·			EXTENDED TO MAY 1	./, 2021	93931	_	• •		
	990-T		xempt Organization Busine (and proxy tax under se endar year 2019 or other tax year beginning JUL 1, 20 Go to www.irs.gov/Form990T for instruction	ction 6033(e)) 19, and ending	N 30, 202	0 4	2019		
	Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may be ma	de public if your organiza		501(c)	to Public Inspection ((3) Organizations Onli lentification number		
	A Check box if address changed		Name of organization (Check box if name changed	and see instructions.)		(Employees'	' trust, see		
	B Exempt under section	Print	MORAVIAN COLLEGE				0795460		
, ~	X 501(00)3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see in 1200 MAIN STREET	istructions.		E Unrelated but (See instruct	usiness activity code tions)		
9 2021	408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreig ${\tt BETHLEHEM}$, ${\tt PA}$ ${\tt 18018}$	n postal code		541800	o		
8	C Book value of all assets at end of year		F Group exemption number (See instructions.)						
7			G Check organization type ► X 501(c) corporation	501(c) trust	401(a)	trust	Other trust		
NOC OF	H Enter the number of the organization's unrelated trades or businesses. ▶ 3 Describe the only (or first) unrelated trade or business here ▶ ADVERTISING . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or								
Z	business, then complete						T		
CANNED	-		oration a subsidiary in an affiliated group or a parent-subs ifying number of the parent corporation.	diary controlled group?	▶ L	Yes	X No		
3	J The books are in care of		MANAGEMENT	Teleph	one number 🕨 6	10-861	1-1300		
Ś	Part I Unrelated	d Trac	le or Business Income	(A) Income	(B) Expenses		(C) Net		

1800 Other trust ted ore than one, ade or X No Yes -861-1300 (C) Net 1 a Gross receipts or sales b Less returns and allowances c Balance 1¢ Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 3,450. 5,427. -1,977. Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 3,450. 427 977. Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 15 Repairs and maintenance 16 16 17 17 Bad debts 18 Interest (attach schedule) (see instrucțions) 18 19 19 Taxes and licenses Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21b 21 22 22 RECEIVED 23 Contributions to deferred compensation plans 23 24 24 Employee benefit programs OSC-E1-70 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 -0. Total deductions. Add lines 14 through 27 28 28 977. Uprelated business taxable income before net operating loss deduc 29 29 $oldsymbol{\delta}$ eduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 (see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 Form 990-T (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

•	D-T (2019) MORAVIAN COLLEGE		24-0795	460 p
			24 0133	400 Page
Par	<u> </u>		T E	3,618.
32 (Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1		3,010.
33	Amounts paid for disallowed fringes		38	^
34	Charitable contributions (see instructions for limitation rules)	0	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of I		 	3,618.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	TMT 24		3,958.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	إ		<u>9,660.</u>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		111	
	enter the smaller of zero or line 37	<u> </u>	39 1	8,660.
Par	//V∥\Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	1 ►	40	3,919.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.	ι,		
	Tax rate schedule or Schedule D (Form 1041)	>	41	
42	Proxy tax. See instructions	•	42	
43	Alternative minimum tax (trusts only)		43	
44	Tax on Noncompliant Facility Income. See instructions		44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45	3,919.
	X[[\Tax and Payments	1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
	Other credits (see instructions) 46b		1]	
	General business credit. Attach Form 3800 46c		1	
ن م	Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
đ	Total credits. Add lines 46a through 46d	-	46e	
47	Subtract line 46e from line 45			3,919.
47		attach schedule)	48	<u> </u>
48		1		3,919.
49	Total tax. Add lines 47 and 48 (see instructions)	9	50	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	9,000.		
	Payments: A 2018 overpayment credited to 2019	3,000.	4	
	2019 estimated tax payments		-	
	Tax deposited with Form 8868		⊣ l	
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		-	
	Backup withholding (see instructions)		-	
	Credit for small employer health insurance premiums (attach Form 8941) 51f		-	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g		-	
52	Total payments. Add lines 51a through 51g			9,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	_ , _ ►	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10 >	55	5,081.
		unded 🕨	56	0.
'Par	'VI Statements Regarding Certain Activities and Other Information (see instruc	ctions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here SEE STATEMENT 1			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		<u> </u>
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			<u> </u>
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowle	edge and belief it is true	θ,
Sign	correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP FOR FINANCE	<u>4</u> ه	May the IRS discuss this	roturn with
Here	Multipled Sprin Admin		he preparer shown belo	
	Signature of officer Date Title	II II	nstructions)? X Y	es No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid	. " \	self- employed	ı	
	' MERRY N BOCDA CDA KINA NA.4 5/11/2021		P00760	402
	PARED MILLY HG LLD	Firm's EIN		
USE	Only Firm's name BAKER TILLY US, LLP 1570 FRUITVILLE PIKE, SUITE 400			
	Firm's address ► LANCASTER, PA 17601	Phone no.	717.740.4	863

Page 3

Schedule A - Cost of Goods Sold. Ente	er method of invent	tory va	luation N/A					
1 Inventory at beginning of year 1		6	Inventory at end of yea	r		6		
2 Purchases 2		7	Cost of goods sold. Su	ıbtract lı	ne 6			
3 Cost of labor 3			from line 5. Enter here	and in P	art I,			
4 a Additional section 263A costs			line 2		Į	7		
(attach schedule) 4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule) 4b		_	property produced or a	cquired	for resale) apply to			.
5 Total. Add lines 1 through 4b 5			the organization?					<u> </u>
Schedule C - Rent Income (From Real (see instructions)	Property and	Pers	onal Property L	eased	d With Real Propo	erty)		
1. Description of property								
(1)								
(2)								
(3)	<u> </u>							
(4)								
	ived or accrued				3(a) Deductions directly	connecter	f with the income ii	n
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	or rent for p	personai p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	columns 2(a) an	d 2(b) (atta	ich schedule)	· · · · · · · · · · · · · · · · · · ·
(1)								
(2)								
(3)								
(4)								
Total 0 •	Total			0.				
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	Enter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.	_	0.
Schedule E - Unrelated Debt-Finance	d Income (see	ınstruc	tions)					
		2.	Gross income from		3. Deductions directly conn to debt-finance			
Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	ns
(1)								
(2)								
(3)						<u> </u>	_	
(4)								
debt on or allocable to debt-financed of or property (attach schedule) debt-fi	ge adjusted basis or allocable to nanced property ach schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Altocable deduct dumn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)		Ţ,	%					
(3)		1	%					
(4)	•		%		_			
•			-		nter here and on page 1, Part I, line 7, column (A)		ter here and on pag art I, line 7, column	
Totals			>		0 -	.		0.
Total dividends-received deductions included in colur	nn 8				>			0.

Schedule F - Interest,					Controlled O					tructions	
1. Name of controlled organiz	ation	2. Em identifi num	cation	3. Net unr (loss) (see	elated income instructions)		al of specified nents made	includ	t of column 4 t ed in the contr ation's gross ii	olling	6. Deductions directly connected with income in column 5
(1)		-							·	-	
(2)											
(3)											
(4)				 							
(4) Nonexempt Controlled Organ	l			L							
	-T		0>	A 7.1.1			40 . Donated	0 45		44 5	
7. Taxable Income	8. Net ur	related incon se instructions	s)	y, rotar	of specified payn made	ients	10. Part of colui in the controlli gross	ing organ s income	lization's	with	ductions directly connected income in column 10
(1)		·									
(2)											
(3)											·
(4)	1								ì		
							Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals						>			0.		0
Schedule G - Investm		ne of a	Section	501(c)(7	'), (9), or ('	17) Org	anization				
(see ins	structions)				T	1	3. Deductio	ns	l		5. Total deductions
1. De	scription of incor	ne			2. Amount of	income	directly conne (attach sched	cted	4. Set-a		and set-asides (col 3 plus col 4)
/1\		-		 			(attach sched	iui o)			(cor 3 plus cor 4)
(1)					-						
(2)											
(3)											ļ
(4)									L		
					Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
						ا ہ					
^{rotals} Schedule I - Exploited	Evennt	A otivity	Incom	Other	Than Adv	0.l	a Income] 0
see inst	-	Activity	IIICOIII	e, Other	man Au	Ci usiii	g income				
Description of exploited activity	2. G unrelated income trade or b	business from	directly of with pro	penses connected oduction related s income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									· · · · · · · · · · · · · · · · · · ·		•
(2)		-			1						
(3)	1								1		
(4)	+										
(4)	Enter here page 1, line 10, e	Part I,	page '	re and on 1, Part I, , col (B)		- ,	• •		<u>.</u>	7	Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.		0.				-		<u> </u>	0
Schedule J - Advertis			nstruction								
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circula income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_].						
(3)			İ		7				I		
(4)					٦.	•			Î		
<u></u>						· · ·	1				
Totals (carry to Part II, line (5))	•		0.	0					l 		000 T
											Form 990-T (201

Form 990-T (2019) MORAVIAN COLLEGE 24-07954 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) ATHLETIC							
(2) PROGRAMS		3,450.	5,427.	-1,977.			
(3)							
(4)							
Totals from Part I	▶	0.	0.	1 17 2	•	• •	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	3,450.	5,427.	l ~ -			0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	5,942.	5,942.	0.	0.
06/30/13	46,051.	46,051.	0.	0.
06/30/14	17,962.	17,962.	0.	0.
06/30/16	14,209.	14,209.	0.	0.
06/30/18	52,627.	18,669.	33,958.	33,958.
NOL CARRYO	VER AVAILABLE THIS	YEAR	33,958.	33,958.

24-0795460

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number

MORAVIAN COLLEGE

900000 Unrelated Business Activity Code (see instructions) ▶ RENTAL OF DEBT-FINANCED PROPERTIES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4a 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) 172,540. 167,425 5,115. 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 167,425. 172,540. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

		L I	
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	5,115.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29	31	5,115.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-1 (2019) MORAVIAN (COLLEGE				24-0795	460	Page 3
Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation		22 0.30		
1 Inventory at beginning of year	1	111001100	6 Inventory at end of year			6	
2 Purchases	2		7 Cost of goods sold. Su		ne 6		
3 Cost of labor	3		from line 5. Enter here a				
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section :	263A (w	_	Yes	No
b Other costs (attach schedule)	4b		property produced or ac	•	•	<u> </u>	+
5 Total. Add lines 1 through 4b	5		the organization?		-		
Schedule C - Rent Income (Property and		easec	With Real Proper	rtv)	
(see instructions)		. roporty unit				-37	
1. Description of property							
(1)					·		
(2)				•		· · · · · · · · · · · · · · · · · · ·	
(3)							
(4)			···				
		ed or accrued			3(a) Deductions directly co	annocted with the income	ın
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	je	columns 2(a) and	2(b) (attach schedule)	
(1)							
(2)							
(3)							
(4)					-		
Total	,	Total			,		
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter -			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	
Schedule E - Unrelated Deb		Income (see if	nstructions)				
		· · · ·	2. Gross income from		3. Deductions directly connect to debt-financed	cted with or allocable property	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule	ns)
				S	TATEMENT 5	STATEMENT	6
(1) MORAVIAN BOOKSHOL			172,540.		91,740.	75,6	585.
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or	e adjusted basis allocable to inced property b schedula)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	olumns
STATEMENT 7 (1) 1,447,711.	STATE 1	MENT 8 ,421,815.	100.00%		172,540.	167,4	125
	<u> </u>	, 421,013.	100.00%		114,J 1 0.	10/,	
(2)			% %				
(3)			% %				
(4)					tor have and an acces 1	Enter here and on pa	
					iter here and on page 1, art I, line 7, column (A)	Part I, line 7, column	

167,425.

0.

172,540.

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M) SCHEDULE E - DEPR	ECIATION DED	UCTION		STATEMENT 5
DESCRIPTION	ACTIV NUMB		AMOUNT	TOTAL
DEPRECIATION EXPENSE - SUBT	OTAL -	1	91,740.	91,740
TOTAL OF FORM 990-T, SCHEDULE E, C	OLUMN 3(A)			91,740
FORM 990-T (M) SCHEDULE E -	OTHER DEDUC	TIONS		STATEMENT 6
DESCRIPTION	ACTIV NUMB		AMOUNT	TOTAL
RENTAL EXPENSES - SUBT	OTAL -	1	75,685.	75,685
TOTAL OF FORM 990-T, SCHEDULE E, C	OLUMN 3(B)			75,685
FORM 990-T (M) AVERAGE ACQUI ALLOCABLE TO DE			Y	STATEMENT 7
ALLOCABLE TO DE		PROPERT ITY	Y AMOUNT	STATEMENT 7 TOTAL
DESCRIPTION AVG. DEBT	BT-FINANCED ACTIV NUMB	PROPERT ITY	,	
ALLOCABLE TO DE DESCRIPTION AVG. DEBT - SUBT	BT-FINANCED ACTIV NUMB OTAL -	PROPERT ITY ER	AMOUNT	1,447,711
ALLOCABLE TO DE DESCRIPTION AVG. DEBT - SUBT TOTAL OF FORM 990-T, SCHEDULE E, C	BT-FINANCED ACTIV NUMB OTAL - OLUMN 4 USTED BASIS	PROPERT ITY ER 1	AMOUNT 1,447,711.	TOTAL
ALLOCABLE TO DE DESCRIPTION AVG. DEBT - SUBT TOTAL OF FORM 990-T, SCHEDULE E, C FORM 990-T (M) AVERAGE ADJ ALLOCABLE TO D	BT-FINANCED ACTIV NUMB OTAL - OLUMN 4 USTED BASIS	PROPERT ITY ER 1 OF OR PROPER	AMOUNT 1,447,711.	TOTAL 1,447,711 1,447,711
ALLOCABLE TO DE DESCRIPTION AVG. DEBT - SUBT TOTAL OF FORM 990-T, SCHEDULE E, C FORM 990-T (M) AVERAGE ADJ ALLOCABLE TO D DESCRIPTION AVG. BASIS	BT-FINANCED ACTIV NUMB OTAL - OLUMN 4 USTED BASIS EBT-FINANCED ACTIV NUMB	PROPERT ITY ER 1 OF OR PROPER	AMOUNT 1,447,711.	TOTAL 1,447,711 1,447,711 STATEMENT 8

Employer identification number

24-0795460

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> MORAVIAN COLLEGE Unrelated Business Activity Code (see instructions) ▶ 523000

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

	Describe the unrelated trade or business INVESTMENT	TS_	IN VARIOUS PA	RTNERSHI	.PS	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1 a	Gross receipts or sales			-		•
b	Less returns and allowances c Balance >	1c		n r 1 2-		
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit, Subtract line 2 from line 1c	3			•	
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			-	
С	Capital loss deduction for trusts	4c	=.		, -	
5	Income (loss) from a partnership or an S corporation (attach			• •		
	statement) STATEMENT 3	5	76,089.			76,089.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7_	ļ			
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		_ •		
13	Total. Combine lines 3 through 12	13	76,089.			76,089.
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (De	eductio	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1		19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	0.
29	Unrelated business taxable income before net operating loss deduction			13	29	76,089.
30	Deduction for net operating loss arising in tax years beginning on o	r afte	r January 1, 2018 (see			
	instructions)			STMT 4		27,586.
31	Unrelated business taxable income. Subtract line 30 from line 29				31	48,503.

FORM 990-T (M)	INCOM	ME (LOSS) FROM I	PARTNERSHIPS	STATEMENT 3		
DESCRIPTION				NET INCOME OR (LOSS)		
ORDINARY BUSINE	SS INCO GLOBAL SELECT	ESOURCES PARTNER FUND IV (U.S.)		52,893		
METROPOLITAN RE BUSINESS INCOME	AL ESTATE PART (LOSS) ITAL NATURAL F	CNERS VI, LP - (679 8,104		
PARK STREET CAP BUSINESS INCOME	ITAL PRIVATE E	QUITY, FUND V I		-1,817		
INCOME (LOSS)	ATE ASSETS IV,	LP - ORDINARY		4,01 2,98		
MERCER PRIVATE BUSINESS INCOME		RTNERS IV, LP -	ORDINARI	9,237		
TOTAL INCLUDED	ON SCHEDULE M,	PART I, LINE !	5	76,089		
SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4		
TAX,YEAR LOS	S SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/19	27,586.		27,586.	27,586.		