

1,426,183

3,692,272

170,398

68,143

126,214,743

92,572

1,290,932

705,300

120,354

36,625

75,035

15,019,988

12,026,542

797,872

1,426,183

3,812,626

207,023

144,385

143,265,535

0

0

0

0

0

0

1,207

2,030,804

Form 990 (2017)

21 Payments to affiliates . .

expenses on Schedule O)

a Off Campus Programs

b Purchases for Resale

d Other expenses

e All other expenses

23 Insurance . . .

22 Depreciation, depletion, and amortization

c Contributions, program awards and related

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

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

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B) End of year

13.667

572.691

1.244.491

157,577,323

130.888.795

15.793.633

2.854.785

3,925,366

8,597,786

2,502,162

2,899,118

64,871,598

7.501.706

86,372,370

193.954.585

13.045.825

36.717.544

243,717,954

330,090,324

330,090,324

5

6

8

9

10c

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14

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19

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22 23

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25

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31

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33

34

Page **11**

96,306 7.189.571

7,388,463

2,425,665

3.667

573.951

1.282.122

156,356,433

130.319.921

22,092,981

2.909.511

9.298.328

8.742,209

2,503,950

2,994,768

68,743,571

7.225.498

90,209,996

192,294,110

18,771,598

38.661.215

249,726,923

339.936.919

Form **990** (2017)

339,936,919

		beginning or year		
1	Cash-non-interest-bearing	91,893	1	
2	Savings and temporary cash investments	12,569,010	2	
_	PL I I I I I I I I I I I I I I I I I I I	0.000.070	,	

2 3 Pledges and grants receivable, net . . 2,362,073 2.196.597 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors,

349,609,920

193.253.487

trustees, key employees, and highest compensated employees Complete Part II of Schedule L

Check if Schedule O contains a response or note to any line in this Part IX

Loans and other receivables from other disqualified persons (as defined under contributing employers and sponsoring organizations of section 501(c)(9)

10a

10b

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	

Other changes in net assets or fund balances (explain in Schedule O)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Form 990 (2017)

Reconcilliation of Net Assets

Donated services and use of facilities . . .

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Prior period adjustments . . .

Investment expenses .

Part XI

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

7

9

10

-1.721.212 0 0 59,118 249,726,923

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

No

Nο

Page **12**

Additional Data

Software ID: 17005980

Software Version: v1.00

Form 990 (2017)

EIN: 23-1352661 Name: MESSIAH COLLEGE

Form 990, Part III, Line 4a: Messiah College is a nationally ranked, private Christian college of liberal and applied arts and sciences. Messiah College provides residential undergraduate and online and nonresidential graduate education to approximately 3,200 students. The College also conducts research on critical education issues, is involved in community service. outreach programs, service missions and cross-cultural experiences

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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

	any nours	and	a dir	ecto	r/tr	rustee)	<i>!</i>	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Handing Jenethan	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
George A Parmer Chair, Board of Trustees	2 0	X		x				0	0	0	
Craig E Sider Vice Chair, Board of Trustees	20	X		х				0	0	0	
Heidi G Bingaman Secretary	2	X		х				0	0	0	
Rım A Hınckley	2	X		х				0	0	0	

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i
Heidi G Bingaman
Secretary
Rım A Hınckley
Treasurer, Board of Trustees
Barbara A Avery

Trustee Larry Bashore

Trustee Wendy L Cole

Trustee Linda D Eremita

Trustee

Trustee Anthony Hahn

Trustee

Richard L Godshall

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

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

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Scott A Heintzelman Trustee	2	х						0	0	0	
Joachim J Huerter Trustee	2	х						0	0	0	
Linden K Hustedt	2	х						0	0	0	

Trustee	0					ı
Joachim J Huerter	2	X			0	
Trustee	0	^			ŭ	
Linden K Hustedt	2	X			0	
Trustee	0	,			ŭ	+
Rıchard E Jordan II	2	>				
Trustee	0	^			O	
						ľ

and Independent Contractors

Emerson L Lesher

Kenneth V Moreland

Barabara G Moses

Rodney L Musser

Trustee James A Martin

Trustee

Trustee

Trustee

Trustee

Joacnim J Huerter		l x			
Trustee	0	^			
Linden K Hustedt	2	×			
Trustee	0	_ ^			
Rıchard E Jordan II	2	×			
Trustee	0	_ ^			
J Gary Langmuir	2	×			
Trustee	0				

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

4	1	·						1 (14, 2/1000	(14/ 3/4000	l areanization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	193	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
Edward Nevin Trustee	2 0	x						0	0	0		
Lında R Pheasant Trustee	2	×						0	0	0		
Marlin Riegsecker	2	X					\sqcap	0	0	0		

Lında R Pheasant		×			n	
Trustee	0	^			9	
Marlın Rıegsecker	2	×			0	
Trustee	0	, and				
Alan Robinson	2	×			0	
Trustee	0	^				

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345,597

0

75,868

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and Independent Contractors

Anthony J Schiano

Eunice F Steinbrecher

Kimberly C Thornbury

John C Wagner Jr

Trustee

Trustee

Trustee

Trustee Jerry L Wenger

Trustee

President

Kim S Phipps

(E) (A) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

Vice President for HR and Compliance

Vice President for Enrollment Management

Director of the Physical Therapy Program

LLC (Listed avg rep est %)

Sen Adv to VP of Advmt, Pres & CEO Rider Musser Dev

John Chopka

Valerie Olson

D Kelly Phipps

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

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
David S Walker VP for Finance and Planning, Assistant Treasurer	40			x				177,200	0	64,858
Barry G Goodling VP for Advancement, Assistant Secretary	40			х				178,522	0	34,365
Randall G Basinger Provost	40				×			182,538	0	36,333
Kristin M Hansen-Kieffer Vice Provost/Dean of Students	40					x		142,652	0	53,322
Amanda Coffey	40					х		141,871	0	24,270

40

40

15 00

25 00

70,105

32,653

12,242

141,680

141,841

78,672

104,550

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DLN: 93493133038489 TY 2017 Reasonable Cause Explanation Name: MESSIAH COLLEGE **EIN:** 23-1352661 **Software ID:** 17005980 **Software Version:** v1.00 **Explanation:** Automatic 6 month extension requested via Form 8868. Return due 5/15/19.

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493133038489				
SCI	HED m 990	ULE A		Public (rganization is a sect 4947(a)(1) nonexe	tus and Public Support ection 501(c)(3) organization or a section exempt charitable trust.							
	,	f the Treasury	► Infe	ormation abou	► Attach to Form It Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public				
Nam	e of th	nie Service he organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection ation number				
ME55.	AH COL	LLEGE						23-1352661					
	rt I				us (All organization			See instructions.					
1 1	rganiz		•		•	J ,	,	(A)(:)					
_		•		·	sociation of churches								
2	✓				1)(A)(ii). (Attach Sch	•	• •						
3	Ш	·	•	•	vice organization desc			•					
4			esearch orga and state _	nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's				
5			ation operate (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170				
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).					
7		_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in				
8		A communi	ty trust desci	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)						
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a				
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).					
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box				
a		organizatio	n(s) the pow		ated, supervised, or cappoint or elect a majo								
b		Type II. A manageme	supporting o nt of the sup	rganization sup	ervised or controlled i								
С		Type III f	unctionally i	integrated. A s	supporting organizatio ons) You must com				ted with, its				
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar					
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	functionally				
f	Enter			lon-runctionally lorganizations	integrated supporting	organization							
g				-	ipported organization(s)		_					
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	_ `							
						Yes	No						
Tota	l												

supported organization

(b)(1)(A)(ix)

Page 2

	(Complete only if you ch						to qualify	under Part
_	III. If the organization for	alls to quality un	der the tests list	ed below, pleas	e complete Part	111.)		
	Section A. Public Support		1		<u> </u>			
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	.017	(f) Total
1	(or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	9,920,021	7,509,276	8,428,745	6,424,005	13	3,600,733	45,882,780
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to	0	0	0	0		0	0
4	the organization without charge Total. Add lines 1 through 3	9,920,021	7,509,276	8,428,745	6,424,005	1.7	3,600,733	45,882,780
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	3,320,021	7,363,276	0,420,743	0,424,003		,,000,733	43,002,700
6	Public support. Subtract line 5 from line 4							45,882,780
9	Section B. Total Support			·	l .			
	Calendar year	(-)2012	(F)2014	(-)2015	(4)2016	(-12	017	(f)T-1-1
	(or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e) 2	017	(f)Total
7	Amounts from line 4	9,920,021	7,509,276	8,428,745	6,424,005	13	3,600,733	45,882,780
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	5,148,006	5,802,544	3,820,665	3,228,030	5,267,487		23,266,732
9		0	0	0	0		0	0
10	Other income Do not include gain or loss from the sale of capital	229,297	237,805	380,943	771,415		714,476	2,333,936
11	assets (Explain in Part VI) Total support. Add lines 7 through 10							71,483,448
12	Gross receipts from related activities,	etc (see instruction	ons)	•	•	12		101,381,871
13	First five years. If the Form 990 is for	or the organization	's first second thi	rd fourth or fifth	tax vear as a sect	on 501(
	•	-			•	•	· · · · <u>-</u>	in Lacion,
	check this box and stop here			<u> </u>		• • •	<u> P 🗀</u>	<u> </u>
	Section C. Computation of Public							
	Public support percentage for 2017 (lii			olumn (f))		14		64 187 %
	Public support percentage for 2016 Sc					15		49 48 %
16	33 1/3% support test—2017. If the	e organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, cl	neck this be	ox
	and stop here. The organization qual 33 1/3% support test—2016. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization	te organization did in qualifies as a pub t— 2017. If the org in meets the "facts	not check a box or licly supported org ganization did not or and-circumstance	n line 13 or 16a, a anization theck a box on line s" test, check this	e 13, 16a, or 16b, box and stop her	and line e. Expla	14 iin	this
t	in Part VI how the organization meets organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organization Explain in Part VI how the organization	st— 2016. If the or zation meets the "f	rganization did not acts-and-circumsta	check a box on lir	ne 13, 16a, 16b, or this box and stop	17a, ar here.	nd line	▶□
	supported organization							ightharpoons

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
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 business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·			
	determination 3b				
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3b 3c 4a			
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
b	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4a		
c Did the organization sup 501(c)(3) and 509(a)(1	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone othe than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9	
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
b	A family member of a person described in (a) above?	11a 11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year				
_		1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
5	ection C. Type II Supporting Organizations				
	cetion c. Type 11 Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No	
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3			
s	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in Part VI) See instructions			
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	(i)	(i) (ii) Underdistributions	

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A	(Form 990 or 990-EZ) 2	017 Page	8		
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Bb, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	_		
Facts And Circumstances Test					
990 Sche	dule A, Supplemen	tal Information	=		
Ret	Return Reference Explanation				

Other income includes earned discounts, cost recovery, management fees, and other miscellaneous revenue

Schedule A, Part II, Line 10

SCHEDULE D

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

DLN: 93493133038489

Department of the Treasury

(Form 990)

► Attach to Form 990. Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public **Inspection**

Schedule D (Form 990) 2017

	me of the organization			Employer identification number
YIES	SSIAH COLLEGE			23-1352661
Pa	ort I Organizations Maintaining Donor Advi			r Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part : (a) Donor advi:		(L)[
	Total number at and of year	(a) Donor advis	sea runas	(b)Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			16 1 11
ı	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		ets held in donor ad	vised funds are the \Box Yes \Box No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			
Pa	rt II Conservation Easements. Complete if th	ie organization answe	red "Yes" on Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organ	nızatıon (check all that ap	oply)	
	\square Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	☐ Preservation of open space			
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation co	ntribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		I	2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui	red after 8/17/06, and n	ot on a historic	2d
	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished	l, or terminated by t	the organization during the
	Number of states where property subject to conservation	n easement is located > _		
i	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		spection, handling o	of violations, Yes No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	ns, and enforcing co	enservation easements during the year
	Amount of expenses incurred in monitoring, inspecting, \$ \(\)	handling of violations, ar	nd enforcing conserv	vation easements during the year
1	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{7}$	above satisfy the require	ements of section 17	70(h)(4)(B)(ı)
l	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiza		nse statement, and
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Tr		er Similar Assets.
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educati	on, or research in f	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to report in	ıts revenue statem	
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	ii)Assets included in Form 990, Part X			► \$
'۱	If the organization received or held works of art, historic	· · · · · · · · · · · · · · · · · · ·		
2	following amounts required to be reported under SFAS : Revenue included on Form 990, Part VIII, line 1	tito (MSC 990) relating to	ulese itellis	▶ \$ 0
a L				<u> </u>
b	Assets included in Form 990, Part X			▶ \$ 0

Cat No 52283D

Substitutions Substitutio	Sche	edule D (Form 990) 2017								Page 2
Public evilution	Par	t IIII Organizations Maintaining	Collections o	f Art, F	listorical Trea	asures, o	r Other S	Similar As	sets (cont	inued)
Plant Plan	3		Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection							
Preservation for Atture generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Part XIII Part XIII Provide a description of the organization solicit or receive donations of art, historical treasures or other similar sease to be sold to raise funds rather than to be marificanted as pair of the organization's collection? Part XIII Part XIII a list the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII into 21. Part XIII a list the organization answered "Yes" on Form 990, Part XIII into 21. Beginning balance Beginning balance Beginning balance Buttinubused during the year Intellection form 990, Part XIII and complete the following table and the organization include an amount on Form 990, Part XIII line 12. But the organization include an amount on Form 990, Part XI, line 21, for escrow or custodial account liability Yes No But If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part XIII Part XIII Check here if the explanation has been provided in Part XIII Part XIII Part XIII Check here if the explanation has been provided in Part XIII Pa	а	✓ Public exhibition			d Lo	oan or exch	nange prog	rams		
Preservation on nature generation on nature generations and explain how they further the organization's exempt purpose in Part XIII Part XIII Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar scales to be soid to raise funds rather than to be maintained as part of the organization's collection? Ves No Port XIII Is a list eroganization answered "Yes" on Form 990, Part IV, line 9, or reported an around on Form 990, Part XIII in a list eroganization answered "Yes" on Form 990, Part IV, line 9, or reported an around on Form 990, Part XIII in a list eroganization answered "Yes" on Form 990, Part IV, line 9, or reported an around on Form 990, Part XIII in a list eroganization answered "Yes" on Form 990, Part XIII in a list eroganization answered "Yes" on Form 990, Part XIII in a list eroganization and part XIII in a list eroganization and part XIII in a list eroganization and part XIII in a list eroganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII Check here if the explaination has been provided in Part XIII in a list eroganization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y Endowment Y En	b	Scholarly research			e 🗌 0	ther				
Part XIII	С	✓ Preservation for future generations								
Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part Main Part	4		s collections and	explain	how they further	the organi	ızatıon's ex	empt purpo:	se in	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 11 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an Form 990, Part IV, line 11 is the organization and pagent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part IV, line 11 is 1	5							lar	☐ Yes	☑ No
Part Part	Pai	Complete if the organization a		' on For	m 990, Part IV	', line 9, d	or reporte	d an amou	nt on Forn	n 990, Part
C Segn Se	1a		todian or other i	ntermed	iary for contribut	ions or oth	ner assets r	ot	☐ Yes	□ No
Additions during the year 1	b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing table			Aı	mount	
Distributions during the year 1e 1f	С	Beginning balance					1c			
The provided in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No	d	Additions during the year					1d			
Part V Endowment Funds. Complete if the organization has been provided in Part XIII Check here if the explanation has been provided in Part XIII Check here if the explanation has been provided in Part XIII Check here if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds not not be passed in the pas	е	Distributions during the year								
Describe Fire Septembre Part XIII Check here if the explanation has been provided in Part XIII	f	Ending balance					1f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Calcument Vest ColTivo years Sack ColTivo years		-	·	•	•			,		□ No
1a Beginning of year balance (a)Current year (b)Prior years back (d)Three years back (e)Four years back 134,533,809 126,049,512 131,124,490 136,764,981 123,524,660 126,049,512 131,124,490 136,764,981 123,524,660 124,049,049 123,524,660 124,049,049 124,049 124,049,049										
1a Beginning of year balance 134,533,809 126,049,512 131,124,409 136,764,981 123,524,606 b Contributions 1,571,226 3,078,367 3,208,075 2,158,722 3,009,038 c Net investment earnings, gains, and losses 9,463,478 12,593,002 -1,135,867 -723,925 16,771,582 d Grants or scholarships 1,335,955 1,248,678 1,148,120 1,241,022 -70,929 e Other expenditures for facilities and programs 5,999,610 5,938,414 5,999,660 5,853,886 6,740,299 g Administrative expenses 0 0 0 0 0 36,740,299 g Administrative expenses 0 0 0 0 36,740,299 g Administrative expenses 70 0 0 0 0 36,740,299 B Administrative expenses 70 70 70 70 71,758 71,758 71,758 71,758 71,754,754,758 71,754,754,758 71,754,754,758 71,754,754,758 71,754,754,758 71,754,754,754 71,754,754,754	Pa	Endowment Funds. Complet								
b Contributions	1 2	Reginning of year halance								
C Net investment earnings, gains, and losses 9,463,478 12,593,002 -1,135,867 -723,925 16,771,586 1,248,678 1,148,120 1,221,402 0 0 0 0 0 0 0 0 0								<u> </u>		
d Grants or scholarships s								· ·		
Administrative expenses 5,909,610 5,938,414 5,999,666 5,853,866 6,740,299 Administrative expenses 138,322,957 134,533,809 126,049,512 131,124,409 136,743,815 Administrative expenses 138,322,957 134,533,809 126,049,512 131,124,409 136,743,815 Administrative expenses 70 % 138,322,957 134,533,809 126,049,512 131,124,409 136,743,815 Administrative expenses 70 %		- · · -	' <u> </u>						,	<u> </u>
## Administrative expenses		•		,333,330	1,240,07		1,140,120	1,4	-21,402	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment 70 %	٠	•	5,	909,610	5,938,41	L4	5,999,666	5,8	353,886	6,740,299
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ 70 % Permanent endowment ▶ 23 % c Temporarily restricted endowment ▶ 7 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses		0		0	0		0	0
Board designated or quasi-endowment	g	End of year balance	138,	322,957	134,533,80)9 1	26,049,512	131,	124,490	136,764,981
b Permanent endowment ▶ 23 % c Temporarily restricted endowment ▶ 7 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated percentage of the	current year end	balance	(line 1g, column	(a)) held	as			
Temporarily restricted endowment 7 %	а	Board designated or quasi-endowment >	70 %							
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations Yes No	b	Permanent endowment ► 23 %								
A re the re endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations	С	Temporarily restricted endowment ▶	7 %							
Vest No		The percentages on lines 2a, 2b, and 2c s	should equal 100)%						
(ii) related organizations	3a	·	ssession of the o	organızat	on that are held	and admir	nistered for	the		Yes No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?		(i) unrelated organizations								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 2,823,740 2,823,740 b Buildings 0 0 262,436,624 126,595,571 135,841,053 c Leasehold improvements 0 2,739,513 266,888 2,472,625 d Equipment 0 78,475,176 66,391,028 12,084,148 e Other 0 3,134,867 0 3,134,867		• •								No
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value		-							3 D	
Complete if the organization answered "Yes" on Form 990, Part IV, Ine 11a. See Form 990, Part X, Ine 10. Description of property (a) Cost or other basis (ther) (c) Accumulated depreciation (d) Book value				15 endo	Willette Turius					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 2,823,740 2,823,740 b Buildings 0 262,436,624 126,595,571 135,841,053 c Leasehold improvements 0 2,739,513 266,888 2,472,625 d Equipment 0 78,475,176 66,391,028 12,084,148 e Other 0 3,134,867 0 3,134,867	Pal			' on For	m 990. Part IV	. line 11a	a. See For	m 990. Pai	rt X. line 1	0.
b Buildings 0 262,436,624 126,595,571 135,841,053 c Leasehold improvements 0 2,739,513 266,888 2,472,625 d Equipment 0 78,475,176 66,391,028 12,084,148 e Other 0 3,134,867 0 3,134,867		Description of property (a) Cost of	or other basis							
b Buildings 0 262,436,624 126,595,571 135,841,053 c Leasehold improvements 0 2,739,513 266,888 2,472,625 d Equipment 0 78,475,176 66,391,028 12,084,148 e Other 0 3,134,867 0 3,134,867		Land	0		2,823,7	740				2,823,740
c Leasehold improvements 0 2,739,513 266,888 2,472,625 d Equipment 0 78,475,176 66,391,028 12,084,148 e Other 0 3,134,867 0 3,134,867			0				1	26,595,571		
d Equipment 0 78,475,176 66,391,028 12,084,148 e Other 0 3,134,867 0 3,134,867		<u> </u>								
e Other 0 3,134,867 0 3,134,867		· —								
		· · ·								
			st equal Form 9	90, Part .			,			 _

Part VII Investments—Other Securities. Complete if the	he organization a	nswered "Yes" on	Form 990, Part	IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	C	(c) Method of val	
(including name of security) (1) Financial derivatives		0	t or end-of-year m	narket value
(2) Closely-held equity interests		0		
(3) Other(A) Private equity, venture capital, and hedge funds	7,542,2	12	F	_
(B) Local real estate development company	12,111,9	66	F	
(C) Real assets - fund of funds and funds held in trust and other	1,609,6	19	F	
(D) Investments - Accrued net income receivable	829,1	84	F	
(E) (F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	22,002,0	01		
Part VIII Investments—Program Related.	22,092,9	81		
Complete if the organization answered 'Yes' on F				
(a) Description of investment	(b) Book va		(c) Method of val t or end-of-year m	
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. Complete if the organization answered		Part IV, line 11d	See Form 990, Par	
(1) (a) Description	n			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			>	
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Yes' on	Form 990, Part 1	iV, line 11e or 1	1f.
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		0		
Student Deposits Funds Held in Custody for Others		1,482,915 66,487		
Deferred Revenue		1,479,829		
Annuities Payable		3,892,121		
Funds Held in Trust for Others		304,146		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text o	of the footnote to the	7,225,498 organization's fina	 ancial statements (that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 7				

4b

2a

2b 2c

2d

4a

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

-43,239,914

150,950,701

-14,103

150,936,598

101,701,818

14,103

101,687,715

41,577,820

143,265,535

Schedule D (Form 990) 2017

2e

4c

2e

3

4c

-14.103

14,103

41,577,820

h 2h

2c c d 2d -41.518.702

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

3

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4

Investment expenses not included on Form 990, Part VIII, line 7b.

Schedule D (Form 990) 2017

Part XI

1

2

3

4

c 5

Part XIII

See Additional Data Table

а

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

b

5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Supplemental Information

Add lines 4a and 4b . .

Return Reference

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII)

Page 5	Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005980 **Software Version:** v1.00

EIN: 23-1352661

Name: MESSIAH COLLEGE

Supplemental Information	

Return Reference Explanation

Schedule D, Part III, Line 1

Certain natural history, artwork and other collections are maintained by the College As p ermitted by generally accepted accounting principles, the College has not capitalized its donated collections as assets within the Financial Statements

ipplemental Information			
Return Reference	Explanation		
schedule D, Part III, Line 4	In addition to promoting an engaging campus community, natural history, artwork and other collections are maintained as an educational resource for students and for public display		

<u>Su</u>

Supplemental Information			
Return Reference	Explanation		
Schedule D, Part V, Line 4	The College uses endowment funds to manage long-term gifts according to donor intent. In a ccordance with Pennsylvania law a certain percentage of the endowment is spent per year. P rogram services, operations and scholarships are funded through the investment income gene rated by the endowment.		

Sı

Supplemental Information			
Return Reference	Explanation		
Schedule D, Part X, Line 2	The College qualifies as a tax-exempt, nonprofit organization under Section 501(c)(3) of t he Internal Revenue Code Accordingly, there is no provision for federal or state income t axes. The College accounts for uncertainties in income taxes in accordance with authoritat ive guidance, which prescribes a recognition threshold of more-likely-than-not to be sustallined upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the threshold at June 30, 2018 and 2017. The College's federal returns of Organizations Exempt from Income Tax and Exempt Organization Business Income Tax remain subject to examination by the IRS for the years subsequent to June 30, 2014. The College's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.		

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Includes financial aid of \$40,961,047 presented as contra revenue for financial statements and \$616,773 of investment expenses net within investment income, and \$59,118 change in the value of split interest and beneficial interest in perpetual trusts

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plemental Information	
Return Reference	Explanation
edule D, Part XI, Line 4b	Includes \$5,092 rental expenses and \$9,011 fundraising event expenses

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2d	Includes (\$5,092) rental expenses presented as contra rental income and (\$9,011) fundraising event expenses presented as contra fundraising event income

Sι

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Includes financial aid of \$40,961,047 presented as contra revenue in the financial stateme nts, and \$616,778 of investment expenses net within investment income

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133038489 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** MESSIAH COLLEGE 23-1352661 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 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Part II Supplemental Information. Provide the explain any other additional information (see instructions)	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide
Return Reference	Explanation
Schedule E, Part I, Line 3	Racially non-discriminatory policy is described in catalogs, brochures, recruiting activities, and websites
Schedule E, Part I, Line 6	Federal funds are primarily received for Student Financial Aid programs including the Federal Pell, FSEOG, Work Study, Perkins, Nursing Loan and Direct Loan Programs

Schedule F (Form 990 or 990-FZ) (2017)

000571 (2017)

efile GRAPHIC prin	t - DO NOT I	PROCESS	As Filed Data	-	DLN	: 93493133038489
SCHEDULE F (Form 990)	State	ement of	Activities (Outside the Un	ited States	OMB No 1545-0047
(i dilli ddd)	► Compl	lete if the organi		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 15, or 16.	2017
Department of the Treasury Internal Revenue Service	► Informa	tion about Scheo	lule F (Form 990)	and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization)				Employer ide	ntification number
MESSIAH COLLEGE					23-1352661	
	Information , Part IV, line		Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" to
other assistance, to award the gran For grantmaker outside the Unite	the grantees' nts or assistan s. Describe in d States	eligibility for th ce? Part V the orga	ne grants or assi	substantiate the amoun stance, and the selection dures for monitoring the	criteria used use of its grants and o	✓ Yes ☐ No ther assistance
3 Activites per Regio	n (The followin	ng Part I, line 3 i	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data						
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continua Part I						2,026,024
c Totals (add lines 3 For Paperwork Reduction		the Instruction	~ ·		No 50082W Sched	3,936,924 ule F (Form 990) 2017

(1)				
(2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

(16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be o	duplicated if addition	<u>onal space is n</u>	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							

(4)				
(5)				
(6)				
(7)				
(8)				

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(9)					
(10)					
(11)					
(12)					
(12)	<u> </u>	, and the second	 , and the second	· ·	

(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	□Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	□Yes	☑ No

schedule i (Form	990) 2017 Page 5
Prov amo met	pplemental Information wide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; punts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting chod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide additional information (see instructions).
Return Reference	Explanation

Return Reference	Explanation
Schedule F, Part I, Line 2	Student financial need is substantiated based on information provided in the Free Application for Federal Student Aid - FAFSA Additionally, some aid is given based on High School GPA or standardized test (SAT or ACT) scores. Title IV funds are handled in accordance with applicable provisions. The Financial Aid program is audited in compliance with the Federal OMB A-133 guidelines and no deficiencies were found during the time period covered by this filing.

Return Reference	Explanation
,	Although the College has investments in foreign corporation/partnerships, transactions for FY2018 do not meet thresholds for additional reporting

Additional Data

Europe (including Iceland and

Greenland)

Software ID: 17005980
Software Version: v1.00

EIN: 23-1352661

Name: MESSIAH COLLEGE

IBI - Academic

261,298

Form 990 Schedule F Pari	t I - Activities	Outside The U	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	IBI-Academic	109,577

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 50.574 0 Program Services IIBI - Academic Russia and the newly 0 Program Services IIBI - Academic 42,145 independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South Asia 126.434 0 Program Services IIBI - Academic Central America and the 0 Program Services Collaboratory Student Trip 24,419 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America (including Collaboratory student trip 0 Program Services 4.831 Canada and Mexico, but not the United States) Sub-Saharan Africa 0 Program Services Collaboratory Student Trip 45.299

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the |Student Cross-Cultural Trip 106.399 0 Program Services Caribbean 96.475 East Asia and the Pacific 0 Program Services Student Cross-Cultural Trip

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (including Iceland and Student Cross-Cultural Trip 378.063 0 Program Services Greenland) Student Cross-Cultural Trip -356 North America (including 0 Program Services Canada and Mexico, but not the United States)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Student Cross-Cultural Trip 62.485 0 Program Services Sub-Saharan Africa 0 Program Services Student Cross-Cultural Trip 228,063

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 0 Investments 490.000 lInvestments Caribbean East Asia and the Pacific 0 Program Services Faculty Development 173

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (including Iceland and 6.960 0 Program Services Faculty Development Greenland) Middle East and North Africa 0 Program Services Faculty Development 777

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Faculty Development 927 North America (including 0 Program Services Canada and Mexico, but not the United States) Central America and the 0 Program Services International Recruiting 2.068 Caribbean Travel

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific 0 Program Services International Recruiting 10.930 Travel Europe (including Iceland and International Recruiting 12.898 0 Program Services Greenland) lTravel

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 0 |Program Services Study abroad 21.765 Carıbbean scholarship/aid Fast Asia and the Pacific Study abroad 415.175 0 Program Services scholarship/aid

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (including Iceland and 0 Program Services Study abroad 915.750 Greenland) scholarship/aid South America Study abroad 153.790 0 Program Services scholarship/aid

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) Sub-Saharan Africa 370.005 0 Program Services Study abroad scholarship/financial aid

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (h) Method of (f) Amount of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Financial Aid 21,765 N/A Fair Market Value Central America land the Caribbean 19 415.175 N/A Financial Aid Fair Market Value East Asia and Ithe Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (d) Amount of (e) Manner of cash (q) Description of (h) Method of (b) Region (c)Number (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 915,750 N/A Financial Aid Fair Market Value lEurope (including Iceland and (Greenland Financial Aid 153,790 N/A Fair Market Value South America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Financial Aid 370,005 N/A Fair Market Value Sub-Saharan Africa

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133038489 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** MESSIAH COLLEGE 23-1352661 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

	dule G (Form 990 or 990-EZ) 2017				Page 2			
Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$	event contributions and						
	groot receipts greater than p	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events			
		Golf Classic (event type)	(event type)	(total number)	(add col (a) through col (c))			
Revenue								
Rev	1 Gross receipts	36,000			36,000			
	·	·			·			
	2 Less Contributions	25,000			25,000			
	line 2)	11,000			11,000			
	4 Cash prizes	0			0			
Se.	5 Noncash prizes	0			0			
ens	6 Rent/facility costs	0			0			
Direct Expenses	7 Food and beverages	2,181		0	2,181			
tj e	8 Entertainment	0		0	0			
۵	9 Other direct expenses	6,831			6,831			
	10 Direct expense summary Add lines 4 to	9,012						
	11 Net income summary Subtract line 10			•	1,988			
Pai	Gaming. Complete if the org on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000			
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
<u>~</u>	1 Gross revenue							
Expenses	2 Cash prizes							
ă ă	3 Noncash prizes							
e G	4 Rent/facility costs							
₫	5 Other direct expenses							
	6 Volunteer labor		☐ Yes					
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)					
9	Enter the state(s) in which the organizat							
a b	Is the organization licensed to conduct g If "No," explain				☐ Yes ☐ No			
10a b	Were any of the organization's gaming li	censes revoked, suspende			I			
=								

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3					
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No						
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	Y	□Yes	□No						
13	Indicate the percentage of gaming acti	vity conducted in									
а	The organization's facility		13	а		%					
b	An outside facility		13	ь		%					
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s							
	Name ►										
	Address •										
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No						
b		evenue received by the organization > \$ a the third party > \$	and the								
c	If "Yes," enter name and address of the	e third party									
	Name >										
	Address ►										
16	Gaming manager information										
	Name ▶										
	Gaming manager compensation ▶ \$										
	Description of services provided ►										
	☐ Director/officer	☐ Employee ☐ Independent contractor									
17	Mandatory distributions										
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио						
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	03							
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				<u> </u>					
	Return Reference	Explanation									

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print	t - DO NOT PROCE	SS As Filed Data -					DLN: 934	93133038	8489		
Schedule I (Form 990)			Other Assistan	_	· ·		2017				
Department of the Treasury	▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.qov/form990</u> .										
Internal Revenue Service Name of the organization						Employ	er identification nu	mber			
MESSIAH COLLEGE						23-135	52661				
		ants and Assistance									
the selection criteri	a used to award the g	o substantiate the amount of rants or assistance? cedures for monitoring the u			for the grants or assistant	ce, and	1	√ Yes	□ No		
Part III Grants and	Other Assistance to	• Domestic Organizations a Part II can be duplicated if ad	and Domestic Governme		rganızatıon answered "Yes	" on Form 990, P	art IV, line 21, for	any recipien	nt		
(a) Name and address organization or government			(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		Purpose of gi	rant		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
	, , , ,	and government organization s listed in the line 1 table .					<u> </u>				
For Paperwork Reduction A				Cat No 50055			Schedule I (Form 990) 2	017		

compliance with the Federal OMB A-133 guidelines and no deficiencies were found during the time period covered by this filing

Schedule I (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9313	3038	489
Sch	edule J	Co	mpensati	ion Information	МО	IB No	1545-0	0047
(For	n 990)	For certain Office	rs, Directors, T	rustees, Key Employees, and Hig	hest			
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20	17	7
Б	64 7		▶ Attach	i to Form 990. (Form 990) and its instructions i			o Pul	
•	tment of the Treasurv al Revenue Service	▶ Information ab		gov/form990.	is at		ectio	
	ne of the organiza	ation			Employer identificat	ion nu	ımber	
	SIAN COLLEGE				23-1352661			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				the following to or for a person lister y relevant information regarding thes				
		s or charter travel	lacksquare	Housing allowance or residence for	•			
		companions		Payments for business use of persoi				
		nification and gross-up payments lary spending account		Health or social club dues or initiation Personal services (e.g., maid, chauf				
	Discretion	ary spending account	Ш	reisonal services (e.g., maid, chaul	reur, cher)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	152	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	: та			
3				ed to establish the compensation of the not check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III			
	✓ Compensa	ation committee	П	Written employment contract				
	_ '	ent compensation consultant	<u> </u>	Compensation survey or study				1
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	_	ance payment or change-of-cont	rol navment?			4a		No
b		r receive payment from, a supple		ified retirement plan?		4b		No
c	•	r receive payment from, an equit	•	'		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	: III			
	Only E01(a)(2), 501(c)(4), and 501(c)(29)	organizations	must complete lines E-0				
5			_	the organization pay or accrue any				
		ontingent on the revenues of		, , , , ,				
а	The organization	٦?				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	n A, line 1a, did	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
7	•	6a or 6b, describe in Part III	الحداد عادا	the every entire war of a control of	4			
7	payments not d	escribed in lines 5 and 6? If "Yes,	," describe in Pa		u	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		140
For I	Danarwark Badı	iction Act Notice, see the Inst	ructions for Ec	orm 990 Cat No. 5	0053T Schedule J	/Eorn	. 000)	2017

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

		(R) Breakdown	of W-2 and/or 1099-MIS/	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(A) Name and Title		(i) Base (ii) Bonus & Incentify compensation compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 Kım S Phipps President	(i)	325,764	0	19,833	24,300	51,568	421,465	
	(ii)	0	0	0	0	0	0	0
	(i)	172,458	0	4,742	11,014	53,844	242,058	
Assistant Treasurer	(ii)	0	0	0	0	0	0	
	(i)	161,829	0	16,692	15,379	18,987	212,887	
Accietant Socrotary	(ii)	0	0	0	0	0	0	0
	(i)	178,420	0	4,118	17,126	19,207	218,871	
-TOVOSC	(ii)	0	0	0	0	0	0	0
5 Kristin M Hansen-Kieffer Vice Provost/Dean of Students	(i)	139,245	0	3,407	12,726	40,596	195,974	
	(ii)	0	0	0	0	0	0	0
	(i)	138,515	0	3,356	12,744	11,526	166,141	0
Resources and Compliance	(ii)	0	0	0	0	0	0	
7 Valerie Olson	(i)	129,875	0	11,966	12,517	20,136	174,494	0
Therapy Program	(ii)	0	0	0	0	0	0	
3 John Chopka	(i)	134,599	0	7,081	12,882	57,223	211,785	
Management	(ii)	0	0	0	0	0	0	
	(i)	78,517	0	155	7,152	5,090	90,914	
Advancement Proc & CEO	(ii)	104,550	0	0	10,455	0	115,005	
		i		<u> </u>			,	i

Part III Supplemental Information 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 Return Reference Explanation Schedule J, Part I, Line 1a The President is provided housing as a condition of employment for the convenience of the College. The cost of housing is excluded from compensation under IRC

Page **3**

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Section 119(d) Maintenance, landscaping and housekeeping of this College owned property is provided by the College consistent with all College owned property Tax indemnification and gross ups. The College includes the tax payment (gross up) for certain payments within an individual's taxable income. Private club dues The College pays for membership dues at a club for the primary purpose to host College business guests. Companion travel. Companion travel is approved on a limited basis. Payment for companion travel with no primary business purpose is considered taxable and included in an employee's compensation. In the event the companion is an employee and/or invited to accompany traveling employee for the primary benefit of the College, travel is excluded from compensation. The

Additional Data

(A) Name and Title

1Kim S Phipps

1David S Walker

VP for Finance and Planning, Assistant

VP for Advancement, Assistant Secretary

3Randall G Basinger

4Kristin M Hansen-Kieffer

Vice President for Human Resources and Compliance

Director of the Physical Therapy Program

Senior Advisor to VP of Advancement, Pres & CEO

Rider Musser Dev LLC

Vice Provost/Dean of Students 5Amanda Coffey

6Valerie Olson

7John Chopka

Vice President for Enrollment Management

8D Kelly Phipps

President

Treasurer 2Barry G Goodling

Provost

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(i) Base Compensation

(1)

(II)

(1)

(II)

(1)

(II)

(II)

(II)

(11)

(ı)

(II)

325,764

172,458

161,829

178,420

139,245

138.515

129,875

134,599

78,517

104,550

Software Version: v1.00

(ii)

Bonus & incentive

compensation

EIN: 23-1352661

Software ID: 17005980

Name: MESSIAH COLLEGE

(B) Breakdown of W-2 and/or 1099-MISC compensation

(iii)

Other reportable

compensation

19,833

4,742

16,692

4,118

3,407

3,356

11,966

7,081

155

(C) Retirement and

other deferred

compensation

24,300

11,014

15,379

17,126

12,726

12,744

12,517

12,882

7,152

10,455

(D) Nontaxable

benefits

51,568

53,844

18,987

19,207

40,596

11,526

20,136

57,223

5,090

(E) Total of columns

(B)(i)-(D)

421,465

242,058

212,887

218,871

195,974

166,141

174,494

211,785

90,914

115,005

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2017

Schedule K (Form 990) 2017

DLN: 93493133038489 OMB No 1545-0047

	artment of the Treasury rnal Revenue Service	▶Informatio		► Attach to Form 99 K (Form 990) and its	n 990. d its instructions is at <u>www.irs.gov/form990</u> .						Open to Public Inspection							
	ne of the organization SSIAH COLLEGE										oyer iden 352661	tıficatıc	n numbe	er				
P	art I Bond Issues									•								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) [(f) Description of purpose		(g) D	efeased	beh) On alf of suer		Pool ncing			
										Yes	No	Yes	No	Yes	No			
A	PHEFA Revenue Bonds Series 2012 LL3	23-2243852	70917R8H1	11-14-2012	12,	333,026	See Part	VI			X		X		X			
В	Cumberland County Municipal Authority AICUP Financing Program - Series 2014 T1	23-6003119	230614GU7	05-21-2014	4,	744,305	See Part	VI			Х		Х		Х			
С	Cumberland County Municipal Authority AICUP Financing Program - Series 2015 NN1	23-6003119	230614JL4	09-10-2015	11,	227,238	See Part	VI			Х		Х		Х			
D	Cumberland County Municipal Authority AICUP Financing Program - Series 2016 001	23-6003119	230614KMO	05-12-2016	16,	327,132	See Part	VI			X		Х		Х			
Pa	rt III Proceeds		1															
						A		ı	3					D				
1	Amount of bonds retired .					2,870	,000		0			0			0			
2	Amount of bonds legally def						0		0			0						
3	Total proceeds of issue					12,333	3,026		4,744,305		11,227	.238	16,327,132					
4	Gross proceeds in reserve fu	ınds				<u> </u>	0	0 0				0						
5	Capitalized interest from pro						0 0				-							
6	Proceeds in refunding escrov						0 0											
7	Issuance costs from proceed					130	<u> </u>				544	326.5		326,542				
8	Credit enhancement from pr						0,269 84,896		224,54		,,,,,,	326,542						
9	Working capital expenditure																	
10	Capital expenditures from pi	·				1,615	: 050		4,669,419		11,002	604		16 (000,590			
11	Other spent proceeds			· · ·		10,586	` 		4,009,419		11,002,	,094		10,	000,390			
12	Other unspent proceeds .					10,566	0,090		0			-						
	Year of substantial completion				_	013			1.5	2/		- 0		2017				
13	Tear or substantial completion		<u> </u>	· ·	Yes	No		Yes	15 No	Yes	17 No		Yes	2017	No			
	Were the bonds issued as pa	art of a gurrant refunding			165	X		165	X	165	X			+	X			
14	· · · · · · · · · · · · · · · · · · ·				.,	 ^												
15	Were the bonds issued as pa				X				Х		X				X			
16	Has the final allocation of pr				Х			Х		X			X					
17	Does the organization maint proceeds?	<u> </u>			Х			X		Х			Х					
Pa	rt IIII Private Business	Use			<u> </u>		ı											
						A No	_		No.		C			D	No.			
1	Was the organization a parti	ner in a partnership, or a	member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No X		Yes		No X			
	financed by tax-exempt bon	ds?	<u> </u>			 ^			^		^							
2	Are there any lease arrange	ngements that may result in private business use of bond-financed				l x			l x		l x				X			

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Part IV

Arbitrage

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No

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Yes

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Yes

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Schedule K (Form 990) 2017

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Yes

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Yes

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No

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Yes

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Yes

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No

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Χ

Х

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Х

Yes

Х

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

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

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

the GIC satisfied?

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

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

	L
	Γ
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No

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Nο

No

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Yes

Yes

No

No

Yes

Х

Yes

Yes

Χ



Yes

Χ

Schedule K (Form 990) 2017

No

Yes

efil	e GRAPHIC print - DO NOT	PROCESS As	Filed Data -										DLN: 9	3493	13303	8489			
	nedule K orm 990)		pplemental In									OMB No 1545-0047							
,. •	······ 555,	► Complete if the			rm 990, Part IV, line 24a. Provide descriptions, al information in Part VI.							201/							
	tment of the Treasury		▶.	Attach to Form 990	990.							Open to Public							
	nal Revenue Service	▶Informatio	n about Schedule K (Form 990) and its	instruction	s is at <u>и</u>	ww.i	irs.gov/for	<u>m990</u> .	ı	Employ	er ident		nspecii					
	SIAH COLLEGE										23-135		inication	i ilullibe	•				
D.	rt I Bond Issues										23-133	2001							
- 6	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	nrice		(f) Descripti	on of purpos	. I	(a) De	feased	(h)	On	(i)	Pool			
	(a) Issuel Haine	(b) issuer Lin	(6) 60317 #	(u) Date Issued	(e) 133de	price	'	(1) Descripti	on or purpos	,	(g) De	leased	beha			ncing			
										-	. 1		ISSU		.,				
	Cumberland County Municipal	23-6003119	230614MR7	06-28-2018	6.0	57,533	See E	Dart VI			Yes	No X	Yes	No X	Yes	No X			
^	Authority	25-0005119	2500141411(7	00-20-2010	0,0	.57,555	Jee r	ait vi				^		^		^			
	AICUP Financing Program - Series 2018 QQ2																		
	Series 2016 QQ2																		
Pa	TIII Proceeds																		
						Α		İ	В		С				D				
1	Amount of bonds retired						0												
2	Amount of bonds legally defease						0												
3	Total proceeds of issue					6,057	,533												
4	Gross proceeds in reserve funds						0												
5	Capitalized interest from procee						0												
6	Proceeds in refunding escrows .						0												
7	Issuance costs from proceeds .					118	,518												
8	Credit enhancement from proce						0												
9	Working capital expenditures fro	om proceeds					0												
10	Capital expenditures from proce					619	,024												
11	Other spent proceeds						0												
12	Other unspent proceeds					5,319	,990												
13	Year of substantial completion .			•	20	19													
					Yes	No		Yes	No	Ye	s	No		Yes		No			
14	Were the bonds issued as part o	of a current refunding	ıssue?			×													
15	Were the bonds issued as part of	of an advance refundi	ing issue?			Х													
16	Has the final allocation of proceed	eds been made? .				Х													
17																			
Par	t IIII Private Business Us																		
						A			В		Ç				D				
	W 11			, , ,	Yes	No		Yes	No	Ye	s	No		Yes		No			
1	Was the organization a partner financed by tax-exempt bonds?					X													
2	Are there any lease arrangemen					×													
	property?					h No 50	100-							17.75) 2017			

5

9

Part IV

Arbitrage

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Page 2

D

Yes

C

No

Yes

C

No

Yes

Schedule K (Form 990) 2017

No

Yes

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Yes

No

Χ

No

Χ

Χ

Χ

Χ

Х

Α

Yes

Χ

Yes

No

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government ▶

Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

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

the GIC satisfied?

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Yes

Schedule K (Form 990) 2017

Yes

Page 3

No

No

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

В

Nο

No

Yes

Yes

No

No

Yes

No

Yes

Yes

Χ

etile GRAPHI	C print - D	O NOT PRO	CESS	As Fil	ed Data -					DI	.N: 93	34931	1330	38489	
<u> </u>							d Person		5a. 2	25b. 20		MB No	1545	5-0047	
				b, or 28		0-EZ, Part V,	line 38a or 4		, -		·	2017			
		▶Informatio	n about	Schedu	le L (Form 99	0 or 990-EZ)) and its instr	uctio	ns is	at		21	<i>)</i>	<u> </u>	
Department of the Trea	I			<u>!</u>	www.irs.gov,	<u>/form990</u> .						Open	to Po pecti		
Internal Revenue Servi Name of the org	anızatıon							En	nplo	yer ide	entific				
MESSIAH COLLEGE								23	-135	2661					
							501(c)(29) or	ganıza	ations	only)					
		janization ans squalified pers					25b, or Form	$\overline{}$					D C		
1 (a) Name or dis	squaimed pers	ion	(6)		rganization	med person ar			escripi ansacti			'es	rected? No	
												<u> </u>	-		
								-				-			
2 Enter the a	mount of tax	incurred by o	ganızatı	on manag	gers or disqual	ified persons o	during the year	unde	r sec	tion			•		
4958 3 Enter the a	mount of tay	uf any on lin			urand by the o	ranniantion					\$				
3 Linter the ai	nount of tax,	ii aiiy, oii iiii	2, abov	re, reiirib	ursed by the o	rgariization .		•	•		[→] —				
		or From I													
						Part V, line 3	8a, or Form 99	10, Par	τIV,	line 26	o, or if	the or	ganıza	ition	
reported an amount on Form 990, Part (a) Name of (b) Relationship (c) Purpose (name of loan) (b) Relationship (c) Purpose (d		d) Loan t			(f) Balance due		default? Approv		(i)Written agreement? ard or						
						1					ittee?				
(1) John Chopka	Vice Presider	at for Gradua	. <u>.</u>	То	From X	51,167	3,667	Yes	No No	Yes	No No	Yes Yes		No	
. ,	Enrollment Management	Aid	.6		^	31,107	3,007		INO		INO	165			
Total						\$	3,667								
					e sted Perso s" on Form 9		line 27								
(a) Name of Inter		(b) Relation	nship be person a	tween	(c) Amount		(d) Type o	of assi	stanc	e	(e) Pu	rpose	of ass	ıstance	
(1) Various Intere	sted Persons		nization f Board (of		49 500	Scholarshins			- -	tudent	financ	ıəl əid	for	
(1) Various Intere	steu reisons	Trustee	- Board (J1		43,300	Scholarships	Scholarships		d.	epende rustee				
										-+					
										+					
		+					1			- 1					

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction (d) Description of transaction		(e) Shorganiz	f ation's
				Yes	No
See Addıtıonal Data Table					
Part V Supplemental Information Provide additional information	ation on for responses to questions on	Schedule L (see instruct	ions)		
D-1 D-6		F	i		

					+	
Provide additional information		ses to questions or	n Schedule L (see instructi	ons)		
Return Reference			Explanati	on		
	and represent Development meeting discle value and is d Listed individual Development residential nei community by College Rider of its real esta approved by t Messiah Colles separate entit Development	s activity greater the LC's fiscal year ensure threshold. Contermined pursuan als are not supervicted in a first a first a first and the second in the second in the second in the second in the primary in and seeks to mai LC is governed by	nan \$10,000 Messiah Coll d is 12/31 Service Provid mpensation - Messiah Coll t to the respective organiz sed by their respective sporporation whose purpose siness park that will generates to local residents, as ent Corporation LLC is presents. The College's investr of Trustees in keeping wit investor (as of the date of total nan "arms length" relation and open applications.	dule L is per the respective organizatege's fiscal year is 6/30 and Rider Mer - Payments to service providers dege Compensation is considered fatation's Human Resources compensation - Rider Musser, as described on their website, is to ate tax revenue and jobs, while enhall well as students and faculty of nearlisented in the College's financial statinent in Rider Musser Development I h the College's conflict of interest phis return), Rider Musser Developmationship with the College Rider Mustating agreement which delegates played under Pennsylvania law	lusser of the Coll in market atton pract atton from the control of	lege stices usser new e uh s one

IMESSIAN College to an independent Board of Directors as allowed under Pennsylvania law Schedule L (Form 990 or 990-EZ) 2017

Additional Data

(1) J Gary Langmuir

(1) Larry Bashore

Software ID: 17005980 **Software Version:** v1.00 **EIN:** 23-1352661

Name: MESSIAH COLLEGE

Form 990,	Schedule L,	Part IV - E	Business	Transactions	Involving	Interested P	ersons
	•					,	

Construction

(a) Name of interested person	(b) Relationship	(c) Amount of	(d) Descrip
	between interested	transaction	
	person and the		

organization

Shareholder - Wohlsen

President - Edwin L

Heim Company

3,314,871

Services

173,105 | Service Provider - Mechanical

Electrical Construction

rsons	
(d) Description of transaction	

Service Provider - Construction

(e) Sharing

Yes

organization's revenues?

No

No

No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No Husband of President 115,005 | Compensation - Rider Musser Nο Development LLC

97,757

Compensation

No

Spouse Interested

Person

(3) D Kelly Phipps		

(1) Scott Keiffer

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (5) D Kelly Phipps Husband of President 80.258 Compensation - Messiah College Nο

17,720

Compensation

No

Spouse of Interested

Person

(1) Deborah Chopka

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of transaction of organization

(d) Description of transaction of organization organization's revenues?

organization		reven	_	
		Yes	No	

10.685 | Compensation

No

Spouse of Officer

(7) Beverly Goodling

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -			DLN:	9349313	3038	489
	IEDULE M			loncash Contri	hutions			OMB No 1	545-0	047
(For	m 990)		organizati	ons answered "Yes" on F		9 or 3	o.	20	17	7
		► Attach to Form		L 14 (E						
Intern	tment of the Treasury al Revenue Service		out Schedu	lle M (Form 990) and its i				Open to Inspe	ction	
	e of the organizat IAH COLLEGE	ion				Emplo	yer ident	ification n	umber	•
						23-13	52661			
Pa	rt I Types	of Property								
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1		(d) of determin ntribution a		s
1	Art—Works of art	t								
2	Art—Historical tr									
3	Art—Fractional in									
4	Books and public		X		2	Marke	et Rates			
5	Clothing and hou goods	sehold								
6	Cars and other v									
7	Boats and planes									
8	Intellectual prope	erty								
9	Securities—Public	cly traded .	Х	20	479,890	Stock	Exchange			
10	Securities—Close	ely held stock .								
11	Securities—Partr	1 ' '								
4.2	or trust interest Securities—Misce					-				
13	Qualified conserv	ation storic								
14	qualified conservention—Of	/ation								
15	Real estate—Res		X	2	171,826	Appra	aisal			
16	Real estate—Cor	nmercial			,	T				
17	Real estate—Oth	er								
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	al supplies .								
21	Taxidermy .									
	Historical artifact									
	Scientific specim									
	Archeological art	ifacts		2	170.001	Manle				
	Other ► (struction materials	s)	X	3	170,001	Imarke	et (ates			
26	Other ► (pment and fixture		Х	5	5	Marke	et rates			
27	Other ▶ ()								
28										
29				ation during the tax year for 3, Part IV, Donee Acknowled		29				0
	D	al al els s			and the second s		20 4		Yes	No
30a	must hold for at		om the date	y contribution any property is a of the initial contribution, a				·		l
b	If "Yes," describ	e the arrangement	ın Part II					30a		No_
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contri	butions	₅ ?	31	Yes	
32a		zation hire or use th		or related organizations to s	olicit, process, or sell nonca	sh •		32a	Yes	
b	If "Yes," describ	e in Part II								
33	If the organizati describe in Part	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked,			
For D	anarwark Badustis	on Act Notice, see the	- Instruction	s for Form 990	Cat No. 512271		School	lule M (Form	990) (2017)

Schedule M (Form 990) (2017)	Page 2
I, column (b), t	I Information. Department on required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part the number of contributions, the number of items received, or a combination of both. Also complete by additional information.
Return Reference	Explanation
Schedule M, Part I, Line 32b	Schedule M, Part I, Line 32b - Yes, an independent appraisal from a reliable third-party is used for certain significant donations such as property
	Schedule M (Form 990) (2017)

efile GRAPH	IC prin	t - DO NOT PROCESS	As Filed Data -		DLN:	93493133038489				
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	vide information fo r 990-EZ or to prov ▶ Attach to Forn Schedule O (Form	on to Form 990 or 9 responses to specific questi ide any additional information 990 or 990-EZ, and its instrucy/form990.	ons on n.	OMB No 1545-0047 2017 Open to Public Inspection				
Mame of the org. MESSIAH COLLEGE 990 Schedule		pplemental Informatio	n		Employer identif	fication number				
Return Reference				Explanation						
Form 990, Part VI, Section A, Line 2	arried to ployee, es are silevels of services ore, Truste ore, Truste ore, Truste ore, to the Cedule Lies, while er Educing ager ker/conductions of Lincoln Trustee sells foont and Control of the contro	o employee, Randall Basinge Kristin Hansen-Kieffer - mark shown on Schedule L. Amour f compensation that would his to the College, regardless of e, Key Employee and/or with stee is the President of the Edit construction and maintenance and the edit of the Edit construction and maintenance and the edit of the Edit construction and maintenance and CEO of Wohlsen College Other Family and/or I (All transactions follow the College Other Family and/or I (All transactions follow the College Other Salting services at George K B at for College's multi-mode both occasionally sells or leases rector of a company held by - employer sells food products to the College D	r - married to employer of the were paid at fair may been paid to other frelation. Business redwin L. Heim Company of the week	disclosed on Schedule L Larry E ny which provides electrical and illege, Gary Langmuir, Trustee is y which provides construction sel os not requiring disclosure on Scl	em ploye puth e Bash me t tvices h eti poro					

Return Explanation

Form 990, Part VI,
Section B,
Line 11b

Form 990 is prepared by Messiah College and is reviewed by College management for complete ness and accuracy On a bi-annual basis, the College engages an external accounting firm t o review the Form Prior to filing, Form 990 is reviewed by the Assurance Committee and ma de available to all members of the Board of Trustees via the College's portal for Board ma

990 Schedule O, Supplemental Information

terials

990 Schedule O, Supplemental Information

Return Reference	Explanation	
Form 990, Part VI, Section B, Line 12c	The College monitors and enforces compliance with its conflict of interest policy through an annual disclosure process. Each Trustee and Officer of Messiah College completes a disc losure statement which certifies that they have reviewed the College's Conflict of Interes t Policy and discloses personal, familial, and/or business relationships that may in fact or appearance give rise to a conflict of interest. If an actual, potential or apparent conflict arises between the annual filings of the disclosure statements the Trustee or Office. It is required to promptly and fully disclose the potential conflict to the Chairperson of the Board Each actual or potential conflict is addressed on a case-by-case basis by the Chairperson in consultation with the Assurance Committee. The Chairperson and Assurance Committee of the payments to be made are fair and reasonable, or if otherwise.	

r is required to promptly and fully disclose the potential conflict to the Chairperson of the Board Each actual or potential conflict is addressed on a case-by-case basis by the C hairperson in consultation with the Assurance Committee. The Chairperson and Assurance Committee shall determine if the payments to be made are fair and reasonable, or if otherwise required by the Bylaws and if deemed advisable, refer the transaction to a vote of the Board of Trustees. A Trustee or Officer who is deemed to have a conflict of interest is disqualified from participating in the portion of any meeting of the Board of Trustees which a uthorizes the contract or other transaction.

990 Schedule O, Supplemental Information

Return

Return Reference	Explanation
Form 990, Part VI,	The Executive Committee of the Board of Trustees reviews the President's performance and r ecommends a compensation package to the Board of Trustees for approval. The President revi
Section B, Line 15	ews performance and approves compensation packages for the Provost and Vice Presidents To assess reasonableness of compensation, the College participates in executive and leadersh

Section B. Line 15 ip compensation surveys as well as other general compensation surveys. Participating in the e survey provides access to comparative data which is used to determine a comparative medi an and compensation range Compensation decisions are reflected in the President's employm ent agreement and in salary letters for Officers and Employees

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

Messiah College makes its Bylaws, Conflict of Interest Policy and Financial Statements ava
Ilable to the public via its website found at www messiah edu. Additional governing docume
nts are available upon request

Return Explanation Reference

Form 990. Other Changes in net assets of \$59,118 includes \$(341,535) change in value of split intere Part XI. Line st agreements, charitable gift annuities and trusts of \$347,899 and beneficial interest in

perpetual trusts of \$52,754

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	133038	3489
SCHEDULE R (Form 990) Department of the Treasury		Related O complete if the organi Information about So	zation an	swered "Yes	s" on Form Form 990.	990, Parl	IV, line 33	, 34, 35b,	, 36, or			Open t	1545-004 17 o Public ection	
Internal Revenue Service Name of the organization MESSIAH COLLEGE										loyer identif	icatior		Jection	
Part I Identification	of Disregarded E	ntities Complete ıf tl	ne organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3		352661				
Name, address, and	(a) EIN (if applicable) of disre	egarded entity		(b) Primary a			c) nicile (state n country)	(d) Total inc	come	(e) End-of-year as	sets	(f Direct co ent	ntrolling	
Part III Identification of related tax-exen	of Related Tax-Exe npt organizations du		Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I	I V, line 34 be	cause	it had one or	more	
Name, address, an	(a) d EIN of related organizati	on	Prima	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti Yes	512(b) ntrolled
For Paperwork Reduction Ac	t Notice see the Inc	tructions for Form 99	0			t No 5013	357				Sch	edule R (Form	990) 26	117

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Part III Identification of Related Orgone or more related organization				e if the org	janization a	nswered "Ye	es" on Form	990,	Part I\	/, line 34 b	ecause	ıt had	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(relat unrelated excluded fri tax under sections 51 514)	ted, total incom om	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partnei	or Perc ng owr	(k) entag nershi
								163	110		les i		
Part IV Identification of Related Org because it had one or more related because it ha							wered "Yes	" on F	orm 99	90, Part IV,	line 34	ļ	
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) Legal omicile or foreign ountry)	Direc	(d)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	of- Perce	ntage ership	Section (b)	(i) on 51 (13) crolled tity?
(1)Charitable Unitrusts (12)	Trust		PA	N/A	Т					-		Yes	No.
Messiah College One College Avenue Mechanicsburg, PA 17055													
(2)Rider Musser Development LLC 5 Kacey Ct Ste 204 Mechanicsburg, PA 17055 46-5723360	Real Estate Development/Leasing		PA	Mess	iah College C			:	12,111,9	966 100 %	,0	Yes	
						+							
		1		- 1				1		- 1		1	

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	18	a	No
b Gıft, grant, or capıtal contribution to related organization(s)	11	b	No
c Gift, grant, or capital contribution from related organization(s)	. 10	С	No
d Loans or loan guarantees to or for related organization(s)		d	No
e Loans or loan guarantees by related organization(s)	16	е	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	19	g	No
h Purchase of assets from related organization(s)	11	h	No
i Exchange of assets with related organization(s)	1	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	15	j	No
k Lease of facilities, equipment, or other assets from related organization(s)	11	k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1	ı	No
m Performance of services or membership or fundraising solicitations by related organization(s)	11	m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	n	No
o Sharing of paid employees with related organization(s)	10	0	No
p Reimbursement paid to related organization(s) for expenses	. 11	p	No
q Reimbursement paid by related organization(s) for expenses	. 10	9	No
	<u> </u>	 ,,	+

k Lease of facilities, equipment, or other assets from related organization(s) $\dots \dots \dots \dots \dots$				1k No
l Performance of services or membership or fundraising solicitations for related organization(s) \ldots				1l No
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n No
o Sharing of paid employees with related organization(s)				1o No
p Reimbursement paid to related organization(s) for expenses				1p No
q Reimbursement paid by related organization(s) for expenses				1q No
r Other transfer of cash or property to related organization(s)				1r Yes
s Other transfer of cash or property from related organization(s)				1s No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	, including covered r	elationships and tra	nsaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount involved
(1)Rider Musser Development LLC	r	11,426,893	cash and land fair market value - included as investment on balanc	
			I	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017