MESSIAH	UNIV 05/03/2021 2 45 PM	
Form	990-	1

**Return of Organization Exempt From Income Tax** 

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

2019

OMB No\_1545-0047

(Rev January 2020) Do not enter social security numbers on this form as it may be made public Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	<u>he 2019 c</u>	alendar year, or tax year beginning 0	//01/19 , and ending06/30/	/20	<b>_</b>	
В		applicable	C Name of organization			D Employe	r identification number
X	Address	change	Messiah Ur	niversity		_	
` X	Nama ah	hanao	Doing business as		<del></del>	23-1	352661
	Name ch	nange	Number and street (or P O box if mail is not delivered		Room/suite	E Telephon	
	Initial ret	turn	1 University Avenue Ste			1717-	<u>766-2511                                   </u>
	Final reti		City or town, state or province, country, and ZIP or for	oreign postal code		i	
	1		Mechanicsburg	PA 17055		G Gross reco	eipts\$ 238,940,195
	Amende	ed return	F Name and address of principal officer	-			
	Applicati	ion pending	Kimberly S. Phipps		H(a) Is this a g	roup return for s	ubordinates? Yes X No
			1 University Avenue	Sto 3010	H/h) Are all su	bordinates incli	uded? Yes No
					I '		(see instructions)
_	<i>_</i>		Mechanicsburg	PA 17055	" "	o, allach a list (	(see instructions)
- 1/	Tax-exe	empt status		(insert no.) 4947(a)(1) or 527			
<u>, 3</u>	Website	te. 🕨 W	ww.messiah.edu		H(c) Group ex	emption numbe	r <b>&gt;</b>
/ĸ	Form of	f organization	Corporation Trust Association	Other ▶ L	Year of formation	1909	M State of legal domicile PA
/ [ T	Part I	Su	ımmary				
			escribe the organization's mission or most s	conficent activities			
	1			stian university of the li	iborol ond	1 20011	- A
ğ	3						
ž	i	arts	and sciences, offering t	undergraduate and graduate	e teaet bi	cograms	•
Activities & Governance	:			5555			
Š	2	Check th	is box ▶ ☐ if the organization discontinue	ed its operations or disposed of none than	25%) of its met as	sets	
ن	3	Number of	of voting members of the governing body (	Part VI, line 1a) erning body (Part V, the 1b) MAY 1 4 20		3	30
v.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Number	of independent voting members of the gove	erning hody (Part VI 97h 1h)	121	4	26
: <u>=</u>		Tatala	of independent voting members of the gove	MAY 1 4 20	121	<u> </u>	3369
	5	i otai ilaii	niber of individuals employed in odiendar ye	ear 2019 (Part V, line va)	i i	5	
٥	6	Total nun	6	200			
	7a	Total unr	elated business revenue from Part VIII, col	umn (C), line 12 OGDEN	F	7a	<u>158,</u> 589
	Ь	Net unrel	lated business taxable income from Form 9			7b	0
	1				Prior Y	ear	Current Year
	. 8	Contribut	tions and grants (Part VIII, line 1h)		6,56	2,057	8,308,983
Ž	9		service revenue (Part VIII, line 2g)		126,81		122,972,500
Revenue	40	_		and 7d\		0,699	6,716,241
S. S.	10		ent income (Part VIII, column (A), lines 3, 4,				
	11		venue (Part VIII, column (A), lines 5, 6d, 8c			8,517	710,725
_	12	Total reve	enue – add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	142,32		138,708,449
	13	Grants ar	nd similar amounts paid (Part IX, column (A	A), lines 1–3)	41,93	8,177	41,942,583
•	14	Benefits <sub>I</sub>	paid to or for members (Part IX, column (A	), line 4)		0	0
	1 4-		other compensation, employee benefits (P	•	63.07	3,417	62,077,268
Š	160	•	onal fundraising fees (Part IX, column (A), li			0	0_,0,0,0
Expenses	104		- · · · · · · · · · · · · · · · · · · ·	4 444		—— <b>"</b> l	<del>_</del>
)	ם ו		draising expenses (Part IX, column (D), line		40 54	0 000	
ш	17	Other exp	penses (Part IX, column (A), lines 11a–11d	l, 11f–24e)		0,269	38,265,792
	18	Total exp	enses Add lines 13–17 (must equal Part I	X, column (A), line 25)	145,52		<u>142,285,643</u>
	19	Revenue	less expenses. Subtract line 18 from line 1	12	-3,19	9,127	-3,577,194
Net Assets or	8				Beginning of Cu	irrent Year	End of Year
ets.	틢 20	Total ass	ets (Part X, line 16)		330,76	0,394	322,341,214
Ass	의 <sub>21</sub>		ilities (Part X, line 26)		85,80	9,028	87,928,202
ᅗ.	5 22		ts or fund balances Subtract line 21 from li	ne 20	244,95		234,413,012
	Part II		gnature Block	ne 20		<u> </u>	231/123/012
			<del></del>				<del></del>
				n, including accompanying schedules and state			nowledge and belief, it is
	rue, corr	rect, and co	ontplete Declaration of preparer (other than offi	cer) is based on all information of which prepare	r nas any knowled	ige	-t
			XXX MUAUS			5/4	HY
Si	gn	S	gnature of officer			Date	
	ere		David S. Walker	VP F	inance		
1 10	.1 <del>C</del>	<b> </b>	ype or print name and title	VE E.		<del></del>	
		<del></del>	·		. <del></del> 1- ·	·	
_		Print/Type	e preparer's name	Preparer's signature	Date	Check	If PTIN
Pa	ıd	Lora A	. Harper	Joya SOH appell	05/03	3/21 self-em	ployed <b>P0005818</b> 5
Pro	eparer	Firm's nar	me •			Firm's EIN	- <u>-</u>
Us	e Only						
	,		denne.			Dhone	
DA-	v the I	Firm's add	s this return with the preparer shown above	2? (see instructions)	L	Phone no	X Ves No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

orm 990 (2019)	Messiah Unive	rsity		23-1352661		Page <b>2</b>
Part III S	Statement of Program	Service Accom	plishments			
C	Check if Schedule O co	ontains a respons	e or note to any line	in this Part III		X
The mis maturit	ribe the organization's miss sion of Messi y of intellect of service, le	ah Univers: t, characte	er, and Chri	stian faith	in prepar	ration for
prior Form 9	anization undertake any sig 990 or 990-EZ? scribe these new services o		ices during the year whic	ch were not listed on the	,	Yes X No
3 Did the organizers?	anization cease conducting,	or make significant of	changes in how it conduc	cts, any program		Yes X No
4 Describe the expenses S	scribe these changes on So e organization's program se Section 501(c)(3) and 501(c penses, and revenue, if any	ervice accomplishmer (4) organizations are	e required to report the a			
4a (Code See Sch		23,811,686	including grants of \$	41,942,583	) (Revenue \$	121,426,607)
4b (Code N/A	) (Expenses \$		including grants of \$		) (Revenue \$	)
4c (Code N/A	) (Expenses \$		including grants of \$		) (Revenue \$	)
4d Other progra	am services (Describe on S	chedule O )				
(Expenses		including grants o	f \$	) (Revenue \$		)
	m service expenses ▶	123,811,0				

#### Form 990 (2019) Messiah University

23-1352661 ABCNER

Part IV Checklist of Required Schedules

•	•						
Is the organ	ızatıon descri	bed in section	501(c)(3) or	4947(a)(1) (oth	er than a private	foundation)?	If "Yes,"

- complète Schedule A
   Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - **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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?
  If "Yes," complete Schedule G, Part III
- 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?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

		Yes	No
	2	X	
			7
	3		<u> </u>
	4	X	
	5		х
	6		X
	7_		х
	8	x	
	9	х	
	10	х	
	44-	x	
	11a		
	11b	х	
	11c		X
	11d		_ <b>x</b> _
	11e	х	
ĺ	11f	х	
	12a	х	
	12b		x
	13	х	
	14a		<u>x</u>
	ĺ		
ŀ	14b	Х	
	15		<u>x</u>
	16	х	
	17		x
	18		x
ł	19 20a		X
	20b	$\Box$	
_	21_		x
		<sub>1</sub> 990	

Form 990 (2019) Messiah University Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X . Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? X Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 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 X persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a X controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 161 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 3369 . Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 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 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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 X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g 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 8 sponsoring organization have excess business holdings at any time during the year? 800 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O 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 13b 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O

Form 990 (2019) Messiah University 23-1352661 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 30 Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 26 1b **b** \_Enter the number\_of voting members included on line 1a, above, who are independent \_\_\_\_ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Harris X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Х X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed FL, KY, MD, NC, NY, PA, RI, TN, VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply | X Own website | Another's website | X Upon request | Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records David S. Walker 1 University Avenue Ste 3010

717-766-2511

PA 17055

Mechanicsburg

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

See instructions for the order in which	•									
(A) Name and title	(B) Average			(Pos	C) sition		-	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any hours for	bo	x, unle	ess pe	rson ı	than c s both r/truste	an ee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(VPD 1033-IIISC)	( <del>v-2</del> /1033-141100)	related organizations
(1) Kimberly S. Phir	1 —									
President	40.00	x		x				360,623	0	78,743
(2) David S. Walker	0.00	^	$\vdash$	^	-	$\vdash$	$\vdash$	300,023		70,743
(2) David D. Nainei	40.00									
VP Finance	0.00			X			_	180,037	0	96,927
(3) D. Kelly Phipps										
2 deal mane 2 de mane 2	25.00	İ						78,137	110 212	20 725
Advisor&Rider Musser (4) Randall G. Basir	15.00	┢		├		X		/8,13/	118,212	28,735
(4) Randall G. Basil	40.00									
Provost	0.00	ļ			x			184,550	o	37,122
(5) Barry G. Goodlin										
	40.00									
VP Advancement	0.00			X				175,139	0	40,862
(6) John A. Chopka										
	40.00									
VP Enrollment	0.00	<u> </u>				X		142,644	0	69,014
(7) Amanda A. Coffey										
	40.00						l	4-4-54		46.546
VP HR	0.00	<u> </u>		<u> </u>		х	_	151,534	0	46,349
(8) Kristin M. Hanse		er					l			
Vice Prevent	40.00					x		146,346	o	46,432
Vice Provost (9) Valerie Olson	0.00	$\vdash$				•		140,340	<u>_</u>	40,432
(a) valette Otson	40.00									
Dir Physl Therapy	0.00					x		_ 144,337	o	33,526
(10) George A. Parmer										
	2.00									
Chair, Trustees	0.00	X		X				0	0	0
(11)Craig E. Sider										
	2.00									
Vice Chair, Trustees	0.00	X		X				<u>_</u> 0	0	0

Part VII   Section A. Officers	, Directors, Tru	ıste	s, K	ey E	mp	oye	es, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unt	Pos check ess pe	rson ı	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
· ·	(list any hours for related organizations below dotted line)	or director	Institution	Officer	Key employee	Highest compensated employee	· -	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(12) Heidi G. Bing	2.00									
Secretary, Trustees	0.00	X	ļ	X			<u> </u>	0	0	0
(13) Rim A. Hinck	2.00									
Treasurer, Trustees (14) Barbara Avery	0.00	X		X			$\vdash$	0	0	0
·	2.00									
Trustee (15) Sherrie Baile	0.00	X			<del>                                     </del>	$\vdash$		0	0	0
(13) SHELLIE BALLE	2.00									
Trustee	0.00	x						O	o	0
(16) Wendy L. Cole	2.00									
Trustee	0.00	x						o	o	0
(17) Linda D. Eren										
Trustee	0.00	x						o	0	0
(18) Richard L. Go										
Trustee	2.00 0.00	x						o	o	0
(19) Anthony H. Ha										
Trustee	0.00	x						0	0	0
1b Subtotal							<b>&gt;</b>	1,563,347	118,212	477,710
c Total from continuation she	ets to Part VII, S	Secti	on A	١.				1,563,347	118,212	477,710
d Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not l	ımıte	d to	thos	e list	ed a	boy			4//,/10
reportable compensation from	the organization	ı <b>▶</b>	<u>33</u>							
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru:	stee.	kev	emp	olove	ee, or highest compensated	I	Yes No
employee on line 1a? If "Yes,"	complete Sched	dule .	J for	such	n ınd	ıvıdu	al			3 X
4 For any individual listed on line organization and related organ										4 X
<ul><li>individual</li><li>Did any person listed on line 1</li></ul>	a receive or acc	rue d	comp	ensa	ation	fron	n an	v unrelated organization or	individual	4 2
for services rendered to the or										5 X
Section B. Independent Contracto			40d :					reaters that resound more t	han \$100,000 of	<u> </u>
Complete this table for your five compensation from the organization.	zation Report o	ompe	ensa	tion f	for th	ent c	lenc	dar year ending with or with	in the organization's tax ye	ar
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
Lobar Associates	<del></del>						1	Circle		
Dillsburg			71:				_	Construction	<u> </u>	689,777
Pyramid Construction Wormleysburg			7 A					cont St Construction		<b></b>
Greenfield Architect			<i>,</i> 0-					liam Penn Way	- <u></u>	647,583
Lancaster		. 1	76					Architects		500,096
Webpage FX	_ =	_			L07	5 N	l	ront Street		
Harrisburg Edwin L Heim Company		<u>. 1</u>	<u>/1</u>		101		_	Internet Mktg enwood St	<del></del>	492,198
Harrisburg		1'	710					enwood St Electrical		483,548
2 Total number of independent of			_							403,348
received more than \$100,000								<u> </u>	21	

Part VII   Section A. Officers	s, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	d Employees (continued)		
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson i	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	ı
			8		<u>L.</u>	at ed			<u></u>		
(20) Scott Heintz											
	2.00		l	ľ	1		ľ				^
Trustee (21) Joachim J. Hu	0.00	X	₩	├─	├	Н	┝	0	0		0
(21) COACHIM C. A	2.00										
Trustee	0.00	x						o	o		0
(22) Richard E. Jo		T		$\Box$		П					
	2.00	ĺ	l								
Trustee 0.00 X						Ш		0	0	<u> </u>	0
(23) J. Gary Lang											
Trustee	2.00 0.00	x						o	o		0
(24) Garret W. La:	<del></del>	┲	$\vdash$	$\vdash$	$\vdash$	$\vdash$					
(==, Galler NV la.	2.00										
Trustee_	0.00	X	<u> </u>	L			L	0	0		0
(25) Emerson Leshe	1										
	2.00		İ	Ì							_
Trustee	0.00	X	Ь—	├		Н		0	0		0
(26) James A. Mart	2.00		l	ľ	1						
Trustee	0.00	x						o	o		0
(27) David Millar		<del>                                     </del>	$\vdash$	<u> </u>							_ <u> </u>
•	2.00										
Trustee	0.00	X	<u> </u>				<u> </u>	0	0		0
1b Subtotal											
c Total from continuation she	ets to Part VII, S	Secti	ion A	4							
d Total (add lines 1b and 1c)  2 Total number of individuals (in	acluding but not l	imite	d to	thos	e list	ed a	boye	) who received more than	\$100,000 of		
reportable compensation from			<u> </u>		- 1130						
	-									Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	•						-	ee, or highest compensated	1	3	
4 For any individual listed on line	e 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation	from the		
organization and related organ	nizations greater	thar	1 \$15	50,00	10? [	f "Ye	s," c	omplete Schedule J for suc	ch		
<ul><li>individual</li><li>Did any person listed on line 1</li></ul>	1a receive or acc	rue (	comr	ens	ation	ı fron	n an	y unrelated organization or	individual		
for services rendered to the or	rganization? <i>If "</i> Y									5	
Section B. Independent Contracto											
<ol> <li>Complete this table for your five compensation from the organic</li> </ol>										ar	
	(A) i business address								(B) lion of services	(C) Compensate	
	00011000 0001000									<u> </u>	<u> </u>
										ĺ	
							_		<del></del>		
										1	
										N:	
2 Total number of independent of								se listed above) who			

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	d Employees (continued)		
(A) Name and title	(B) Average hours			Pos check		than o s both		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week (list any hours for related organizations	⊢		od a d Officer	Key employee	r/truste Highest of employe		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
	below dotted line)	Individual trustee or director	nal trustee		oloyee	Highest compensated employee					
(28) Kenneth V. Mo	2.00				-	-					_
Trustee	0.00	X	_	<u> </u>				0	0		0
(29) Barbara G. Mo	2.00		ĺ								
Trustee	0.00	x						o	o		0
(30) Rodney L. Mus		<del> </del>	$\vdash$								Ť
_	2.00		1								
Trustee	0.00	X	<u> </u>					0	0		0
(31) Edward Nevin	2 00						l				
Trustee	2.00	x						o	o		0
(32) Linda R. Phea		-					$\vdash$				_
, ,	2.00										
Trustee	0.00	X	<u> </u>	_				0	<u> </u>		0
(33) Alan Robinson	I .										
Trustee	2.00	x						o	o		0
(34) Andrew Samuel		1	<del>                                     </del>	-					<u>.                                    </u>		Ť
(1-)	2.00										
Trustee	0.00	x			<u> </u>		L	0	0		0
(35) Eunice F. Ste		er									
Mw. at oo	2.00	$ _{\mathbf{x}}$						0	o		0
Trustee 1b Subtotal	0.00	1 1	L				▶				<u> </u>
c Total from continuation she	ets to Part VII,	Sect	ion /	4			<b>&gt;</b>				_
d Total (add lines 1b and 1c)							<b>&gt;</b>				
Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes   N	0
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, key	emp	oloye	ee, or highest compensated	<del>i</del>		_
employee on line 1a? If "Yes,"									fram the	3	_
4 For any individual listed on line organization and related organ											
ındıvıdual										4	
5 Did any person listed on line 1 for services rendered to the or									ndividual	5	continue.
Section B. Independent Contractor		. 00,	00	piot							
1 Complete this table for your five	ve highest comp	ensa	ited	nde	end	ent c	onti	ractors that received more	than \$100,000 of		
compensation from the organi		omp	ensa	tion	tor t	ne ca	T		(B) tion of services	(C) Compensation	_
Name and	(A) business address						-	Descrip	tion of services	Compensation	_
							<del>                                     </del>				
							<del>                                     </del>				_
							<u> </u>			•	
2 Total number of independent	contractors (incl	udıng	but	not	limite	ed to	tho	se listed above) who		<b>→</b>	
received more than \$100,000								,		1.	

(a)  Name and title  Average per week (lest any) hours for related organizations of cheek more than one box, unless generor as both an officer and a detectorisation of cheek more than one box, unless generor as both an officer and a detectorisation of cheek more than one box, unless generor as both an officer and a detectorisation of cheek more than one box, unless generor as both an officer and a detectorisation of cheek more than one box, unless generor as both an officer and a detectorisation of cheek more than one organizations (W-271099-MSC)  (36) Kimberly C. Thornbury  2.00  Trustee  0.00 X  0  0  0  0  0  0  0  0  0  0  0  0  0	Form 990 (2019) Messian							_	23-133					age C
Notice against the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the pr	Part VIII Section A. Officer	s, Directors, Tru	Stee	es, K			oyee	es, a	ind Highest Compensated	Employees (continued)			—	
(36) Kimberly C. Thornbury 2.00 37) John C. Wagner, Jr. 2.00 38) Jerry L. Wenger 2.00 Trustee 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Average hours per week	bo	x, unl	Pos check ess pe	sition more erson i	is both	an	Reportable compensation from the organization	Reportable compensation from related organizations	(	stimated of oth compens from t	amount ner sation the	
Trustee	·	related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		-		\$
Trustee 0.00 X 0.00 X 0.00 C C C C C C C C C C C C C C C C C	(36) Kimberly C.	Thornbur	•				╁╌							
Trustee		2.00	]											
Trustee 2.00 x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			X	⊢	<b>├</b>	┢	-		0	0	-			0
Trustee	(37) John C. Wagn								,					
Trustee 2.00 x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Trustee		$ \mathbf{x} $						0	0				0
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  T Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization P  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization star of fines, director, trustee, key employee, or highest compensated employee on line 1a 1f Yes, "complete Schedule J for such individuals and interest in the 1st of post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the post of the po	(38) Jerry L. Wen	ger		Ī	ĺ									
1b Subtotal C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a* // if Yes, "complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000* // if Yes, "complete Schedule J for such person for the organization and related organizations greater than \$150,000* // if Yes, "complete Schedule J for such person for the organization of the such person for the calendar year ending with or within the organization's tax year  1 Complete this table for your few highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and bisiness address  2 Total number of independent contractors (including but not limited to those listed above) who		I.	l											_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Complete Schedule J for such person  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  Compensation from the organization	Trustee	0.00	X						0	0		<u></u>		0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Complete Schedule J for such person  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  Compensation from the organization														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Complete Schedule J for such person  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  Compensation from the organization														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Complete Schedule J for such person  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  Compensation from the organization														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Complete Schedule J for such person  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  Compensation from the organization		<u> </u>	<u> </u>	-	ļ		_				_			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Complete Schedule J for such person  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  Compensation from the organization														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Complete Schedule J for such person  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  Compensation from the organization														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Test No  Tes	1b Subtotal		<u> </u>	<u> </u>			<u> </u>	<b>&gt;</b>						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Tyes No  Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  Name and bisiness address  Description of services  Total number of independent contractors (including but not limited to those listed above) who		eets to Part VII,	Sect	ion A	A			<b>&gt;</b>			<u> </u>			
reportable compensation from the organization    3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who		naludina hut not l	ımıta	od to	thor	o ke	tod c	bow	a) who recoved more than	\$100,000 of	<u> </u>			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual of reservices rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who				u io	tilos		ileu a	IDOV	e) who received more than	ψ100,000 01				
amployee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	O D difference that let and				4				highest semmonosto		1		Yes	No 3x5
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who									ee, or nighest compensated	ı		3		
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who														5.4.3
for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  C)  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who	ındıvıdual	_										4		
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  (B) Description of services  (C) Compensation  (C) Compensation  (C) Compensation  (C) Compensation  (D) Compensat										rındıvıdual				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			63,	CON	ipiet	<del>- 30</del>	nega	10 0	tor such person	··· <u> </u>			لــــــا	
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your f	ive highest comp	ensa	ited	ınde	pend	dent o	contr	ractors that received more	than \$100,000 of				
2 Total number of independent contractors (including but not limited to those listed above) who			omp	ensa	ition	tor t	ne ca	lenc			ear		(C)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	Name an	d business address							Descrip	tion of services	,		mpensa	tion
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization										<u> </u>				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization								$\vdash$						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization														
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization					····· ==			$\vdash$				-	_	
	2 Total number of independent	contractors (incli	uding	g but	t not	limit	ed to	tho	se listed above) who	<del></del>				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded Total revenue function revenue from tax under sections 512-514 business revenue 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d 2,455,781 1e e Government grants (contributions) \_\_\_ f All other contributions, gifts, grants, and similar amounts not included above 5,853,202 1f 1g 192,449 Noncash contributions included in lines 1a-1f 8,308,983 h Total. Add lines 1a-1f **第16年第18年** 10次列码公司 Business Code 611600 102,825,872 102,825,872 2a Tuition & Fees Program Service 16,756,437 16,756,437 611600 b Room & Board 1,844,298 1,844,298 611600 Registration & Other Fees 61160d 1,545,893 1,545,893 d Auxiliary Enterprises f All other program service revenue 122,972,500 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,782,670 -916 5,783,586 other similar amounts) Income from investment of tax-exempt bond proceeds 143,094 143,094 Royalties (ı) Real (II) Personal 30,451 6a Gross rents 4,395 b Less rental expenses 6b 26,056 c Rental inc or (loss) 6c 26,056 d Net rental income or (loss) 26,056 7a Gross amount from (i) Secunties (n) Other sales of assets 101,160,922 7a other than inventory b Less cost or other Other Revenue 100,227,351 7b basis and sales exps 933,571 c Gain or (loss) 7с 933,571 933,571 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9Ь b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code 900099 122,280 122,280 11a Catering & Conference Event 900099 121,976 121,976 Earned Discounts 900099 98,414 98,414 Student Club & Athl Sales 900099 37,225 198,905 161,680 d All other revenue 541,575 E Total. Add lines 11a-11d 138,708,449 121,426,607 158,589 8,814,270 Total revenue. See instructions

Form 990 (2019) Messiah University

RartilX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(1) organizations must on 501(c)(2) and 501(c)(3) and 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organizations must on 501(c)(4) organiz	complete all columns. All o		mpleto column (A)	
	Check if Schedule O contains a resp			(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	39,846,967	39,846,967		ALCO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		0 005 646		
	individuals See Part IV, lines 15 and 16	2,095,616	2,095,616		(1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	004 110	100 007	421 066	294 065
•	trustees, and key employees	904,118	198,987	421,066	284,065
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	42,518,809	35,649,402	5,968,629	900,778
7	Other salaries and wages	42,510,609	33,043,402	3,900,029	300,776
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,623,503	2,116,859	449,971	56,673
9	Other employee benefits	12,458,484	8,666,961	3,711,777	79,746
10	Payroll taxes	3,572,354	2,942,582	565,133	
11	Fees for services (nonemployees)	3/3/2/332		.505/255	
'' a	Management				
b	Legal	51,027		44,395	6,632
	Accounting	86,343		86,343	
d	Lobbying	2,923	· · · · · · · · · · · · · · · · · · ·	2,923	
	Professional fundraising services See Part IV, line 17				
f	Investment management fees	827,842		827,842	
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	2,501,351	1,603,365	887 <u>,</u> 128	<u>1</u> 0,858
12	Advertising and promotion	1,135,776	1,043,135	84,708	
13	Office expenses	2,101,006			100,665
14	Information technology	1,284,730	1,279,636	5,094	
15	Royalties	757,592	742,765		
16	Occupancy	5,606,145	4,960,411	606,591	39,143
17	Travel	2,146,335	1,802,478	247,777	96,080
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	522,303		182,200	12,882
20	Interest	2,133,050	2,133,050	·	<del></del>
21	Payments to affiliates	40 000 000	10 055 504	4 445 354	<u> </u>
22	Depreciation, depletion, and amortization	12,073,075	10,957,724		
23	Insurance	935,936	88,640	847,281	15
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O )  Purchases for Resale	3,070,636	2,815,729	254,907	Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan
a	Aid & Noninst Aid & Other	1,802,708			
b	Off Campus Programs	1,094,076			
c d	Compliance Costs	104,066		6,271	1,263
_		28,872	9,186		
e 25	All other expenses	142,285,643			
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	172,203,043	123/011/000	10,003,204	±1000,133
-4	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ if				
DAA	following SOP 98-2 (ASC 958-720)				5 QQQ (2010)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 65,838 92,585 Cash-non-interest-bearing 5,523,928 9,445,036 Savings and temporary cash investments 6,885,269 6,171,138 Pledges and grants receivable, net 3,197,089 3,255,472 Accounts receivable, net 4 Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 3,667 3,667 Notes and loans receivable, net 579,384 595,205 8 Inventories for sale or use 1,503,138 494,605 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 369,447,658 basis Complete Part VI of Schedule D 152,206,286 151,263,698 217,241,372 10c b Less accumulated depreciation 111,798,759 121,719,059 11 11 Investments—publicly traded securities 26,448,185 25,382,785 12 12 Investments-other securities See Part IV, line 11 2,449,333 2,090,509 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 11,095,059 10,831,914 15 15 Other assets See Part IV, line 11 330,760,394 322,341,214 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,274,833 6,359,998 17 17 Accounts payable and accrued expenses 1,879,652 2,534,749 18 Grants payable 18 1,655,388 1,341,806 19 19 Deferred revenue 66,576,964 64,330,485 20 20 Tax-exempt bond liabilities 379,677 450,029 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 8,302,252 9,651,397 of Schedule D 85,809,028 26 87,928,202 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 185,543,635 178,043,091 27 Net assets without donor restrictions 56,369,921 59,407,731 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 244,951,366 234,413,012 32 32 Total net assets or fund balances 330,760,394 322,341,214 Total liabilities and net assets/fund balances

Form **990** (2019)

Single Audit Act and OMB Circular A-133?

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 on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

3a

3b

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

Messiah University

Employer identification number

			Messian Univ	ersity			23-135	2001						
I	Part I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part ) See instruction	ns						
Τh	e orga	nization is not	a private foundation because	se it is (For lines 1 through 12,	check onl	y one box	()							
1	ı	A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(	1)(A)(i).	$\sim$						
2	2 <b>X</b>	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Forr	n 990 or 9	990-EZ))		<b>17</b> ν	_					
3	3	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)	(iii).	U						
4	· 🗂	A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	iospital's name,						
		city, and stat	e											
5	<b>5</b>	An organizat	on operated for the benefit	of a college or university owned	or operat	ted by a g	jovernmental unit described in							
		section 170	(b)(1)(A)(iv). (Complete Part	:11)										
e	;	A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	70(b)(1)( <i>A</i>	\)(v).							
7	'	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8				170(b)(1)(A)(vi). (Complete Part	t II )									
ç	$\vdash$					ed in con	unction with a land-grant colle	ae						
		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university												
10		An organizat	ion that normally receives (	1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gro	oss						
		-		npt functions—subject to certain		-	-							
		• •	•	nd unrelated business taxable in			•							
4 4	. []	-	-	0, 1975 See section 509(a)(2)										
11 12	<del></del>	_	•	exclusively to test for public saf	•		, ,, ,							
14	ـــا ،	-	•	exclusively for the benefit of, to zations described in section 50	•									
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).  Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
	а	Type I. A	supporting organization op	erated, supervised, or controlled	d by its su	pported o	organization(s), typically by giv	ing						
				wer to regularly appoint or elect	-									
		supportin	ig organization. You must c	omplete Part IV, Sections A a	nd B.									
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having	1						
				ting organization vested in the	same pers	sons that	control or manage the support	ed						
			, ,	Part IV, Sections A and C.										
	С	its suppo	rted organization(s) (see ins	supporting organization operated structions) You must complete	Part IV,	Sections	A, D, and E.							
	d	_ ••	• •	d. A supporting organization ope			• • • • • • • • • • • • • • • • • • • •	• •						
			• -	e organization generally must sa must complete Part IV, Section	-			ess						
	e	_	•	eived a written determination from										
				n-functionally integrated support	tıng orgar	iization								
	f		nber of supported organizati					<u> </u>	_					
	g	Provide the fo	ollowing information about the	ne supported organization(s)					_					
		of supported	(il) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary	(vi) Amount of						
	org	anization		(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	other support (see instructions)						
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	,						
(A	.)								_					
					Ì									
(B	3)													
					<u> </u>	_								
(C	<b>;</b> )													
(D	)								_					
(E	)				-				_					
		• •					<u> </u>		_					
· 01	al			•				-						

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

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

	tion A. Public Support						
Caler	ndar year (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")	8,428,745	6,424,005	13,600,733	6,562,057	8,308,9	83 43,324,523
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,428,745	6,424,005	13,600,733	6,562,057	8,308,9	83 43,324,523
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)						2,905,690
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support	5.7.225	SVI II	94.00 NO. 10 PK			40,418,833
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(O Total
	Amounts from line 4	<del></del>	6,424,005			8,308,9	(f) Total 83 43,324,523
7 8	Gross income from interest, dividends, payments received on securities loans,	8,428,745	6,424,005	13,600,733	6,562,057	8,308,9	83 43,324,523
	rents, royalties, and income from similar sources	3,820,665	3,228,030	5,267,487	6,032,894	5,907,7	78 24,256,854
9	Net income from unrelated business activities, whether or not the business is regularly carried on						ļ
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	380,943	771 <b>,4</b> 15	714,476	899,442	541,5	
11	Total support. Add lines 7 through 10	E-1468.23666					70,889,228
12	Gross receipts from related activities, etc	(see instructions)				1:	2 520,225,574
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	irth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her			···- <u></u> -			
	tion C. Computation of Public Su	<del></del>				<del></del>	
14	Public support percentage for 2019 (line 6			n (f))		1-1-	<del></del>
15	Public support percentage from 2018 Sche					1	5 61.20%
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, c	heck this	▶ 👽
	box and stop here. The organization quali	, ,			5 00 4/00/		<b>▶ X</b>
b	33 1/3% support test—2018. If the organ			•	5 IS 33 1/3% OF MO	ore, cneck	▶ □
17a	this box and stop here. The organization of	•			to as 16h and lina	14 10	
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet	=					
	Part VI how the organization meets the "fa organization		•		•		▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	-					لسا
	Explain in Part VI how the organization me	eets the "facts-and-	-circumstances" te	st The organization	on qualifies as a pu	blicly	
18	supported organization  Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	eck this box and se	e	▶ 🗌
	instructions						▶ □
	<del></del>						

18

%

18

19a

Investment income percentage from 2018 Schedule A, Part III, line 17

33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17/is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and fine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 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
- \_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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurooses
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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)
- 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.
- 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 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		Yes	No
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	3b		
	3c	· 参	gaş
	4a		
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	5b	2.3%	
	5c		The second
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	9a		
	9b	2.00 E	
	9c		
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	10a 10b	·27/45.5	250.0
(Fo		0 or 990	EZ) 2019

Sched	ule A (Form 990 or 990-EZ) 2019 <b>Wessian University</b>	Z3-133Z001		Page 5
Pai	Supporting Organizations (continued)			
		<b>F</b>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
įа	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		10.00	
	below, the governing body of a supported organization?	11a	<u> </u>	
b	A family member of a person described in (a) above?	11b	<u> </u>	
c	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	<u></u>	
Sect	ion 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			1 3
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			. 1
	controlled the organization's activities If the organization had more than one supported organization,		2.0	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	d 💹		No.
	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	**************************************		1.13
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	t 🖟 💆	1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion 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		18	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		W. B.	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
		<del></del> -	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	**	公 (1)	10
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pri	or tax	, ,	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t	1000.000	3 E	
	organization's governing documents in effect on the date of notification, to the extent not previously provided			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	30-1 / mg "	1.4	(\$2):12
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h	inst in the		-
	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	779	93. V.	<b>沙里</b> 水/过
	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	-	
Secti	ion 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 instructions)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government	t entity (see instructions)		
		•		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	F Edition	24	3 7
	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,	ji ka		4 3
	how the organization was responsive to those supported organizations, and how the organization determined	d -		
	that these activities constituted substantially all of its activities	2a		- AM
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	X2000000045.	7.7	***
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1300 13		
	reasons for the organization's position that its supported organization(s) would have engaged in these		,	
	activities but for the organization's involvement	2b		- Carried Street
3	Parent of Supported Organizations Answer (a) and (b) below.	<u>***</u>	C 128	- 10 C C C C C C C C C C C C C C C C C C
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			e de vinci
a	trustees of each of the supported organizations? Provide details in Part VI.	3a		20020037.2
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	TABLE STATES	I . T.	200
D	Did the diganization exercise a substantial degree of direction over the policies, programs, and activities of e	:acii <u> 203</u>	التأثث تتحمد	7 A 10 10 10 10 10 10 10 10 10 10 10 10 10

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

		- 1 age 0
Organiza	tions	
n Nov 20,	1970 (explain in Part VI) S	ee
must com	lete Sections A through E	
	(A) Prior Year	(B) Current Year
	(7) 1101 1001	(optional)
1		
2		
3		
4		
_5		+
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
7		
1a		
1b		
1c		
1d		
,200 rd		
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		Current Year
1		
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4	4 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5		
6		
ted Type II	I supporting organization (	see
76	., 5 . 5	
	1 2 3 4 5 6 7 8 8 1 2 3 4 5 6 6 7 8 8 1 2 3 4 5 6 6 7 8 8 1 2 3 3 4 5 5 6 6 7 8 8 1 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 4 5 5 6 6 7 7 8 8 1 2 2 3 3 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2 3 4 4 5 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

Schedule A (Form 990 or 990-EZ) 2019

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions. 6 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Excess Distributions Underdistributions** Section E - Distribution Allocations (see instructions) Distributable Pre-2019 Amount for 2019 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 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 instructions) i Remainder Subtract lines 3g, 3h, and 3i from 3f 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 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3<sub>1</sub> and 4c Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Part VI

Schedule A (Form 990 or 990-EZ) 2019

Messiah University

23-1352661

age 8

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.)

### Supplemental Information

Other income includes earned discounts, cost recovery, management fees, student & athletic club fundraising sales, membership fees and other miscellaneous revenue.

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

01(c) and section 527 **201** 

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenuè Service ► Complete if the organization is described below. 
► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations Complete Part II	l				
Nam	e of organization		<u> </u>		Employer ident	ification number
	Messiah University				23- <u>13</u> 526	61
Pa	rt I-A Complete if the organization is exen	npt und	er section 501(c	) or is a sectio	n 527 organizatio	on.
1	Provide a description of the organization's direct and indire	ect politica	I campaign activities	in Part IV (see ins	tructions for	
	definition of "political campaign activities")					
2	Political campaign activity expenditures (see instructions)				▶ \$	
3_	Volunteer hours for political campaign activities (see instru					
Pa	rt I-B Complete if the organization is exen	npt unde	er section 501(c	)(3).		
1	Enter the amount of any excise tax incurred by the organiz	zation und	er section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	•		5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 f	or this year?			Yes No
	Was a correction made?					Yes No
	If "Yes," describe in Part IV	4		\	F04/a\/3\	· · · · ·
	rt I-C Complete if the organization is exen	•			on 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	ion for sec	tion 527 exempt fund	tion	<b>.</b> .	
_	activities				▶ \$	
2	Enter the amount of the filing organization's funds contribu	itea to otn	er organizations for s	ection	▶ #	
,	527 exempt function activities	tor horo o	nd on Form 1120 BO	1	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En line 17b	iter riere ai	id 011 F01111 1 120-F0	<b>L</b> ,	▶ \$	
4	Did the filing organization file Form 1120-POL for this year	r2			•	☐ Yes ☐ No
5	Enter the names, addresses and employer identification n		d) of all section 527 r	nolitical organizatio	ne to which the filing	
•	organization made payments. For each organization listed					
	the amount of political contributions received that were pro	•	·	• -		
	as a separate segregated fund or a political action commit		•	•	•	
	(a) Name	1	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	<b>(-)</b>	ł	(-,	` '	filing organization's	contributions received and
					funds If none, enter -0-	promptly and directly delivered to a separate
						political organization
						If none, enter -0-
1)						
2)						
3)						
4)		]				
		ļ			<del></del>	<del></del> -
5)						
		<del> </del>				
6)						
			<u>.</u>			

i Subtract line 1f from line 1c If zero or less, enter -0-

reporting section 4911 tax for this year?

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2016	( <b>b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))		<b>A 4</b> 3							
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2019

Page 3

På	Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	ed	Forr	n 5768	}		•
		(;	a)		(b	<u>)</u>	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed  cription of the lobbying activity.	es	No		Amo	unt	_
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?		×				
	Paid staff_or management (include compensation_in expenses reported on lines 1c through 1i)?	_	X			215	
	Media advertisements?		Х			***************************************	***************************************
	Mailings to members, legislators, or the public?		X				_
	Publications, or published or broadcast statements?		X				
	Grants to other organizations for lobbying purposes?		X				
g		K	x			2,	923
	i Other activities?		X				
	Total Add lines 1c through 1i	e pic.mg	(K)			2.	923
_	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	<b>3</b> 2 46 \$	306	15.±	
	If "Yes," enter the amount of any tax incurred under section 4912		海岭	2,000		****	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			**************************************		K: ':	TEE C
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5),	or se	ection			
	The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	ļ	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3	<u> </u>	<u> </u>
Pa —	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."				line	3, is 	
1	Dues, assessments and similar amounts from members		1 % ' (46) 44			_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
b	•		2b				
С			2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		处量				
	and political expenditure next year?		4				

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C, Part II-B, Line 1

5 Taxable amount of lobbying and political expenditures (see instructions)

Messiah University has membership in two higher education associations that allocate a percentage of dues for lobbying activities.

Schedule C (Form 990 or 990-EZ) 2019 Messiah University

23-1352661

Page 4

RartilV Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

M	essiah University		23-135	52661
$\overline{}$	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or		
<b>L</b>	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or don			
	conferring impermissible private benefit?	•		Yes No
Pa	rttll Conservation Easements.	***		
k	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	( all that apply)		· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (for example, recreation or edu		lv important lar	nd area
	Protection of natural habitat	Preservation of a certified h	• •	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cons	servation	
-	easement on the last day of the tax year			Id at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	<u> </u>
b	Number of conservation easements on a certified historic structure inc	luded in (a)	2c	
٦ 2			<del>  2</del> 5	<u> </u>
d		oo, and not on a	2d	
•	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, ex	dinguished or terminated by the organiz		Δ
3		tiliguished, or terminated by the organiz	cation during th	C
	tax year >	located A		
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mor	ittoring, inspection, nandling of		☐ Yes ☐ No
_	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	or violations, and enforcing conservation	easements du	ring the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	lations, and enforcing conservation ease	ements during	tne year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	)(1)	□ Vas □ Na
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easer			
	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	Historical Transverse or Other	· Cimilas Aa	
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		r Similiar As	sets.
1a	If the organization elected, as permitted under FASB ASC 958, not to			S
	of art, historical treasures, or other similar assets held for public exhibit		ce or public	
	service, provide in Part XIII the text of the footnote to its financial state			•
b	If the organization elected, as permitted under FASB ASC 958, to repo			
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance	of public service	æ,
	provide the following amounts relating to these items			1 616
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, historical treasures, o		rovide the	•
	following amounts required to be reported under FASB ASC 958 relati	ng to these items		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
	Assets included in Form 990, Part X	<u></u>	<u> </u>	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990			Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 Messiah	University			23-1	352661	Page <b>2</b>
Pa	rt III   Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, o	or Other	r Similar Ass	
3	Using the organization's acquisition, accessollection items (check all that apply)						
а	X Public exhibition	d $\square$	Loan or exchange prog	gram			
b	X Scholarly research	<b>=</b>	Other	•			
С	Reservation for future generations						
4	Provide a description of the organization's XIII	collections and explain	n how they further the o	organization's	exempt p	ourpose in Part	
5	During the year, did the organization solice	t or receive donations of	of art, historical treasur	es, or other s	sımılar		
	assets to be sold to raise funds rather than						Yes X No
Pa	rt IV Escrow and Custodial A			•			
***************************************	Complete if the organizati 990, Part X, line 21.	on answered "Yes'	on Form 990, Pa	rt IV, line 9	, or rep	orted an amou	unt on Form
	Is the organization an agent, trustee, custo	odian or other intermed	ary for contributions of	r other assets	s not		
	included on Form 990, Part X?		,				Yes X No
b	If "Yes," explain the arrangement in Part X	III and complete the fol	llowing table				
		,	_				Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount or	Form 990, Part X, line	21, for escrow or cust	odial accoun	t liability?	<del></del>	X Yes No
b	If "Yes," explain the arrangement in Part X	III Check here if the ex	planation has been pr	ovided on Pa	rt XIII		<b>X</b>
Pa	rt V_ Endowment Funds.		· · · · · · · · · · · · · · · · · · ·	<u></u>			
	Complete if the organizati	on answered "Yes'	on Form 990, Pa	rt IV, line 1	0.		
		(a) Current year	(b) Pnor year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	138,452,932	138,322,957	134,53	3,809	126,049,	512 131,124,490
b	Contributions	958,727	1,882,261	1,57	1,236	3,078,	3,208,675
С	Net investment earnings, gains, and						
	losses	-1,537,303	5,656,700	9,46	3,478	12,593,	002 -1,135,867
d	Grants or scholarships	2,004,048	1,456,183	1,33	5,956	1,248,	678 1,148,120
е	Other expenditures for facilities and						
	programs	5,490,665	5,908,753	5,90	9,610	5,938,	5,999,666
f	Administrative expenses	67,724	44,050				
g	End of year balance	130,311,919	138,452,932	138,32	2,957	134,533,	809 126,049,512
2	Provide the estimated percentage of the c	urrent year end balance	e (line 1g, column (a))	held as			
а	Board designated or quasi-endowment ▶	68.00%					
b	Permanent endowment ► 27.00 %	ó					
С	Term endowment ► 5.00 %						
	The percentages on lines 2a, 2b, and 2c s	•					
3a	Are there endowment funds not in the pos	session of the organiza	tion that are held and	administered	for the		
	organization by						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organ	•					3b
4	Describe in Part XIII the intended uses of the		wment funds		_	<del></del>	·
L Pa	Land, Buildings, and Eq	•		-4 IV / I.m. n. 4	4- 0	F 000 D	
	Complete if the organization						
	Description of property	(a) Cost or other b			• •	ccumulated	(d) Book value
	<del> </del>	(investment)	(othe	<u> </u>		preciation	2 772 740
	Land		271,35	73,740	1//	641,249	2,773,740 126,711,122
	Buildings			29,397	_ <del>+44</del> ,		
	Leasehold improvements	-		91,014	71	741,035 859,088	2,088,362 9,331,926
	Equipment			01,136	/ 1 ,	339,000	11,301,136
	Other	at agual Form 000, Part			_		152,206,286
ı otal	I. Add lines 1a through 1e (Column (d) mus	ı oyual Fülli 990, Pan	A, COIGITITI (D), IIITE 10	· <i>)</i>		<b>▶</b>	134,4V0,4Q0

Schedule Di Omi 330/2013			raye.
Part VII Investments - Other Securities.	5 000 D (N/)		
Complete if the organization answered "Yes" on			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
	<del></del>	Cost of end-of-year	market value
(1) Financial derivatives			
(2) Closely held equity interests	16,887,875	Market	<del></del>
(3) Other Local Real Estate Development	7,328,878		<del></del>
(A) Private Eq Venture Cap & Hedge Funds			
(B) Investments-Accrued Not Income Rec	840,097 325,935		
(C)_ Real_Assets-Funds Held in Trust	325,935	Market	
(D)		<del>-</del>	
(E)			
(F)			
(G)			<del></del>
(H)	25 202 705		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	25,382,785		
Part VIII Investments – Program Related.	Farm 000 Dark IV line	. 44. O Fr 000 D.	
Complete if the organization answered "Yes" on			
(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
		Cost or end-or-year	market value
(1)	<del></del>		
(2)		<del></del>	
(3)		<del></del>	
(4)	<del>-</del>	<del></del>	
(5)	<del>-</del> -	·	
(6)	<del>-</del>		
(7)		·	
(8)		<del></del>	
(9)			**************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u></u>		
PartiX Other Assets.	Carro 000 Dard IV lime	444 Cas Farm 000 Da	M V 1: 45
Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11a. See Form 990, Pa	
(a) Description	<del></del>		(b) Book value
(1)			
(2)			<del></del>
(3)	<del></del>		<del></del>
(4)	*		
(5)			<del></del>
(6)			
(8)		<del></del>	<del></del>
(9)			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.		<u> </u>	<del></del>
Complete if the organization answered "Yes" on	Form 000 Bort IV line	110 or 11f Soc Form	OO Bod V
line 25	Form 990, Part IV, line	e i le di i il See Fonns	190, Pail A,
			(b) Book value
	<del> </del>		(b) Book value
			3,779,761
			3,203,701
			2,667,935
	<del></del>		<u> </u>
(5)		<del></del>	<del>-</del>
(6)			<del></del>
(7)	<del></del>		
(8)	· <del></del>	<del></del>	
(9)			0 CE1 305
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<b>P</b>	9,651,397
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fir	nancial statements that reports	s the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

4,395

42,770,426

2e

99,515,21

42,770,426

142,285,643

2d

Page 4

Pa	Reconciliation of Revenue per Audited Financial Statement	nts W	ith Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	88,981,258
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			7 00	
а	Net unrealized gains (losses) on investments	2a	-6,6 <u>6</u> 5,072		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c	<u> </u>	*	
đ	Other (Describe in Part XIII )	2d	-43,066,514	-	
е	Add lines 2a through 2d			2e	-49,731,58 <b>6</b>
3	Subtract line 2e from line 1			3	138,712,844
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			W. Freedling	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 <u>a</u>		S. \$	
b	Other (Describe in Part XIII )	4b	-4,395		
С	Add lines 4a and 4b			4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	138,708,449
Pa	Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per f	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a		
1	Total expenses and losses per audited financial statements			1	99,519,612
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			** X**********************************	
а	Donated services and use of facilities	2a		ş. 33	
b	Prior year adjustments	2b			
С	Other losses	2c		1,3	

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

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

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

**b** Other (Describe in Part XIII )

c Add lines 4a and 4b

3 Subtract line 2e from line 1

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

Part III, Line 1a - Terms for Not Reporting Assets Per SFAS 116

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

Certain natural history, artwork and other collections are maintained by the University. As permitted by generally accepted accounting principles, the University has not capitalized its donated collections as assets within

the Financial Statements.

Part III, Line 4 - Collections and Relation to Exempt Purpose In addition to promoting an engaging campus community, natural history, artwork and other collections are maintained as an educational resource for students and for public display.

Part IV, Line 2b - Escrow Liability Arrangement Explanation

#### PartiXIII Supplemental Information (continued)

Funds are held in custody for others and funds are held in trust for others.

Part V, Line 4 - Intended Uses for Endowment Funds

The University uses endowment funds to manage long-term gifts according to donor intent. In accordance with Pennsylvania law a certain percentage of the endowment is spent per year. Program services, operations and scholarships are funded through the investment income generated by the endowment.

#### Part X - FIN 48 Footnote

The University qualifies as a tax-exempt, nonprofit organization under Section 501(c)(3) of the Internal Revenue Code. Accordingly, there is no provision for federal or state income taxes. The University accounts for uncertainties in income taxes in accordance with authoritative guidance, which prescribes a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the threshold at June 30, 2020 and 2019. The University's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Financial Aid presented as contra rev \$ -41,942,583

Chg Value Split/Bene Int Unreal Gain/Loss CGA & Trusts \$ -296,089

Investment Expenses Net w/in Investment Income \$ -827,842

Part XIII | Supplemental Information (continued)

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Rental Expenses

\$

-4,395

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Rental Expense

\$

4,395

Part XII, Line 4b - Expense Amounts Included on Return - Other

Financial Aid

41,942,583

Investment Expenses Net w/in Investment Income

\$ 827,843

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► 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.

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

OMB No 1545-0047

NO

🐼 Inspection 🚐

Name	Messiah University	23-1352661		
Pa	art (1)			
				YES
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		1	x
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		2	X
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II  Racially non-discriminatory policy is described in cat	alogs,	3	X
	brochures, recruiting activities and websites.			
4,	Does the organization maintain the following?		2.4	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	X
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		4b	x
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		4c	х
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II		4d	X
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?		5a	<del> </del>
b	Admissions policies?		5b	_
С	Employment of faculty or administrative staff?		5c	ļ
d	Scholarships or other financial assistance?		5d	<u> </u>
е	Educational policies?		5e	
f	Use of facilities?		5f	<u> </u>
g	Athletic programs?		5g	
h	Other extracurricular activities?		5h	
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				1 4
				1
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a	<u>x</u>
b	Has the organization's right to such aid ever been revoked or suspended?		6b	20000.0000

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

Schedule E (Form 990 or 990-EZ) 2019

Messiah University

23-1352661

Page 2

**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Sch E - Financial Aid or Government Assistance Explanation

Federal funds are primarily received for student Financial Aid including programs such as the Federal Pell Grant, FSEOG, Work Study, Nursing Loan and Direct Loan Programs.

# **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Messiah University 23-1352661

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Part I	General Information Form 990, Part IV, line		itside the	United States. Co	omplete if the organization answer	ered "Yes" on
1 For 0			to substantia	te the amount of its or	rants and	
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants andother assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to						
	d the grants or assistance?	omy for the grants of t	iosistarioc, ari	d_the selection charte		X Yes No
_	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States					
	ties per Region (The following	Part I line 3 table can	he dunlicate	t if additional enace is	needed \	
		<del>,</del>	<del>,</del>		<del>,</del>	(D Total
(a) Reg	of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)		(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Centra	al America and the	Caribbean				
(1)			Program	Services	Cross-Cultural	78,133
East 1	Asia and the Pacif	ic				
(2)			Program	Services	Cross-Cultural	73,236
Europe	9					
(3)			Program	Services	Cross-Cultural	119,842
Middle	e East and North A	frica	1			
(4)			Program	Services	Cross-Cultural	1,769
South	America					
(5)			Program	Services	Cross-Cultural	80,078
Sub-Sa	aharan Africa					<del></del>
(6)			Program	Services	Cross-Cultural	98,287
East 2	Asia and the Pacif	ic		<u>-                                    </u>		<del>-</del> -
(7)	1	ľ	Program	Services	IBI-Academic	23,458
Europe	<b>3</b>		1			
(8)			Program	Services	IBI-Academic	16,890
	al America and the	Caribbean				
(9)		ļ	Program	Services	Travel Recruiting	897
	Asia and the Pacif	ic				
(10)			Program	Services	Travel Recruiting	29,074
	al America and the	Caribbean				
(11)			Program	Services	Collaboratory	5,000
Middle	East	<del></del>	<u></u>			
(12)			Program	Services	Collaboratory	2,823
South	Asia					
(13)			Program	Services	Collaboratory	1,384
	al America and the	Caribbean	- rogram	B02 1200B	002200013	
		0011220011	Program	Services	Study Abroad Sch Aid	75,217
(14) Eagt 2	Asia and the Pacif		LIOGIAM	Bervices	beday Abroad Ben Ard	13,211
	isia siid che racii	Ť	Program	Services	Study Abroad Sch Aid	56,632
(15) Furance		<u> </u>	FIGGIAM	DOLATOR	Beddy Abroad Sch Ard	30,032
Europe	<b>7</b>		D	Commissos	Study Shaped Sch Sid	212 160
(16) Widail	East and North A		Program	Services	Study Abroad Sch Aid	312,160
	East and North A	rrica	D	Compileon		11 122
(17)			rrogram	Services	Study Abroad Sch Aid	11,133
3a Subtotal		<del> </del>	English			<u>986,013</u>
<b>b</b> Total from o						
sheets to P				<u> </u>		147,349
c Totals (						
lines 3a	and 3b)					1,133,362

### SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Messiah University

Employer identification number 23-1352661

For	m 990, Part IV, line	14b				
1 For grantmak	ers. Does the organiz	ation maintain recor	ds to substantia	te the amount of its g	rants and	
other assistan	ice, the grantees' eligit	oility for the grants or	r assistance, an	d the selection criteria	used to	
award the gra	nts or assistance?	_				Yes No
2 Fan mandonal	Daganha in Dart	Maha aasaa aasaa			its assets and other assets.	
=		v the organization's	procedures for	monitoring the use of	its grants and other assistance	
outside the Ur	nited States					
3 Activities per F	Region (The following	Part I, line 3 table ca	an be duplicate	d if additional space is	needed)	
(a) Region	(b) Number	(c) Number of		es conducted in the	(e) If activity listed in (d) is	(f) Total
	of offices in the region	employees, agents, and		by type) (such as, g, program services,	a program service, describe specific type of	expenditures for and investments
	uno rogion	independent	investment	s, grants to recipients	service(s) in the region	in the region
		contractors in the region	locate	d in the region)		
South Amer:	ca					
(1)			Program	Services	Study Abroad Sch Aid	46,791
Sub-Saharai	n Africa					
(2)			Program	Services	Study Abroad Sch Aid	76,916
Europe						
(3)			Program	Services	Faculty Development	4,126
North Amer:	ca					
(4)			Program	Services	Faculty Development	1,398
South Amer:	ca			·	-	<u> </u>
(5)			Program	Services	Faculty Develoment	606
Sub-Sahara	n Africa			\		
(6)			Program	Services	Faculty Development	210
	and the Pacif	ic		<u></u>		
(7)			Program	Services	Informational Svcs	37
Europe						
(8)			Program	Services	Informational Svcs	14,271
	rica and the	Caribbean				
(9)			Program	Services	Service Trips	2,519
North Amer:	ca					
(10)			Program	Services	Development	475
(11)						
(12)						
(13)						
(14)						
	<del></del> -					
(15)		_				
(16)					1	
(17)						
3a Subtotal			AT NOTE OF			147,349
b Total from continuation			77.0 77.54			
sheets to Part I						_
c Totals (add					S 5 20 1 2 7 2 2	
lines 3a and 3b)						

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 23-1352661 Messiah University Schedule F (Form 990) 2019 Part II

Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (6) (a) Name of organization (2)

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Messiah University

Reartilli Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

Page 3

Pair III can de duplicateu il additional space is needed	addillorial	phace is licened					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation
			•	disbursement	assistance		(book, FMV, appraisal, other)
	Control	hac coirons	the Caribbean				
		B) T T T T T	5				
(1) Financial Aid			126,200	Tultion Reducti			
(2) Financial Aid	East As	Asia and the Fa	1,310,104	Tuition Reducti		•-	
1	Europe						
(3) Financial Aid	ı	3	42,250	Tuition Reducti			
	Russia	and Neighbori	ng States			_	
(4) Financial Aid		2	32,000	Tuition Reducti			
	South America	merica					
(5) Financial Aid		2	49,000	Tuition Reducti		,	
	South Asia	sia					
(6) Financial Aid		2	35,500	Tuition Reducti			
	Sub-Saharan	aran Africa				-	
(7) Financial Aid		25	498,262	Tuition Reducti			
(8)							
(9)							
(10)							
			•				
(11)						_	
(12)							
(13)							
(14)						,	
(2.1)							
(15)						_	
(16)							
(17)							
(18)							
						Schedule	Schedule F (Form 990) 2019

	irt IV Foreign Forms		_ age <del>-</del>
1		Yes 2	Š No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		Š No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes 2	Š No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	Č No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes 2	Š No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	Š No

Schedule F (Form 990) 2019

PartV

### **Supplemental Information**

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

Part	I.	Line	3	-	Activities	per	Region
rarc	/	71776			TCCT ATCTCS	Det	VEATOIL

Region	E	xpenditures	I	nvestments
Central America and the Caribbean	\$	78,133	\$	0
East Asia and the Pacific	\$	73,236	\$	0
Europe	\$	119,842	\$	0
Middle East and North Africa	\$	1,769	\$	0
South America	\$	80,078	\$	0
Sub-Saharan Africa	\$	98,287	\$	0
East Asia and the Pacific	\$	23,458	\$	0
Europe	\$	16,890	\$	0
Central America and the Caribbean	\$	897	\$	0
East Asia and the Pacific	\$	29,074	\$	0
Central America and the Caribbean	\$	5,000	\$	0
Middle East	\$	2,823	\$	0
South Asia	\$	1,384	\$	0
Central America and the Caribbean	\$	75,217	\$	0
East Asia and the Pacific	\$	56,632	\$	0
Europe	\$	312,160	\$	0
Middle East and North Africa	\$	11,133	\$	0
South America	\$	46,791	\$	0
Sub-Saharan Africa	\$	76,916	\$	0
Europe	\$	4,126	\$	0
North America	\$	1,398	\$	0
South America	\$	606	\$	0
Sub-Saharan Africa	\$	210	\$	0
East Asia and the Pacific	\$	37	\$	0

Part V S

Supplemental Information

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

Europe	\$ 14,271 \$	0
Central America and the Caribbean	\$ 2,519 \$	0
North America	\$ 475 \$	0

#### Part V - Additional Information

Schedule F, Part I, Line 1 - Significant activities which are separately budgeted and non-US expenses directly incurred by the University are listed within Schedule F. The University also participates with other organizations to provide service learning and sports mission opportunities to students. Locations vary year to year. Travel occurs globally in North America, Central America and the Caribbean, East Asia and the Pacific, Europe, Middle East and North Africa, South America, South Asia and Sub Saharan Africa.

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

Schedule F, Part IV - The University percentage ownership in foreign investments is too small to require reporting during this fiscal period.

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

2019

, OMB No 1545-0047

Open to Public

Inspection

Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Š Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number X Yes 23-1352661 (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance' Messiah University (a) Name and address of organization or government Name of the organization Partl Part

(2)

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6

Schedule I (Form 990) (2019)

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) (2019) Messiah University

Part III can be duplicated if additional space is needed

_	r ait III cail de dupileateu II adutitorial space is rieched	orial space is riceded				
(a) (a)	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
						:
1 Student	1 Student Financial Aid	2384	39,846,967			-
c						
က						-
4	:					
5						
9						
7						
Part IV S	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re	quired in Part I, line	2, Part III, column (b)	i, and any other additional i	nformation

Part IV - Additional Information

Student financial need is substantiated based on information provided in

the Free Application for Federal Student Aid -- FAFSA. Additionally some

aid is given based on high school GPA or standardized test (SAT or ACT)

scores. Title IV funds are handled in accordance with applicable

provisions. Student Financial Aid is treated as a reduction to tuition. The

Financial Aid program is audited in compliance with the Federal OMB A-133

guidelines and no deficiencies were found during the time period covered by

this filing.

### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Messiah University

Employer identification number 23-1352661

\$ 1 <sub>8</sub> C	Questions Regarding Compensation		1	т
		(a.24.000a	Yes	No 4 3/428
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	-		
	First-class or charter travel  Housing allowance or residence for personal use		i se e	
	Travel for companions Payments for business use of personal residence	18		4
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	7		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
		1,42		: 18 <sup>3</sup> .
3	Indicate which, if any, of the following the organization used to establish the compensation of the	11		133
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	, S	4	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III	3		
	X Compensation committee	支		
	Independent compensation consultant  Compensation survey or study	7		
	Form 990 of other organizations  Approval by the board or compensation committee			**************************************
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	ş.,		
•	organization or a related organization			X4.
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III	2003	-3-2	·
	The foot to any of miles for of, not the persons and provide the approache anisante for each term in the miles		g mgggg	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1	
•	compensation contingent on the revenues of	黄		
2	The organization?	5a		X
	Any related organization?	5b		x
	If "Yes" on line 5a or 5b, describe in Part III	10 Sept.	**************************************	
			\$	ン (5 c) い (2 k) い (2 k)
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of	d C		
2	The organization?	6a		X
	Any related organization?	6b		x
b	If "Yes" on line 6a or 6b, describe in Part III	200	15	24:30
	ii Tes off life da of ob, describe iii Fait iii			
7	For paragraphic on Form 000, Part VIII. Section A. June 16, did the organization provide any penfixed	TO THE CO		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		x
	payments not described on lines 5 and 6? If "Yes," describe in Part III	<del></del>		_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			w
	ın Part III	8	30025	X
	If WYork and the Control of the control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	19		ı

23-1352661

Messiah University

Schedule J (Form 990) 2019

Part

MESSIAHUNIV 05/03/2021 2 45 PM

rsity

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 aren't 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

	Complete (a)	Drabbane of M. 2 and/or 1000 MISC completion	T action of	700	Charles (4)	Complete of paintings	(E) Company
(A) Name and Title	(t) Base compensation	(ii) Bonus & incentive	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(i)(B)	in column (B) reported as deferred on prior Form 990
Kimberly S. Phipps	339,08	0	21,535	25,200	53,543	439,366	0
1 President	(n)	0 0	o	0	0	0	0
David S. Walker	(1) 179,899	0 6	138	11,346	85,581	276,964	0
2 VP Finance	(ii)	0 0	O	0	0	0	0
Kelly Phipps	77,884	0 0	253	7,368	9,546	95,051	0
3 Advisor&Rider Musser	(118,21)	0 0	o	11,821	0	130,033	0
	(1) 183,788	0 8	762	17,641	19,481	221,672	0
4 Provost	(11)	0 0	o	0	0	0	0
ing	(1) 161,145	0	13,994	15,842	25,020	216,001	0
s VP Advancement	(m)	0	0	0	0	0	0
	140,05	0	2,592	13,500	55,514	211,658	0
6 VP Enrollment	(ii)	0 0	o	0	0		0
Amanda A. Coffey	(1) 148,39	0	3,141	13,500	32,849	197,883	0
7 VP HR	(II)	0 0	0	0	0	0	0
Kristin M. Hansen-Kieffer	(1) 143,72	0	2,620	13,109	33,323	192,778	0
8 Vice Provost	(II)	0 0	0	0	0	0	0
ď	(1) 133,84	8	10,489	12,894	20,632	177,863	0
Dir Physl Therapy	Ξ	0	0	0	0	0	0
01	<b>E E</b>		•				
	≘ ;						
12 (0	(n)						
	(ii)						
	÷ ≅						
	(E)						•
	(ii) (i)						

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.

Line 1a - Fringe or Expense Explanation н, Part

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

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Open to Public Inspection 2019

OMB No 1545-0047

▶Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Messiah University	ity				:			23-1	352661	191		
Part   Bond Issues												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pnce	once	(f) Description of purpose	esodind j	(g) Defeased		(h) On behalf of issuer	(ı) Pooled financıng	pelc fur.
								Yes	No Y	Yes No	Yes	٩
A PHEFA Revenue Bonds Series 2012 LL3	LL323-2243852709	70917R8H1	11/14/12	12,33	3,026	See Part VI			×	×		×
B AICUP Financing Program-Ser 2014 T1	T123-6003119230	230614GU7	05/21/14	4,744	305	See Part VI	u		<b>×</b>	×		×
1									;	;		
C ALCUP Financing Frogram-Ser 2015 NN	NNZ 3 - 000 3 TT 3 Z 3 O	#70#T9067	CT / OT / 60	17,22,	, 438	See Fart VI		#	4	4		4
D AICUP Financing Program-Ser 2016 00	0023-6003119230	230614KMO	05/12/16	16,327	, 132	See Part VI			*	×		×
Part    Proceeds		•										
			A		•	B	C			D		
1 Amount of bonds retired			6,0	020,000				•				
2 Amount of bonds legally defeased								1				
3 Total proceeds of issue			12,33	33,026	4,	744,305	11,2	27,23	8	16,3	27,	132
4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows												
7 Issuance costs from proceeds			1.	30,269		84,896	2	224,54	4	(-)	326,	542
8 Credit enhancement from proceeds												
9 Working capital expenditures from proceeds												
10 Capital expenditures from proceeds			1,6		4,	669,419	11,0	002,69	4	16,(	000	590
11 Other spent proceeds			10,5	586,898								
12 Other unspent proceeds												
13 Year of substantial completion			201	3	20	2015	201	17		201	17	
			Yes	No	Yes	O <sub>N</sub>	Yes	٥ ۷		Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,	exempt bonds (or	_										
if issued prior to 2018, a current refunding issue)?				×		×		<b>×</b>			×	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if	able bonds (or, if											
issued prior to 2018, an advance refunding issue)?			×			×		×			×	
16 Has the final allocation of proceeds been made?			×		×		×			×		
17 Does the organization maintain adequate books and records to support the	ds to support the									-		
final allocation of proceeds?			×		×		×		_	×		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.							-		Schedule K (Form 990) 2019	( Fоrm 99	0) 2019

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

2019
Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990. ► AGo to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 23-1352661

Messiah University

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K (Form 990) 2019 ŝ × (ı) Pooled financıng ŝ Yes Yes No (h) On behaff of Yes Ŷ (g) Defeased × Yes ŝ Yes (f) Description of purpose 6,057,533 See Part ဍ 8 Yes eoud enssi (e) 118,518 5,939,015 6,057,533 ٥ × × 2020 06/28/18 (d) Date issued Yes × × A AICUP Financing Program-Ser 2018 0023-6003119230614MR7 (c) CUSIP# 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, 17 Does the organization maintain adequate books and records to support the 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if For Paperwork Reduction Act Notice, see the Instructions for Form 990. (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? 9 Working capital expenditures from proceeds Credit enhancement from proceeds Capital éxpenditures from proceeds 5 Capitalized interest from proceeds Amount of bonds legally defeased (a) Issuer name Gross proceeds in reserve funds 6 Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion **Bond Issues** final allocation of proceeds? **Proceeds** 12 Other unspent proceeds Amount of bonds retired Total proceeds of issue 11 Other spent proceeds Part I Part II 9 2 9 œ۱

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Schooling Vision 500/2012 243 FM		23-1352661	61			-		C and
100					:			) ) ) -
	,	A	B		S		O .	,
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	ON	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×		×		×		×
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×		×		×		×
3a Are there any management or service contracts that may result in private		ļ		;				;
business use of bond-financed property?		×		×		×		×
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×		×		×		×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other			-					
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,							_	•
another section 501(c)(3) organization, or a state or local government. ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×		×		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%	.0	%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	<b>&gt;</b>		>		<b>&gt;</b>		>	
Part IV Arbitrace	4				•			
		4	8	_		U	٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes		Yes	-	Yes	No	Yes	
Penalty in Lieu of Arbitrage Rebate?	•	×		×		×		×
2 If "No" to line 1, did the following apply?						-		
		×		×		×		×
	×		×		×	•	×	
c No rebate due?		×		×		×		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was	-							
		!	ľ			;		
3 Is the bond issue a variable rate issue?		×	×			×		×
						-	Schedule	Schedule K (Form 990) 2019

	23-1352661	
MESSIAHUNIV 05/03/2021 2 45 PM	Schedule K (Form 990) 2019 Messiah University	Dart III   Drivate Rusiness   Ise
MESS	Sch	17

Part III   Private Business Use								
	A		B	3	S		D	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	Ν̈́ο	Yes ·	No
which owned property financed by tax-exempt bonds?		×						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								İ
c Are there any research agreements that may result in private business use of								
bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other			,					
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government. ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a						- ندند		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		, %		%
6 Total of lines 4 and 5		%		%		% !		%
		×				,		
8a Has there been a sale or disposition of any of the bond-financed property to a						-		
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1 141-12 and 1 145-2?						,		
9 Has the organization established written procedures to ensure that all						<del></del>		
nonqualified bonds of the issue are remediated in accordance with the	×							
Part IV   Arbitrage								
	,	A		В	)	C	Q	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	ON	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
I _		x						
b Exception to rebate?	X							
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was						_		
performed		1						
3 Is the bond issue a variable rate issue?		×				_		
							Schedule	Schedule K (Form 990) 2019

ŝ × ŝ × Δ Yes Yes × × ŝ ŝ × × × See instructions miscellaneous capital expenditures relating to campus and (iii) the payment a premium Yes × × the Series 2003 AA3, the proceeds of which were used to finance or refinance various facilities on the University's campus; (ii) reimbursement to the University for costs of an addition to or renovations of the library and Proceeds of this issue were used to finance certain costs of renovations Universities of Pennsylvania Financing Program Messiah College Project) ij and improvements to an academic building in order to accommodate the Supplemental Information. Provide additional information for responses to questions on Schedule K Proceeds of this issue were used to fund: (i) the advance refunding ŝ ŝ × × × Authority's Revenue Bonds (Association of Independent Colleges and of certain costs of issuing the Bonds. Issuance proceeds includes construction of a performing arts center, and certain additional œ œ Yes Yes × × No ž × × × Yes Yes × × Schedule K - Purpose of Issue Description Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to ensure that violations voluntary closing agreement program if self-remediation isn't available under 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? PHEFA Revenue Bonds Series 2012 LL3 AICUP Financing Program-Ser 2014 Tl Were any gross proceeds invested beyond an available temporary period? of federal tax requirements are timely identified and corrected through the 4a Has the organization or the governmental issuer entered into a qualified Procedures To Undertake Corrective Action Has the organization established written procedures to monitor the Arbitrage (continued) hedge with respect to the bond issue? d Was the hedge superintegrated? requirements of section 148? Was the hedge terminated? \$1,503,026. applicable regulations? Schedule K (Form 990) 2019
Part IV Arbit Name of provider Name of provider Term of hedge Term of GIC #Part ∨ Ö Ф

acquisition of capital equipment for use in or in connection with campus

facilities; and payment of certain costs of issuing the Bonds. Issue

proceeds includes a premium of \$244,305.

expansion of the engineering programs; construction and installation

other miscellaneous capital improvements to existing facilities and

of

Schedule K (Form 990) 2019

Messiah University

23-1352661

Schedule K (Form 990) 2019 Ŷ ŝ ۵ Yes Yes ŝ ŝ Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ပ Yes Yes ŝ ş 8 ω Yes Yes ŝ N٥ × × × Yes Yes × × Has the organization established written procedures to ensure that violations d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? voluntary closing agreement program if self-remediation isn't available under 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Were any gross proceeds invested beyond an available temporary period? of federal tax requirements are timely identified and corrected through the 4a Has the organization or the governmental issuer entered into a qualified | Part V: | Procedures To Undertake Corrective Action Has the organization established written procedures to monitor the Arbitrage (continued) hedge with respect to the bond issue? d Was the hedge superintegrated? requirements of section 1482 Was the hedge terminated? applicable regulations? Schedule K (Form 990) 2019 b Name of provider b Name of provider Term of hedge c Term of GIC | Part VI

# SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

) <b>.</b>	100	Inspection .
Employer ide	ntification	number

•	Messiah Universit	y							23-1	13526	61				
Part I	Excess Benefit Transacti														
	Complete if the organization answ	ered "	Yes" on Fo	m 990, Part IV	, line	25	a or 25b,	or Form	990-EZ, Part V,	line 4	0b		,		
1	(a) Name of disqualified person		(b) Relatio	nship between disqu		d pers	son and		(c) Description of tra	nsactio	n			Correc	
				organization							_		Yes		No.
(1)													├	-	
							<del></del>		<u> </u>					-	
(3)									<del></del>				├	+	
(4)	<del></del>												<del> </del>	+	
(5) (6)			<del>                                     </del>						<u></u>				}	+	
	he amount of tax incurred by the orga	nizatio	n manager	s or disqualified	d ne	rson	s during	the vear					J		
	section 4958	Zuiic	on manager	o or aloqualities	<b>.</b> po.		o duning	ine year		▶ \$	;			_	
3 Enter t	he amount of tax, if any, on line 2, ab	ove, re	eimbursed b	y the organizat	ion					▶ \$	·				
Part II	Loans to and/or From Inte	erest	ed Perso	ns.					· · · · · · · · · · · · · · · · · · ·						
	Complete if the organization answ	ered "	Yes" on Fo	rm 990-EZ, Par	t V,	lıne	38a or F	orm 990	, Part IV, line 26,	or if th	пе				
	organization reported an amount														
	(a) Name of interested person		Relationship	(c) Purpose of loan		Loan from	(e) Or principal	_	(f) Balance due	(g) in	default?		proved		ntten ment?
					the	org?	` `			<u> </u>		comn	nittee?	-3	
					То	From	<u> </u>			Yes	No	Yes	No	Yes	No
12	<b>:</b>														
(1)		_			├	┝	<del> </del>		<del>                                      </del>	┼					
(2)															
(2)					╁	┢	<del> </del>		<del>                                     </del>	$\vdash$		<del> </del>			_
(3)							ļ		,	1		ļ	] .		
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(4)															
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(9)															
(3)	· · · · · · · · · · · · · · · · · · ·				$\vdash$				· ·	<del>                                     </del>	-				
(10)															
Total							<b>'</b>	▶ \$		28n		× .	3%		3.3
PartIII	Grants or Assistance Ben	efitir	g Interes	sted Person	ıs.										
	Complete if the organization answ	ered "	Yes" on For	m 990, Part IV,	line	27									
	(a) Name of interested person			hip between interes	ted	(c) A	mount of as:	sistance	(d) Type of assistance		(e)	Purpose	e of assi	stance	
			person a	nd the organization											
<del></del>	ents of Board of Trustees		Trustees	Dependents			25	,500 Sc	holarships	Fi	nanc	ial .	Aid		
(2)										+-					
(3)										-					
(4)								<del>-  </del> -		-				_	
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(9)	<del></del>						_	-		+					
. <u> </u>								<del></del>		+-					_

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of	Shanng org enues?
·	organization			Yes	No_
(1) Shareholder-Wohlsen Construction	Trustee	23,031,367	Construction Servic	ę	X
(2) President-Edwin L. Heim Company	Former Trustee	489,176	Construction Servic	<b>e</b>	X
(3) D Kelly Phipps	Spouse of Pres	130,033	Compensation RiderM	ų.	X
(4) D Kelly Phipps	Spouse of Pres	80,143	Compensation Messi	a a	Х
(5) H Scott Keiffer	Spouse of IntPe	93,945	Compensation		X
(6) Deborah Chopka	Spouse of IntPe	18,095	Compensation	<u> </u>	X
(7) Beverly Goodling	Spouse of IntPe	15,004	Compensation		x
(8)					
(9)				<u> </u>	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$
(10)				<u> </u>	

Part V | Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L, Part V - Additional Information

Compensation presented within Schedule L is per the respective organization's tax year and represents activity greater than \$10,000. Messiah University's fiscal year is 6/30. Rider Musser Development LLC's fiscal year end is 12/31. Payments to service providers of the University meet disclosure threshold. Messiah University compensation is considered fair market value and is determined pursuant to the respective organization's Human Resources compensation practices. Listed individuals are not supervised by their respective spouse. Rider Musser Development LLC is a for profit corporation whose purpose, as described on their website, is to create a new residential neighborhood and business park that will generate tax revenue and jobs, while enhancing the community by offering conveniences to local residents, as well as students and faculty of nearby Messiah University. Rider Musser Development LLC is presented in the University's financial statements as one of its real estate related investments. The University's investment in Rider Musser Development LLC was approved by the University's Board of Trustees in keeping with the University's Conflict of Interest Policy. Although Messiah University is the primary investor (as of the date of this return), Rider Musser Development LLC is a separate entity and seeks to maintain an "arms length"

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047 2019

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 22-1252661

	Messian (	DITT AG	rsity				1332001		
P	art San Types of Property	, .							
	-	(a)	(b)	(c) ~			(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on		Method o	of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash conf	tribution amounts		
1	Art — Works of art	<u> </u>							
2	Art — Historical treasures	-			_				
3	Art — Fractional interests			<u> </u>	_				
4	Books and publications	x		1,616	Sa	les Price			
5	Clothing and household								
	goods								
6	Cars and other vehicles		737 - 2000-10-1000-1000-1000-1000-1000-1000			<del> </del>			
7	Boats and planes	<u> </u>							
8	Intellectual property	<u> </u>			_				
9	Securities — Publicly traded	x	17	190.832	St	ock exchar	nge		
10	Securities — Closely held stock	<u> </u>	<del>  - '</del>				-30		
11	Securities — Partnership, LLC,					<del>-</del>		_	
••	or trust interests								
12	Securities — Miscellaneous							_	
13	Qualified conservation	<u> </u>			_			_	
	contribution — Historic								
	structures								
14	Qualified conservation								
′*	contribution — Other	ĺ	[						
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other	<del></del>							
18	Collectibles								
19	Food inventory	<del> </del>							
20	Drugs and medical supplies	<del></del>							
21	Taxidermy					·		-	
22	Historical artifacts					·	-		
23	Scientific specimens								
24	Archeological artifacts								
25	Other > (Other-Services)	x	1	1	CO	mparable s	sales		
26	Other ►(				- 50.	<u> </u>	Jarob		
27	Other ►(	-							
28	Other ►(	-							
29	Number of Forms 8283 received by	the organi	zation during the tax year	for contributions for	T				
25	which the organization completed Fo	_	= -		29	0			
	Which the organization completed it	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tait IV, Donce Acknowle	agement [	20			Yes	No
30a	During the year, did the organization	receive h	v contribution any proper	hy reported in Part Lilines 1	1 throw	ah	· (4)	100 100 /3	44 P. C
Jua	28, that it must hold for at least three		-			-	25		
	to be used for exempt purposes for t			Anti-Dution, and Willon 1511 t	requite	,u	30a		X
h			loluling period?				ova '^*	¿ 'c	મુક્કે કરો આ કે પ્રેફ્ટ કરો
b 24	If "Yes," describe the arrangement in Does the organization have a gift according to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		nation that requires the re	view of any positionderd			5		
31	contributions?	ceptance	omey macrequires me re	view or any nonstandard			31	X	200.24
32a	Does the organization hire or use thi	rd narties	or related organizations t	a salicit aracese ar sall as	oncach	•	3!		
JEG	contributions?	iu paines	or related organizations t	o solicit, process, or sell th	on cash		32a	x	
	oona loudona.						J2a		ı

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

33

b If "Yes," describe in Part II

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

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Yes, a third-party appraisal is used for certain significant donations such
as property.

Schedule M - Supplemental Information

Schedule M, Part I - Column (b) reflects number of contributors.

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047

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

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

Open to Public Inspection

Name of the organization

Messiah University

Employer identification number

23-1352661

Form 990, Part III, Line 4a - First Accomplishment

Messiah University is a nationally ranked, private Christian university with a student body of over 3,370 undergraduate and graduate students.

Messiah's students pursue degrees and certifications in over 150 undergraduate and pre-professional programs and 20 plus graduate degree and certificate programs. Messiah's holistic educational model of integrating faith into every part of the university experience is essential to developing student's intellect, character, and faith in preparation to better serve their church and community.

Messiah's mission as a Christian university contributes to a common good rooted in a Christ-centered commitment to the dignity, welfare and human flourishing of all of our neighbors. Rooted in its Christian identity, Messiah educates its students to become leaders in their community and the world by working for justice, serving the poor, and assisting the needy. Messiah students are meaningful members of their local and global communities both during and after their university experience.

Messiah University is an important contributor and has been nationally

Messiah University is an important contributor and has been nationally recognized for its commitment to service learning, community service and civic engagement. Messiah is directly and indirectly responsible for a diverse array of economic activity within Pennsylvania. This activity results directly from Messiah's promise of helping students to "see anew"-through transformation and reconciliation-by viewing themselves, their faith, their careers, and the world in a whole new light.

Messiah University educates, conducts research and provides access to relevant training opportunities. Messiah is involved in community service

23-1352661

outreach programs, service missions and numerous international study experiences. Students, faculty and staff work with community-based partners in local, national and international settings to address community needs, to provide holistic\_learning opportunities and to encourage\_students toward an ethic of discipleship, service and civic engagement.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Kim Phipps

D Kelly Phipps

President

Sr Advisor

Spouse

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents Messiah University updated its Articles of Incorporation to reflect a change in our name from Messiah College to Messiah University effective July 1, 2020.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form is compiled using information provided by respective departments and reviewed by management for completeness and accuracy. The University engages an external accounting firm on no less than a bi-annual basis to review the Form. A committee of the Board of Trustees meets and reviews an electronic copy of the tax return before the return is filed. Trustees are provided an opportunity to ask questions and receive clarifications.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The University monitors and enforces compliance with its Conflict of

Interest policy through an annual disclosure process. Each Trustee and

23-1352661

Officer of Messiah University completes a disclosure statement which certifies that they have reviewed the University's Conflict of Interest Policy and discloses personal, familial, and/or business relationships that may in fact or appearance give rise to a conflict of interest. If an actual, potential or apparent conflict arises between the annual filings of the disclosure statements the Trustee or Officer is required to promptly and fully disclose the potential conflict to the Chairperson of the Board. Each actual or potential conflict is addressed on a case-by-case basis by the Chairperson in consultation with the Assurance Committee. The Chairperson and Assurance Committee shall determine if the payments to be made are fair and reasonable, or if otherwise required by the Bylaws and if deemed advisable, refer the transaction to a vote of the Board of Trustees which authorizes the contract or other transaction.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Executive Committee of the Board of Trustees reviews the President's
performance and recommends a compensation package to the Board of Trustees
for approval. To assess reasonableness of compensation, the University
participates in executive and leadership compensation surveys as well as
other general compensation surveys. Participating in the survey provides
access to comparative data and fair market values for the higher education
industry which is used to determine a comparative median and compensation
range. Compensation decisions are reflected in the President's employment
agreement.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The President reviews performance and approves compensation packages for

the Provost and Vice Presidents. To assess reasonableness of compensation, the University participates in executive and leadership compensation surveys as well as other general compensation surveys. Participating in the survey provides access to comparative data which is used to determine a comparative median and compensation range. Compensation decisions are reflected in salary letters for Officers and Employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Messiah University makes its Bylaws, Conflicts of Interest Policy and Financial Statements available to the public via its website. Additional governing documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets	Exprana	tion
Chg Value Split Interest	\$	-395,249
Investment Return Trust/Annuities	\$	184,909
Chg Value Ben Interest Perpetual Trusts	\$	-85,748
Total	\$	-296,088

SCHEDULE R (Form 990)

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Section 512(b)(13)
controlled entity? Open to Public Inspection OMB No 1545-0047 (f)
Direct controlling
entity 2019 Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year 23-1352661 (f)
Direct controlling
entity (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section ▶ Go to www.irs.gov/Form990 for instructions and the latest information. (c) Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) ► Attach to Form 990. Primary activity (b) Pnmary activity (a)Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization Messiah University Department of the Treasury Internal Revenue Service Name of the organization Parti Parl

Schedule R (Form 990) 2019

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

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Page 2		(k) Percentage ownership	:					(i) Section 512(b)(13) controlled entity?	Yes No		4		×			990) 2019
									۲		+			<u> </u>		⊢ Ĕ
	34,	(J) General or managing partner? Yes No				<u>-</u>	ĮĘ	<b>⊕</b> a					8			۶ آج
•	on Form 990, Part IV, line 3	20 .					on Form 990, Part IV	(h) Percentage ownership					100.00000			Schedule R (Form 990) 2019
	art	(I) Code V—UBI mount in box 2 f Schedule K- (Form 1065)					E		Н		_		- 1			Š
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	66 ر	, <u>a</u> .— o					jō "o	(g) Share of end-of-year assets	]		<u>[</u> ]		887	·		1
	orn	(h) Dispro- portionate alloc ?					"Yes"	(g) Share of -of-year as	П		•		16,8			
	n F	&  >					g	end					П			
	"Yes"	(g) Share of end-of- year assets					<b>Corporation or Trust.</b> Complete if the organization answered s treated as a corporation or trust during the tax year.	) of total me			101,216					
	Partnership. Complete if the organization answered as a partnership during the tax year.	<i>σ</i>					Corporation or Trust. Complete if the organization as treated as a corporation or trust during the tax year	(f) Share of total income		•	7					
	nization sar.	(f) Share of total income					f the or during t	(e) Type of entity (C corp, S corp, or trust)			;-i		υ			
	e orga e tax ye	SS					nplete i r trust (	Type (C corp					4			-
	artnership. Complete if the organiz as a partnership during the tax year	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)					<b>st.</b> Con	(d) Direct controlling entity					iah			
23-1352661	Compl ship du	Predo Income unre excluc tax sections					or Trus	Direct o			4 /N		Messiah			
23-13	<b>rship.</b> Jartner	(d) Direct controlling entity					ration ed as a	micile or vuntry)								
	Partne I as a p						Corpo s treate	(c) Legal domicile (state or foreign country)	i	ř	Y.		PA			
		(c) Legal domicile (state or foreign country)					e as a	- vity					ate	-		
	<b>Taxabl</b> e izations	(b) Prmary activity					s Taxable ed organ	(b) Pnmary activity			15nII.		RealEstate			
<u>,</u>	t <b>ions</b> orgar	Pn Pn					tions relat		Н		+	<u>.</u>	P4			-
Messiah University	Identification of Related Organizations Taxable as a because it had one or more related organizations treated	(a) Name, address, and EIN of related organization			-		Identification of Related Organizations Taxable as a line 34, because it had one or more related organization	(a) Name, address, and EIN of related organization		nsts (15) Ste 3010 PA 17055	(2)Rider Musser Development LLC	204 - PA 17055		- پـــ		
Schedule R (Form 990) 2019	Identificati because it h	Name, addre related or					l	Name, address, and E		(1)Charitable Unitrusts 1 University Ave Ste Mechanicsburg	Musser Dev	5 Kacey Ct Ste 2 Mechanicsburg	23360			
Schedule R	Parill		£	(2)	(3)	(4)	PartIV			(1)Charit 1 Unit	(2)Rider	5 Kace Mechar	46-5723360	(3)	<b>(4)</b>	DAA

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Schedule R (Form 990) 2019 Messiah University

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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						(5)
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gt Gt	ark	d land fair market	839,000 Cash and	835	н	(1) See Schedule R, Part VII, Stmt 1
	pa	Method of determining amount involved		Amount involved	Transaction type (a-s)	Name of related organization
		(p)		(c)	(q)	
			transaction thresholds	red relationships and	his line, including cove	1
×	∢	15		,		<ul> <li>Other transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related prognization(s)</li> </ul>
		·^ ]	_			
×		10				Reimbursement paid by related organization(s) for expenses
×		<b>1</b>				p Reimbursement paid to related organization(s) for expenses
		2				o originity of paid en projects with related organization(s)
<b>د</b> >		ב ,	•			
×		±				m Performance of services or membership or fundraising solicitations by related organization(s)
×		=				I Performance of services or membership or fundraising solicitations for related organization(s)
×		1k				k Lease of facilities, equipment, or other assets from related organization(s)
×		=				j Lease of facilities, equipment, or other assets to related organization(s)
×		it.				
×		4				
x		19				g Sale of assets to related organization(s)
×		14	- <del>-</del> ,			f Dividends from related organization(s)
×		1e				e Loans or loan guarantees by related organization(s)
×		10				d Loans or loan guarantees to or for related organization(s)
×		10				c Gift, grant, or capital contribution from related organization(s)
×		<b>a</b>	•			b Gift, grant, or capital contribution to related organization(s)
×		-T				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
	,×,×,	, ;		sted in Parts II–IV?	related organizations l	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
ş	Yes	$\overline{}$	<del>-</del>			Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule
_	:					

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Schedule R (Form 990) 2019 Messiah University

PartVI

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

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

(k)	ownership									ŀ				Schedule R (Form 990) 2019
		ş		ļ										8   4   4
(3)	managing partner?	Yes												) Y d
	amount in box 20 of Schedule K-1 (Form 1065)	1-												Schodul
(I	allocations?	ş												]
(h)	allocat	Yes												
	ond-of-year assets													
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arthore	tion (3)	Š												1
(e)	section 501(c)(3)	Yes												
(d) Predominant	income (related, unrelated, excluded from tax under	sections 512-514)												
(c)	domicile (state or													
(b)														
(a) (b) (c) (d) (e) (e) Name address and EIN of another			(1	(3)	3)	(†	(5	(5	7)	(6	(6	(0	()	
			£	2	ල	<b>4</b>	(9)	9	6	(8)	6	(10)	£	

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions

Schedule R - Additional Information

Rider Musser Development LLC Method of determining amount involved. Cash and land fair market value - amount included as investment on balance