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Department of the

Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493144009041

2019

Open to Public
Inspection

nterna		2010 6	alendar year, or tax year beginning 07-01-2019 ,and ending 06-30	2020			
		pplicable:	C Name of organization	7-2020	D Employer	identific	cation number
□ Ad	dress c	change	MOORE COLLEGE OF ART AND DESIGN		23-13522	236	
	me cha tial reti	-	Doing business as				
		n/terminated			E Telephone	number	
		l return on pending	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 20TH STREET AND THE PARKWAY	te	(215) 96		
_ , ,	pirodeio	on ponung	City or town, state or province, country, and ZIP or foreign postal code		(213) 30	3 0333	
			PHILADELPHIA, PA 19103		G Gross rece	eipts \$ 38	,672,714
			F Name and address of principal officer: WILLIAM L HILL II	H(a) Is this	s a group retu	ırn for	
			20TH STREET AND THE PARKWAY		dinates? Il subordinate		□Yes ☑No
Ta [,]	v=evem	npt status:	PHILADELPHIA, PA 19103	includ		5	☐ Yes ☐No
		, 	✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		o," attach a lis o exemption r	•	•
J W	ebsite	e: > ww	w.moore.edu	··(e) Gloup	exemption	iuiiibei j	
K Forr	n of or	ganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	ation: 1848 I	M State o	of legal domicile: PA
			·				
Pa	arti 1 B	Sumi	mary cribe the organization's mission or most significant activities:				
	т	he first a	nd only women's visual art college in the nation, Moore occupies a unique r				
			advancing the role of women in the visual arts by providing a quality, caree nd national arts community through its galleries, youth and public programs				
			s innovative role in arts education with new coeducational graduate program				
e e	a	attract you	ung and emerging artists from across the region. Each year, Moore's nation	al Visionary W	Joman Award	honors	outstanding wome
Ĕ			had a powerful impact on art and design. The event benefits the Visionary ' Anniversary with a year-long celebration of special events, a new Visionary				
Ë			y of key Moore women.	voices Lectur	e Series, a riis	story or	ine school, and an
Š	=						
5							
Activities & Governance	2	Check thi	s box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of m	ore than 25%	of its net ass	sets.	
Ě			of voting members of the governing body (Part VI, line 1a)			3	29
5	4	Number o	of independent voting members of the governing body (Part VI, line 1b) $$.			4	29
Q.	5	Total nun	nber of individuals employed in calendar year 2019 (Part V, line 2a)			5	487
	6	Total nun	nber of volunteers (estimate if necessary)			6	29
	7a '	Total unre	elated business revenue from Part VIII, column (C), line 12		ı	7a	(
	b	Net unrel	ated business taxable income from Form 990-T, line 39	<u> </u>		7b	
	I						C V
				Pri	or Year	_	Current Year
ġ.	l		ions and grants (Part VIII, line 1h)	Pri	6,581,47	73	3,358,03
	9	Program	service revenue (Part VIII, line 2g)	Pri	6,581,47 16,568,90	73	3,358,03 17,789,44
Ravenue	9 10	Program Investme	service revenue (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18	73 01 33	3,358,034 17,789,44 807,436
	9 10 11	Program Investme Other rev	service revenue (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18 4,201,29	73 01 33	3,358,034 17,789,44 807,430 4,322,290
	9 10 11 12	Program Investme Other rev Total reve	nt income (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85	73 01 33 96	3,358,03- 17,789,44' 807,430 4,322,290 26,277,20'
	9 10 11 12	Program Investme Other rev Total reve Grants ar	service revenue (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18 4,201,29	73 01 33 96 53	3,358,034 17,789,44 807,430 4,322,290
Reveni	9 10 11 12 13 14	Program Investme Other rev Total reve Grants ar Benefits p	nt income (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06	73 01 33 96 53 0	3,358,034 17,789,441 807,436 4,322,296 26,277,20 7,248,193
Reveni	9 10 11 12 13 14 15	Program Investme Other rev Total reve Grants ar Benefits p Salaries,	service revenue (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85	73 01 33 96 53 0	3,358,03- 17,789,44' 807,430 4,322,290 26,277,20'
Reveni	9 10 11 12 13 14 15 16a	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio	service revenue (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06	73 01 33 96 53 55 0	3,358,034 17,789,441 807,436 4,322,296 26,277,20 7,248,193
	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio	nt income (Part VIII, column (A), lines 3, 4, and 7d)	Pri	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06	73 01 01 33 96 53 55 0 0 0 0 0	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,196 8,354,496
Reveni	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp	service revenue (Part VIII, line 2g)	Pri	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06	73 01 01 33 96 53 55 0 0 0	3,358,034 17,789,441 807,436 4,322,296 26,277,20 7,248,193
Reveni	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp	nt income (Part VIII, column (A), lines 3, 4, and 7d)	Pri	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86	73 01 33 96 55 0 0 0 0 0 25	3,358,034 17,789,441 807,436 4,322,296 26,277,201 7,248,193 (8,354,493
Expenses Ravenu	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52	73	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,19' 6 8,354,49' 6 8,057,834 23,660,519
Expenses Ravenu	9 10 11 12 13 14 15 16a b 17 18	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes	73 01 33 96 53 55 0 0 0 0 0 25 28	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,196 8,354,496 8,057,834 23,660,516 2,616,686 End of Year
Expenses Ravenu	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes	73	3,358,034 17,789,44 807,436 4,322,296 26,277,200 7,248,193 8,354,493 8,057,834 23,660,519 2,616,688 End of Year 76,690,156
Expenses Ravenu	9 10 11 12 13 14 15 16a b 17 18 19 20 21	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asse Total liab	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92	73	3,358,034 17,789,44' 807,436 4,322,296 26,277,20 7,248,193 6,354,493 23,660,519 2,616,686 End of Year 76,690,156 5,490,519
Net Assets of Expenses Revent	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asse Total liab Net asset	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes	73	3,358,034 17,789,44 807,436 4,322,296 26,277,200 7,248,193 8,354,493 8,057,834 23,660,519 2,616,688 End of Year 76,690,156
Not Assets or Expenses Revenu	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 III	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asse Total liab Net asset	nt income (Part VIII, line 2g)	Beginning	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95	73	3,358,034 17,789,44* 807,436 4,322,296 26,277,200 7,248,193 6,354,493 23,660,514 2,616,686 End of Year 76,690,151 5,490,511 71,199,643
Net Assets or Expenses Revenue end Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 12 17 11 penaedge	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asse Total liab Net asset Sign: alties of pi and belie	nt income (Part VIII, column (A), lines 3, 4, and 7d)	Beginning Schedules and	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95	73	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,193 8,354,493 8,057,834 23,660,519 2,616,686 End of Year 76,690,156 5,490,519 71,199,643
Net Assets or Expenses Revenue end Balances	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 21 22 it II pena	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asse Total liab Net asset Sign: alties of pi and belie	nt income (Part VIII, column (A), lines 3, 4, and 7d)	Beginning Schedules and	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95	73	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,193 8,354,493 8,057,834 23,660,519 2,616,686 End of Year 76,690,156 5,490,519 71,199,643
Net Assets or Expenses Revenue end Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 12 17 11 penaedge	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Signal alties of pa and belie edge.	nt income (Part VIII, column (A), lines 3, 4, and 7d)	Beginning schedules and er) is based of 202	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95	73	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,193 8,354,493 8,057,834 23,660,519 2,616,686 End of Year 76,690,156 5,490,519 71,199,643
Aund Balances Expenses Revenue Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 It II pena edge nowle	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Signal alties of pa and belie edge.	nt income (Part VIII, column (A), lines 3, 4, and 7d)	Beginning schedules and er) is based of	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95	73	3,358,034 17,789,44: 807,436 4,322,296 26,277,200 7,248,190 8,354,490 6 8,057,834 23,660,519 2,616,688 End of Year 76,690,158 5,490,519 71,199,643
Detail Fund Balances Expenses Revenu	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 12 1 22 It II pena edge nowle	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Signa alties of pa and beliedge.	nt income (Part VIII, line 2g)	Beginning schedules and er) is based of 202	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95	73	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,193 8,354,493 8,057,834 23,660,519 2,616,686 End of Year 76,690,156 5,490,519 71,199,643
Denote the Balances of Expenses Revenue by Fund Balances of Expenses Revenue by Fund Balances	9 10 : 11 12 13 14 15 : 16a b 17 18 19 20 12 1 22 It II pena edge nowle	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Sign: alties of pe and belie edge. WILLIA Type of	nt income (Part VIII, line 2g)	Beginning schedules and er) is based o	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95 d statements, in all informat	73 01 133 33 36 6 53 55 5 60 0 0 0 0 0 0 0 0	3,358,034 17,789,44: 807,436 4,322,296 26,277,200 7,248,190 8,354,490 6 8,057,834 23,660,519 2,616,688 End of Year 76,690,158 5,490,519 71,199,643
Heyens Expenses Expenses Revenue Balances Expenses Revenue Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 12 22 11 12 19 19 19 19 19 19 19 19 19 19 19 19 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Sign: alties of pe and belie edge. WILLIA Type of	nt income (Part VIII, line 2g)	Beginning schedules and er) is based of the part of t	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yea 73,314,88 4,731,92 68,582,95 d statements, in all information of the control o	73	3,358,034 17,789,44' 807,436 4,322,296 26,277,20' 7,248,193 8,354,493 8,057,834 23,660,519 2,616,686 End of Year 76,690,156 5,490,519 71,199,643
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Net Assets of Expenses Revenue Balances in the Balances of Expenses Revenue Balances in the Balances of Expenses Revenue Balances of Expenses Revenue Balances of Expenses Revenue Balances of Expenses Revenue Balances of Expenses of Ex	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pena edge nowle	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Signa alties of pa and belie dege. WILLIA Type of	nt income (Part VIII, line 2g)	Beginning schedules and er) is based of the control of the contro	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yea 73,314,88 4,731,92 68,582,95 d statements, an all information of the control o	73 01 133 33 36 6 53 55 5 60 0 0 0 0 0 0 0 0	3,358,034 17,789,44: 807,436 4,322,296 26,277,200 7,248,190 8,354,490 6 8,057,834 23,660,519 2,616,688 End of Year 76,690,158 5,490,519 71,199,643
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Net Assets or Expenses Revenue Balances expenses Revenue et al. Fund Balances or Expenses Revenue et al. Expenses et al. Expen	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pena edge nowle	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue Total asset Sign: alties of peand belie edge. WILLIA Type of	service revenue (Part VIII, line 2g)	Beginning Schedules and er) is based of the self atte Che self Firm	6,581,47 16,568,90 1,402,18 4,201,29 28,753,85 6,378,06 8,258,86 7,571,60 22,208,52 6,545,32 of Current Yes 73,314,88 4,731,92 68,582,95 d statements, in all informat	73 01 133 33 36 6 53 55 5 60 0 0 0 0 0 0 0 0	3,358,034 17,789,44: 807,436 4,322,296 26,277,200 7,248,190 8,354,490 6 8,057,834 23,660,519 2,616,688 End of Year 76,690,158 5,490,519 71,199,643

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)								Page 2
Pa	rt III Statement	of Program Servi	e Accomplis	hments					
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III					
1	Briefly describe the o	organization's mission:							
unde for ca gradi prese Conti	rgraduate BFA degree areers in the arts by er uates who distinguish t ent work of significant nuing Education progr	for women and coeduc mphasizing critical thin themselves as leaders. regional, national and rams provide opportuni	ational graduate king, problem so As a cultural lea international art ties for men and	e programs, Moore cu olving, risk-taking, and ader, Moore promotes ists to the community I women to learn new	and only visual arts coll tivates creativity, prom d strong communication the arts in the broader through distinctive exh skills for personal and ugh creative arts educa	notes scholars n skills. Moor community. nibitions and professional	ship and prepension of the Galleries educational p	oares s d to pr s at Mo orogra	students oducing oore ms. The
2	Did the organization	undertake any signific	ant program ser	vices during the year	which were not listed o	n			
	the prior Form 990 o	r 990-EZ?					☐ Yes	. ⊻ r	No
	If "Yes," describe the	ese new services on Sc	nedule O.						
3	Did the organization	cease conducting, or n	nake significant	changes in how it con	ducts, any program		_	_	_
	services?						∐ Y	es 🛂	∐No
	If "Yes," describe the	ese changes on Schedu	le O.						
4	Section $501(c)(3)$ an		ons are required	to report the amount	e largest program servi of grants and allocatio			enses.	
4a	(Code:) (Expenses \$	16,290,820	including grants of \$	7,055,722) (Rev	venue \$	16,260,51	3)	
	See Additional Data					·			
4b	(Code:) (Expenses \$	650,655	including grants of \$	123,508) (Rev	venue \$	785,81	2)	
	See Additional Data								
4c	(Code:) (Expenses \$	669,864	including grants of \$	68,964) (Rev	/enue \$	743,12	3)	
	See Additional Data								
4d	Other program servi	ces (Describe in Sched	ule O.)						
	(Expenses \$	0 inc	luding grants of	\$	0) (Revenue \$		0)		
4e	Total program serv	vice expenses >	17,611,3	39					

Form	990 (2019)			Page 3
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 2	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
		11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			No

	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No

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,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

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Yes

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

19	90 (2019)			Page
ırt I	Checklist of Required Schedules (continued)			
_			Yes	No
c	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	
a	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
t	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		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
c	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
a	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
A	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
Ε	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Ε	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
· [Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
art				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> ;		<u> </u>
	Enter the number reported in Pay 2 of Form 1006. Fatar 0. Seat applicable.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 134 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			

1c

Yes

D.	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44.		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
13	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	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.	" resp	onse to i	lines
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		
36	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29		163	110
	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			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
2				
	officer, director, trustee, or key employee?	2		No
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?	7 b		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?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	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?			
а	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?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 \square Another's website $ ot value of the property formula of the property of the pr$			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (B) Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) For related organizations below dotted line) List all of the organization organizations organiz	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
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■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
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Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

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Pa	Section A. Officers, Direct	1	, Key	Emp			and	High				(cont		
	(A) Name and title	(B) Average hours per week (list any hours for related	Average ours per than one box, unless person reek (list is both an officer and a director/trustee) Average ours per than one box, unless person for org.								(D) Reportable compensation from the organization (W-2/1099-		compensation from the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2,1033- MSC)	(W-2/1099- MISC)		rela organiz	ted
See	Additional Data Table													
1b 9	Sub-Total				٠.		<u> </u>				<u> </u>			
	「otal from continuation sheets to P 「otal (add lines 1b and 1c) . .	•					>		1	,183,569		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	rece			100,000	-1		
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey e	mpl	oyee,	or hi	ghest co	mpensate	d employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable (m the	3	V	No
5	Did any person listed on line 1a recei services rendered to the organization									ation or inc	dividual for	5	Yes	No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization. Report compe											mpen	sation	
	Name a	(A) and business addre	ess							Des	(B) cription of services			C) nsation
	DINING SERVICES INC									FOOD SER	VICE		;	1,054,659
LUTH	YORK ROAD SUITE 100 ERVILLE, MD 21093													
	N CONSTRUCTION CO INC QUEEN STREET									CONSTRUC	CTION			614,828
SUITI	E 200 DMOOR, PA 19038													
	SECURITY LLC									SECURITY				485,837
	OX 21577 YORK, NY 10087													
SODE	XO INC & AFFILIATES									OPERATIO	NS AND HOUSEKEEF	ING		402,094
PITTS	DX 360170 BURGH, PA 15262 S OF PENNSYLVANIA									INSURANC	E			318,316
РО В	OX 32090 YORK, NY 10087													·
2	Total number of independent contractor compensation from the organization		not lim	ited t	o th	ose	listed	abov	ve) who	received r	nore than \$100,0	00 of		
											-		Form 99	0 (2019)

		(2019)	of D) avanua						Page 9
Part	VIII				a respo	onse or note to anv	line in this Part VIII			🗆
		<u> </u>		<u> </u>			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	igns		1a	0		revenue		512 - 514
ons, Gifts, Grants Similar Amounts		b Membership dues	s .		1b	0				
Gra mo		c Fundraising even	its .		1c	378,820				
īš, Ā		d Related organizat	tions	i	1d	0				
ija Jila		e Government grants	(cont	tributions)	1e	772,224				
ions, r Sin		f All other contributio and similar amounts	ns, gi s not	ifts, grants, included	1f	2,206,990				
Contributions, Gifts, Grants and Other Similar Amounts		above g Noncash contributio lines 1a - 1f:\$	ns inc	cluded in	19	0				
Contand		h Total. Add lines :	1a-1f	f		•	3,358,034			
						Business Code	3,330,034			
	2a	Bachelor of Fine Arts				611310	16,260,513	16,260,513	0	0
enne	b	Master of Fine Arts ar	nd Ma	ster of Arts		611310	785,812	785,812	0	0
Program Service Revenue	c	Continuing Education	Progi	ram Adult		611310	333,719	333,719	0	0
Servic	d	Youth Programs				611310	409,403	409,403	0	0
ram S						011310				
Prog	e						0	0	0	0
		All other program							ŭ	
		Total. Add lines 2				17,789,447	1		T	Γ
	3	Investment income similar amounts) .		luding divid		nterest, and other	2,037,58	2,037,58	0	0
	l	Income from invest					•		0 0	
	5	Royalties	_			1	•	0	0	0
				(i) Re	aı	(ii) Personal	-			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income					1			
	۔ ا	or (loss)	6c	' \	0		<u>0</u>			
	Ι,	d Net rental income	or ((i) Secur		(ii) Other				
	7a	Gross amount	7a							
		from sales of assets other than inventory	'	11,	165,363		U			
	b	Less: cost or other basis and	7b	12,	395,507	7	0			
		sales expenses Gain or (loss)	7c		230,144					
		d Net gain or (loss)	ш	-1,	230,144	<u>' </u>	<u> </u>	-1,230,14	4 0	0
		Gross income from fu		ising events						
nue		(not including \$ contributions reported		378,820 of line 1c).						
• •		See Part IV, line 18			8a	o				
ά	ı	Less: direct expen			8b	0				
Other Revenue	١ ،	Net income or (los	s) fr	om fundrais	ing ev	ents		0	0	0
	9a	Gross income from			.					
		See Part IV, line 19	•		9a					
	l	Less: direct expen			9b					
	ľ	Net income or (los	s) rr	om gaming	activiti	les <u></u>	7			
	10	aGross sales of inve								
	١.	returns and allowa			10a		_			
		Less: cost of good			10b					
	ا ٔ	Net income or (los Miscellaneo			invent	ory ► Business Code				
	11	LaRoom and Board				61131	3,059,02	3,059,02	0	0
	ŀ	Auxiliary Income				61131	0 154,10	03 154,10	3 0	0
	(•								
	، ا	d All other revenue	•				1,109,16	1,109,16	7 0	0
	•	Total. Add lines 1	1a-1	.1d		•	4,322,29	90		
	12	2 Total revenue. Se	ee in	structions		· · · •	26,277,20	22,919,17	3 0	0
										Form 990 (2019)

Forr	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c		_		umn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	7,248,193	7,248,193		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,479,931	215,599	1,083,144	181,188
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	5,665,709	4,510,718	600,939	554,052
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	187,265	140,415	21,694	25,156
9	Other employee benefits	613,366	363,020	202,808	47,538
10	Payroll taxes	408,221	326,204	41,805	40,212
11	Fees for services (non-employees):				
a	a Management	0	0	0	0
	Legal	88,669	0	88,669	0
	Accounting	81,492	0	81,492	0
	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	0			0
	Investment management fees	0	0	0	0
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	267,044	112,266	117,115	37,663
13	Office expenses	642,109	391,642	227,641	22,826
	Information technology	0	0	0	0
15	Royalties	0	0	0	0
	Occupancy	961,987	693,276	264,078	4,633
17	Travel	190,903	105,979	65,679	19,245
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19	Conferences, conventions, and meetings	102,843	101,040	0	1,803
20	Interest	23,553	20,462	2,918	173
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,058,697	919,764	131,141	7,792
	Insurance	73,459	0	73,459	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			·	
	a Food Service	998,196	986,887	8,124	3,185
	b Dues and Other Professional Services	2,480,805	734,092	931,254	815,459
	c Security and Housekeeping	700,837	621,156	75,212	4,469
	d Equipment and Maintenance	221,304	72,897	130,054	18,353
	e All other expenses	165,936	47,729	92,326	25,881
25	Total functional expenses. Add lines 1 through 24e	23,660,519	17,611,339	4,239,552	1,809,628
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).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Investments—publicly traded securities .

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX $$.			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	5,837,462	1	8,129,732
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	6,605,982	3	1,230,482
	4	Accounts receivable, net	250,648	4	218,748

		, ,			
	3	Pledges and grants receivable, net	6,605,982	3	
	4	Accounts receivable, net	250,648	4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0	6	
S	7	Notes and loans receivable, net	765,049	7	
ets	8	Inventories for sale or use	0	8	

10b

690,193 Prepaid expenses and deferred charges . . . 285,656 261,166 10a Land, buildings, and equipment: cost or other 10a 55,447,160 basis. Complete Part VI of Schedule D

24,934,024

29,781,274

29,200,800

495.982

92,030

73,314,883

1,939,164

905.228

0 21

0 22

0 23

0

687,536

4.731.928

43,567,553

25,015,402

68,582,955

73,314,883

1.200.000

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30,513,136

29,888,906

5.513.908

243,887

76,690,158

2,528,211

713.968

0

0

1,560,800

687.536

5.490.515

44,730,991

26,468,652

71,199,643

76,690,158

Form 990 (2019)

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

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

3a

3b

Yes

Yes (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 23-1352236

Name: MOORE COLLEGE OF ART AND DESIGN

Form 990 (2019)

with distinctive leadership opportunities.

Form 990, Part III, Line 4a:

Higher Education: Moore enrolls approximately 400 students in the Bachelor of Fine Arts program with an 8:1 student student/faculty ratio. Moore cultivates each student's creative talents and provides the technical and professional skills essential to building a successful career in the visual arts. Students learn from award-winning, professionally active faculty who bring real-world knowledge and expertise into the classroom and encourage excellence, creative exploration and self-expression to prepare students for leadership in their chosen field. Moore offers majors in Art Education, Art History, Curatorial Studies, Fashion Design, Fine Arts, Graphic Design, Fashion Design, Illustration, Interior Design and Photography & Digital Arts. Moore also offers students an array of minors that complement their course of study and allow them to advance their interests in support of their artistic and professional goals. Moore requires internships in all its undergraduate majors with the exception of Art Education, which has a

student teaching requirement. Beginning in 2010, the College provides all students with an Internship Fellowship. Moore is committed to providing undergraduate women

Form 990, Part III, Line 4b:

in their current studio, design or teaching practices. Programs began in May 2009.

Moore announced in summer 2008 the creation of three unique new graduate programs designed to prepare motivated men and women with the skills, knowledge and resources to become professional artists, designers and teachers. All three programs are low-residency, recognize the critical value of professional exposure and require a

Higher Education: Graduate Programs: MFA in Studio Arts, MFA in Interior Design and MA in Art Education with an Emphasis on Special Populations After months of planning,

three programs feature summer intensive, evening and weekend year-round scheduling that are well suited for working adults seeking to acquire new skills and perspectives

field practicum, internship or international studio residency. Programs emphasize critical thinking, innovation and synthesis of theory and practice. Self-directed research and rigorous inquiry are key components. Candidates work closely with professionally active faculty artists, educators and designers, as well as work independently with professionals in the field. Each program hosts an annual symposium featuring quest speakers of national and international significance, focusing on contemporary issues. All

Form 990, Part III, Line 4c:

education courses are available in digital media, digital photography, fashion, interior decorating and the fine arts. Courses combine a flexible and dynamic approach to learning while remaining grounded in the time-honored strengths of Moore's BFA programs and award-winning faculty, who are committed to sharing their expertise and bringing real world experience into the classroom. Approximately 300 adults enroll in Moore's continuing education courses each year. Moore's Teachers Summer Institute is designed to enhance the culture of teaching and to empower learning in and through visual art. A professionally directed program of studio-based workshops offers educators the opportunity to expand studio skills, deepen personal direction, and discover new applications in educational practice. Moore offers a full range of educational programs for boys and girls grades 1-12, from its historic Young Artists Workshop to its innovative Summer Art & Design Institute for High School Women. Established in

Continuing Education and Youth Programs Moore offers certificate programs as well as single credit and non-credit courses for men and women who want to learn new skills, advance their careers or simply learn for their own personal enrichment and fulfillment. Offered during the evening and weekend hours on Moore's campus, continuing

1922, the Young Artists Workshop (YAW) enables young people to have direct involvement with art making, encourages self-directed learning, and enables authentic learning experiences. The YAW program serves approximately 800 boys and girls each year. YAW classes are ongoing and are scheduled for ten Saturdays in the fall and ten Saturdays in the spring. In summer, Moore offers single day and one-week programs for students in grades 8-12, Monday through Friday and on Saturdays. A variety of classes are offered, introducing students to the joy of creative exploration and developing their artistic skills through a range of media and techniques. The Summer Art &

Design Institute for High School Women (SADI) is a four-week pre-college residential program open to young women who have just completed their sophomore, junior, or senior year of high school. The Institute allows dedicated students who are passionate about their artwork to spend four weeks developing their skills as artists and designers. Upon successful completion of the program, students will earn 3.0 college credits. Students choose a studio concentration emphasizing Fine Arts, Fashion Design,

or Digital Animation. Each week of the program includes three days immersed in the studio concentration, as well as two days in the intensive portfolio development

program; basic drawing, life drawing and two-dimensional design. All of these subjects are designed to prepare students for the college admissions process. Students are

taught and guided by exceptional faculty who are professionals in their fields and committed to sharing their knowledge of art and design. Additionally, students benefit from required activities such as artists' studio tours, museum and gallery visits and other exciting cultural events that expose them to the larger arts community in Philadelphia.

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

	any nours	anu	a uii	ecto) / LI	ustee)	organization	organizations	Irom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MS CECELIA FITZGIBBON President/Board Administration	60		х	x	х	х		434,132	0	0
MR WILLIAM L HILL II Board of Managers Treasurer - Senior Vice President	60		х	х	х	х	272,		0	0
MS PATRICIA PHILLIPS	60			×	×	×		187 290	0	0

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President/Board Administration	0	*	^	Х	*	434,132	
MR WILLIAM L HILL II	60	×	x	Х	×	272,547	
Board of Managers Treasurer - Senior Vice President	0	^		^	^	2,2,31,	
MS PATRICIA PHILLIPS	60		v	¥	v	187.290	
Chief Academic Officer/Academic Dean	0			^	_ ^	107,230	
MS ELIZABETH CAUTH	60						

60

R WILLIAM L HILL II	60	_×	х	v	v		
oard of Managers Treasurer - Senior Vice President	0	^	^	^	^		
S PATRICIA PHILLIPS	60		X	X	X		
hief Academic Officer/Academic Dean	0		^	^			
S ELIZABETH CAHILL	60						
					X	1 1	

and Independent Contractors

Director of Development

MS ANGELINE CAMPBELL

Board of Trustees Chairperson

Board of Trustees Vice Chairperson

Board of Trustees Chairperson Emeriti

Board of Trustees Chairperson Emeriti

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Board of Managers MS FRANCES R GRAHAM

MS JOAN N STERN

MS PENNY FOX

MS ROCHELLE F LEVY

Controller KATHLEEN LISTER

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated 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

MS ELIZABETH GRENALD Board of Managers Secretary MS MARTA R ADELSON

Board of Managers MS EMILY COSTELLO

Board of Managers MS LOUISA FALCIONE

Board of Managers MS MINDY GLASSMAN

Board of Managers

.......

	any hours						organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	loyee nal Trustee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MRS PENELOPE P WILSON Board of Trustees Chairperson Emeriti	5		х				0	0	0
MR JOHN J DONNELLY Board of Trustees	5		х				0	0	0
MS ADELE K SCHAEFFER	5					•			

MR JOHN J DONNELLY		×			۱ .	0	
Board of Trustees	0						
MS ADELE K SCHAEFFER	5	×			0	C	
Board of Trustees							
MS JANE WALENTAS	5	×			0	0	
Board of Trustees	0	^				0	
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INS ADELE IX SCHAELTER		×			۱	۱	
Board of Trustees							
MS JANE WALENTAS	5	×			0	0	
Board of Trustees	0	^					
MR ARTHUR R BLOCK	5	_			0	0	
Board of Managers Chairperson		^			ľ	١	

Board of Trustees							
MS JANE WALENTAS	5	×			0	0	
Board of Trustees	0					3	
MR ARTHUR R BLOCK	5	×			0	C	
Board of Managers Chairperson	0					,	

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MS ADELE K SCHAEFFER		v l			0	n	۰,
Board of Trustees		^				0	
MS JANE WALENTAS	5	x			0	C	C
Board of Trustees	0	^\				9	•
MR ARTHUR R BLOCK	5	v		·	0	0	ſ
			- 1		1	· ·	

(A) (B) (C) (D) (E) (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

MR COLIN ANTHONY OERTON

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Board of Managers

MS SHARON PARKS

Board of Managers

MR THOMAS PATTERSON

Board of Managers

MR ROBERT ROSENBURG

Board of Managers

MS KEITH R STRAW

Board of Managers

MS KRISTINA DE FARIA

Board of Alumnae

	any hours				ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MS JANIE GROSS Board of Managers	5 0		x				0	0	0	
MS MEG JOHNSON Board of Managers	5		х				0	0	0	
CARLYE KALMES	5									

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MS MEG JOHNSON	5	5				0	n	
Board of Managers			^				j	1
CARLYE KALMES	5		v				0	h
Board of Managers	0		^			9	Ĭ	
MS MARGARET MARSH	5		×			0	0	
Board of Managers			^			Ĭ	Ĭ	

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

and Independent Contractors

	any hours	and	l a dir	ecto	r/tr	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	
MR JAMES JOHNSON	5		×					0	0 0	0	
Board Faculty	١ .	1	I '`							l i	ď

Board Faculty	0	Х			0	0	C)

MS MAUREEN PELTA PHD

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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -
                                                                         DLN: 93493144009041
TY 2019 Reasonable Cause Explanation
                          Name: MOORE COLLEGE OF ART AND DESIGN
                            EIN: 23-1352236
                    Software ID: 19009572
               Software Version: v1.00
                    Explanation: Due to Pandemic and Staff shortage the filing is late
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SCI		ULE A	- Dublia 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
/TE 000				rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza EGE OF ART AI					Employer identific	ation number
HOOK	L COLL						23-1352236	
	rt I		for Public Charity State				See instructions.	
1 1	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)	
		,	,				. , . ,	
2	✓		scribed in section 170(b)(,			
3		·	or a cooperative hospital serv	_			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed 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			ation that normally receives (' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo				
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar				
С			unctionally integrated. A sorganization(s) (see instructi					ted with, its
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(r '			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
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						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON TIME 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes 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

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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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.

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 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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

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) .

7 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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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.

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

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

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

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3	
Pa	rt IV Supporting Organizations (continued)				
_			Yes	No	
	Has the organization accepted a gift or contribution from any of the following persons?				
а	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?				
		11a			
	A family member of a person described in (a) above?	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			
S	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	-			
2	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.				
S	ection C. Type II 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	1			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).				
S	ection D. All Type III Supporting Organizations		v		
_			Yes	No	
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?	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 instruction)	ions):			
	The organization satisfied the Activities Test. Complete line 2 below.				
	b				
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer (a) and (b) below.	ſ	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			
ı	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? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h			

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

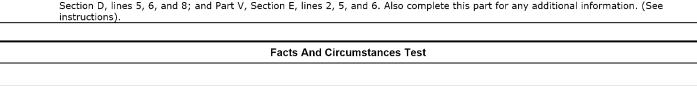
Additional Data

Software ID: 19009572
Software Version: v1.00

EIN: 23-1352236

Name: MOORE COLLEGE OF ART AND DESIGN

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 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; Part IV, Section D, lines 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).



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OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury

(Form 990)

▶ 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. ► Attach to Form 990.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** MOORE COLLEGE OF ART AND DESIGN 23-1352236 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ \boldsymbol{d} Equipment

e Other . .

	dule D (Form 990) 2019							Page 2
Par	till Organizations Maintaining Co	ollections of Ar	t, Histori	cal Trea	sures, or Oth	er Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, accessi items (check all that apply):	on, and other reco	·	any of the	following that a	re a significant	use of its c	ollection
а	Public exhibition		d	☐ Lo	an or exchange	programs		
b	Scholarly research		е	☐ ot	her			
C	Preservation for future generations							
4	Provide a description of the organization's c Part XIII.	ollections and expl	ain how the	ey further	the organization	's exempt purpo	ose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than						☐ Yes	☑ No
Pai	rt IV Escrow and Custodial Arrang Complete if the organization and X, line 21.		Form 990	, Part IV	, line 9, or rep	orted an amo	unt on Fo	rm 990, Part
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XI	III and complete th	e followina	table:			Amount	
c	Beginning balance		-		1c			
d	Additions during the year				-			
е	Distributions during the year							
f	Ending balance				1.5			
2a	Did the organization include an amount on l	Form 990, Part X, I	ine 21, for	escrow or	custodial accoun	nt liability?	☐ Yes	
b	If "Yes," explain the arrangement in Part XI					•	_	
	irt V Endowment Funds.	II. Check here ii d	СХРІППИС	011 1103 50	en provided in r			
	Complete if the organization ans	swered "Yes" on	Form 990	, Part IV	, line 10.			
	·	(a) Current yea	r (b) P	rior year	(c) Two years b	ack (d) Three ye	ears back (e	e) Four years back
1 a	Beginning of year balance	29,696,7	782	27,441,22	3 26,576	,361 20	,805,560	21,714,876
b	Contributions	6,352,6		1,826,99		·	,917,956	634,382
C	Net investment earnings, gains, and losses	705,3	394	1,283,04	3 1,631	,545 2	,787,172	-594,767
d	Grants or scholarships	429,4	154	249,91	0 213	,748	184,640	190,034
е	Other expenditures for facilities and programs	922,5	581	848,28	4 834	,266	749,687	758,897
f	Administrative expenses		0		0	0	0	0
g	End of year balance	35,402,8	314	29,453,06	7 27,441	,223 26	,576,361	20,805,560
2	Provide the estimated percentage of the cur	rent year end bala	nce (line 1	g, column	(a)) held as:			
а	Board designated or quasi-endowment ►	32 %						
b	Permanent endowment ► 53 %							
С	Temporarily restricted endowment ▶	15 %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3а	Are there endowment funds not in the possorganization by:	ession of the orgar	ization tha	t are held	and administere	d for the		Yes No
	(i) unrelated organizations						3a(i) Yes
	(ii) related organizations						3a(i	
	If "Yes" on 3a(ii), are the related organizati						. 3b	<u> </u>
4	Describe in Part XIII the intended uses of the		ndowment f	unds.				
Pai	rt VI Land, Buildings, and Equipme Complete if the organization and		Form 990	, Part IV	, line 11a. See	Form 990. Pa	art X, line	10.
	Description of property (a) Cost or of (investre	other basis (b)	Cost or other	•		ted depreciation		Book value
1a	Land	0		498,2	40			498,240
	Buildings	0		43,464,5	81	15,812,532		27,652,049

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

10,340,454

1,143,885

1,218,962

1,143,885

30,513,136

9,121,492

Schedule D (F				Page 3
	Investments—Other Securities. Complete if the organization answered "Yes" on F	Form 990, Part IV, line	<u>e 11b.</u> See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation: f-year market value
1) Financial	· · ·	0		F
2) Closely-h 3) Other	eld equity interests	0		<u>F</u>
A) Hedge Fu	nds	4,910,561		F
3) Limited Pa C)	artnership	603,347		F
)				
≣)				
=)				
G)				
H)				•
-	(b) must equal Form 990, Part X, col. (B) line 12.)	5,513,908		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F (a) Description of investment	form 990, Part IV, line	e 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
9) Total. (Column	(b) must equal Form 990, Part X, col.(B) line 13.)		•	
9) otal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX	Other Assets.			art X, line 15. (b) Book value
9) otal. (Column Part IX 1)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered 'Yes' on Fo			
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered 'Yes' on Formal (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.)		e 11d. See Form 990, Pa	
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' on Formal (a) Description		e 11d. See Form 990, Pa	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description Other Liabilities.	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of lie	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X . 1) Federal in 2) Advances	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of lie	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) otal. (Column Part X . 1) Federal in 2) Advances 3)	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in the organization answered in the organization answered in the organization answered in the organization of the organization	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value 1 990, Part X, line 25. (b) Book value 0
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) fotal. (Column Part X 1) Federal in 2) Advances 3) 4)	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in the organization answered in the organization answered in the organization answered in the organization of the organization	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value 1 990, Part X, line 25. (b) Book value 0
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) fotal. (Column Part X 1) Federal in 2) Advances 3) 4) 5)	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in the organization answered in the organization answered in the organization answered in the organization of the organization	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value 1 990, Part X, line 25. (b) Book value 0
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) fotal. (Column Part X 1) Federal in 2) Advances 3) 4) 5) 6)	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in the organization answered in the organization answered in the organization answered in the organization of the organization	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value 1 990, Part X, line 25. (b) Book value 0
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) fotal. (Column Part X 1) Federal in 2) Advances 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in the organization answered in the organization answered in the organization answered in the organization of the organization	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value 1 990, Part X, line 25. (b) Book value 0
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal in 2) Advances 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in the organization answered in the organization answered in the organization answered in the organization of the organization	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value 1 990, Part X, line 25. (b) Book value 0
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) fotal. (Column Part X 1) Federal in 2) Advances 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description (a) Description The proof of the organization answered in the organization answered in the organization answered in the organization answered in the organization of the organization	orm 990, Part IV, line	e 11d. See Form 990, Pa	(b) Book value 1 990, Part X, line 25. (b) Book value 0

Part XI

Part XII

1

2

3

5

Part XIII

2

b

Schedule D (Form 990) 2019

Page 4

26,277,207

23,660,519

23,660,519

23.660.519

Schedule D (Form 990) 2019

d	Other (Describe in Part XIII.)	2d		0	1	
e	Add lines 2a through 2d		 		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990 Part VIII line 12 but not on line 1:					

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.)

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

26,277,207

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b b Add lines 4a and 4b . Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

Total expenses and losses per audited financial statements

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

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Donated services and use of facilities

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

0

2e

3

4c

5

2a

2h

2c

2a 2b

2c 2d

4a

4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009572
Software Version: v1.00

EIN: 23-1352236

Name: MOORE COLLEGE OF ART AND DESIGN

Evalopation

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1	The College does not record its collections in the financial statements. The College owns numerous pieces of fine art, mainly from prominent alumnae and faculty, along with some hi storical treasurers, primarily from the Joseph Moore family, that combined constitute the Moore College Archives. The College has made a commitment to preserve the archives and use sthem as a resource for students at the College.

upplemental Information		
Return Reference	Explanation	
Schedule D, Part III, Line 4	The College does not record its collections in the financial statements. The College owns numerous pieces of fine art, mainly from prominent alumnae and faculty, along with some hi storical treasurers, primarily from the Joseph Moore family, that combined constitute the Moore College Archives. The College has made a commitment to preserve the archives and use s them as a resource for students at the College.	

plemental Information	
Return Reference	Explanation
edule D, Part V, Line 4	Endowment Principal is used for College's general expenses and financial aid

Supi

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	The College is a non-profit educational institution which has been determined by the Inter nal Revenue Service to be exempt from federal income taxes under section 501c3 of the IRC. The college adopted FIN 48 as of July 1, 2008. Management has evaluated substantive tax p ositions taken by the College as of June 30, 2020. A tax position is recognized as a benef it only if it is "more-likely-than-not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that has a likelihood of being realized on examination of mo re than 50 percent. For tax positions not meeting the "more-likely-than-not" test, no tax benefit is recorded. Under the "more-likely-than-not" threshold guidelines, the Management believes no significant uncertain tax positions exist, either individually or in the aggregate, that would give rise to non-recognition of an existing tax benefit. As of June 30, 2020, the College had no material unrecognized tax benefits or liabilities.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493144009041 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** MOORE COLLEGE OF ART AND DESIGN 23-1352236 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo 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? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2					
Part II Supplemental Information. Provide the explanation of the expla	lanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide				
Return Reference	Explanation				
Schedule E, Part I, Line 3	The College has a racially nondiscriminatory policy which it publishes in the Student Handbook which is available on the College's website. The policy states For 172 years Moore College of Art & Design has been committed to the education of women. The College adheres to the principle of equal educational opportunity without discrimination on the basis of race, color, religion, age, national origin, sexual orientation or handicap. Moore is also an equal opportunity employer.				
Schedule E, Part I, Line 6	Generally speaking most funds received from the Federal Government are used toward financial aid for our students; some funds have gone to Gallery exhibitions. State funds have been used for financial aid and capital improvements.				

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493144009041 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 Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization MOORE COLLEGE OF ART AND DESIGN 23-1352236 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 Internet and email solicitations ☐ 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 10 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 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	rt II Fundraising Events. Comple than \$15,000 of fundraising e	vent contributions and			
	gross receipts greater than \$5	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Visionary Women (event type)	(event type)	(total number)	col. (c))
Reversie					
	1 Gross receipts	378,820			378,820
	2 Less: Contributions	0			0
	line 2)	378,820 0			378,820
	5 Noncash prizes	0			0
Direct Expenses	6 Rent/facility costs	0			0
<u>~</u>	7 Food and beverages	0		С	0
ect E	8 Entertainment	0		С	0
ă	9 Other direct expenses	92,368			92,368
	10 Direct expense summary. Add lines 4 t			•	92,368
Par	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orga		es" on Form 990, Part 1		286,452 more than \$15,000
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Rev	1 Gross revenue				
s e					
Expenses	2 Cash prizes				
₫	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses	□ V oo 0/		□ V 22 0/	
	6 Volunteer labor	☐ Yes <u>%</u> ☐ No	☐ Yes %☐ No	☐ Yes <u>%</u> ☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	•	
9 a b	Enter the state(s) in which the organization Is the organization licensed to conduct gas If "No," explain:	nming activities in each of	these states?		☐ Yes ☐ No
10a b		enses revoked, suspende	d or terminated during the		☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	t	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493144009041

Open to Public Inspection

ame of the organization IOORE COLLEGE OF ART AND DESIGN					Emp	Employer identification number				
							1352236			
Part I General Inform	ation on Grants	and Assistance								
Does the organization main the selection criteria used						ce, and		☑ Yes ☐ No		
Describe in Part IV the org	•	_	-							
Part II Grants and Other that received more			nd Domestic Governme ditional space is needed.	ents. Complete if the or	rganization answered "Yes'	" on Form 990	, Part IV, line	21, for any recipient		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose of grant or assistance		
1)										
2)										
3)										
4)										
5)										
5)										
7)										
8)										
9)										
10)										
11)										
12)										
Enter total number of sections Enter total number of othe	. , . ,	-					· • —			

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

Part III Grants and Other Assistance Part III can be duplicated if addi	tional space is needed.	· ·	T	· · · · · · · · · · · · · · · · · · ·	(C) Description (Consequence)
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Merit/Need Based Aid	384	6,713,704	0		
2)					
3)					
4)					
5)					
6)					
7)					
Part IV Supplemental Informa	tion. Provide the informa	ition required in Part I,	line 2; Part III, colum	nn (b); and any other addition	al information.

To be considered for need based aid, a student is required to complete a Free Application for Federal Student Aid. Financial aid awards are not automatically renewed Schedule I, Part I, Line 2 each year.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49314	4009	041
Sch	edule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
)
Б	► Attach to Form 990.							blic
•	tment of the Treasury al Revenue Service	V do to <u>www.ns.go</u>	101	mistractions and the latest miori	iation.		ectio	
	ne of the organiza ORE COLLEGE OF AR				Employer identifica	tion nu	ımber	
					23-1352236			
Pa	rt I Questi	ons Regarding Compensa	tion					
1 a	Check the appro	opiate box(es) if the organization	n provided any of	the following to or for a person listed	d on Form		Yes	No
	990, Part VII, S	ection A, line 1a. Complete Part	III to provide an	y relevant information regarding thes	se items.			
		or charter travel		Housing allowance or residence for p				
		companions	님	Payments for business use of persor				
		nification and gross-up payment	s 📙	Health or social club dues or initiation				
	LI Discretion	ary spending account		Personal services (e.g., maid, chauf	reur, cner)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1 b		
2				or allowing expenses incurred by all	- 1-3	2		
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked on Lin	elar			
3				d to establish the compensation of th	ie			
				not check any boxes for methods CEO/Executive Director, but explain in	n Part III.			
	☐ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	$\overline{\checkmark}$	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensat	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b				ified retirement plan?		4b		No
C				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			=	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b		anization?				5b		No
6	,	,	n A line 1 a did i	the organization pay or accrue any				
Ü		ontingent on the net earnings of		the organization pay of accrue any				
а	The organization	1?				6a		No
b						6b		No
_	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8				red pursuant to a contract that was				
				section 53.4958-4(a)(3)? If "Yes," de				Nic
9				presumption procedure described in		8		No
7				presumption procedure described in		9		
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	0053T Schedule	l (Form	990)	2019

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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D) (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 MS CECELIA FITZGIBBON 360,679 (i) 70,000 3,453 0 0 434,132 0 President/Board Administration 0 0 0 0 0 0 (ii) 0 2 MR WILLIAM L HILL II 257,547 (i) 0 0 0 272,547 0 15,000 Board of Managers Treasurer - Senior Vice President 0 0 0 0 (ii) 0 0 3 MS PATRICIA PHILLIPS 172,290 (i) 15,000 0 0 0 187,290 0 Chief Academic Officer/Academic Dean 0 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Page 3 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 Annually a salary survey from peer institutions is presented to the Compensation Committee of the Board who determines the President's salary. The President uses Schedule J. Part I. Line 3 Ithe same survey to determine other Officer's and key employee's salaries and communicates compensation decision to the Board Compensation Committee. Schedule 1 (Form 990) 2019

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		İ	DLN: 93493144009041
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. So to www.irs.qov/Form990 for the latest information.						OMB No. 1545-0047 2019 Open to Public Inspection
Namel Setherofe Moore College 990 Schedul	OF ART AND D	ESIGN lemental Informati	on		Employer i	dentification number
Return Reference				Explanation		
Form 990, Part VI, Section B, Line 11b	A review is	s conducted by the Boar	d prior to filing with the	IRS.		

990 Schedule O, Supplemental Information

Return
Reference

Explanation

contract.

Form 990,	Annually as a condition of continued employment, each staff and officer will be required t
Part VI,	o sign a written acknowledgement that he or she has received and is in compliance with the
Section B,	Code. Moore's Sr. Vice President for Finance and Administration will have primary authori
Line 12c	ty and responsibility for enforcement of the Code, subject to the supervision of the Audit
	Committee of the Board of Managers Officers. A written policy is included in the Faculty

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Line 15

Annually a salary survey from peer institutions is presented to the Compensation Committee
of the Board who determines the President's salary. The President uses the same survey to
determine other Officer's and key employee's salaries and communicates compensation decis
ion to the Board Compensation Committee.

Return Explanation Reference

990 Schedule O, Supplemental Information

Line 19

Form 990. The Conflict of Interest Statement is provided on the College's website. Part VI,

Section C.