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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009 D Employer identification number B Check if applicable Please St John Fisher College use IRS 6-0746864 Address change label or Doing Business As E Telephone number Name change print or type. See (585) 385-8000 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 124,578,134 Instruc-3690 East Avenue Termination tions. Amended return City or town, state or country, and ZIP + 4 Rochester, NY 14618 Application pending Name and address of Principal Officer **H(a)** Is this a group return for Dr Donald E Bain affiliates? 3690 East Avenue Rochester, NY 14618 H(b) Are all affiliates included? **5**01(c) (3) **◄** (insert no) (If "No." attach a list See instructions) Group Exemption Number 🕨 **Web site:** ► www s jfc edu L Year of Formation 1948 M State of legal domicile NY Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 36 35 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 1,831 Total number of employees (Part V, line 2a) . 50 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a 910,064 Net unrelated business taxable income from Form 990-T, line 34 . -255,153 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 7,158,297 5,630,473 8 9 Program service revenue (Part VIII, line 2g) . . 84,686,641 91,515,768 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,656,668 -1,556,240 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,204,763 947,495 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 95,706,369 96,537,496 23,110,439 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,233,593 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 34,359,022 41,618,730 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{2,121,372}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 31,457,654 29,617,932 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 87,050,269 94,347,101 18 Revenue less expenses Subtract line 18 from line 12 19 8,656,100 2,190,395 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 177,713,669 169,845,303 21 Total liabilities (Part X, line 26) 68,359,160 68,140,119 22 Net assets or fund balances Subtract line 21 from line 20 109,354,509 101,705,184 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-03-16 Sign Signature of officer Here Thomas O'Neil VP of Financial Affairs Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Bonadio & Co LLP if self-employed). **Use Only** address, and ZIP + 4 171 Sullys Trail Suite 201 Phone no (585) 381-3131 Pittsford, NY 14534 May the IRS discuss this return with the preparer shown above? (See instructions) . .

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's i	nission				
See A	ddıtıonal Data Table					
2	Did the organization undertake the prior Form 990 or 990-EZ If "Yes," describe these new s	?		rvices during the year	which were not listed on	「Yes ▼ No
3	Did the organization cease co services?	nducting or ma	ke sıgnıfıcant • • • •	changes in how it cor	nducts any program	┌ Yes ┌ No
4	Describe the exempt purpose Section 501(c)(3) and (4) org others, the total expenses, an	achievements anizations and	for each of th 4947 (a)(1) t	rusts are required to r	eport the amount of grants	
4a	(Code) (ExINSTRUCTION-TO GIVE INSTRUCTION-TO GIVE INSTRUCTION-TO GIVE INSTRUCTION APPROXIMATELY 3,800 STUDENTS S			including grants of \$ ADING TO THE DEGREES OF	23,110,439) (Revenue \$ F BA, BS, BBA, MASTER SCIENCE,	76,745,397) MBA, AND PHARM D
4b	(Code) (Ex	penses \$	8,057,999	ıncludıng grants of \$) (Revenue \$	0)
	INSTITUTIONAL SUPPORT- TO SUPP	ORT THE INSTRU		N Approximately 3,800 stu		•
4c		penses \$	8,696,251	including grants of \$) (Revenue \$	15,076,720)
	Auxiliary Enterprises- TO SUPPORT	THE INSTRUCTION	N FUNCTION AP	proximately 3,800 students	s served	
	(Code) (Ex	penses \$	10,898,073	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (De					
	(Expenses \$		ding grants of) (Revenue \$)
4e	Total program service expen	ses \$	66,260,24!	5 Must equal Part IX,	Line 25, column (B).	

art IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

		res	NO
ee),			
2	28a	Yes	
2	28b		Νο
3 <u> </u> 2	28c	Yes	
	29	Yes	
	30		Νο
j [31		Νο
•	32		Νo
3 _	33	Yes	
V, :	34		Νo
	35		No
:	36		No
2,	37		No
2,			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	144			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	О			
с	Did the organization comply with backup withholding rules for reportable payments t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,831			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during					
_	return?	• •		3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
Ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	•		6a		N o
	If "Yes," did the organization include with every solicitation an express statement the					
	were not tax deductible?		· · · · · ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	ntrıbut	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	y prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
а	For all contributions of qualified intellectual property, did the organization file Form			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f					
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?				_ 	_ _
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	ı			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
J	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Bod	y and Management	

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	36			
Ь	Enter the number of voting members that are independent	1b	35			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.			3		No
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ $	ınce t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?	5		Νo
6	Does the organization have members or stockholders?			6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		• •	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was to describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Mr Thomas O'Neil 3690 East Avenue Rochester, NY 14618 (585) 385-8000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Highest compensated employee Key employee Officer Institutional Trustee or Director			Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
							_			

Part VII Continued

					ck all ′)			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	employee Key employee	L	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				Н		-			
						-			
						+			
				Н		-			
			+	Н		+			
								İ,	
1b Total		<u> </u>	•			Þ	2,325,86	9	249,798
2 Total number of individuals (including	those in 1	a) who		v o d	mora ti	an d	100 000 in reportab	lo.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►13

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation
Lackmann Culinary Services Inc 303 Crossways Park Drive Woodbury, NY 11797	Food service	2,896,472
Bon Appetit 5123 State Road 233 West Moreland, NY 13490	Food service	1,720,034
Sunguard Collegis Inc 2300 Maitland Center Pkway Suite 3 Maitland, FL 32751	Contract IT services	1,506,374
Lechase Construction Services LLC 300 Trolley Blvd Rochester, NY 14606	Construction Services	1,485,653
Jay Advertising Inc 170 Linden Oaks Rochester, NY 14625	Advertising	841,112
2 Total number of independent contractors (including those in 1) who re from the organization	. ,	. 18

Statement of Revenue

VIII								
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
nts nts	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b vents	170,380				
# چ		r unuruising ev	1c	·				
<u>=</u> _=	d		izations1d					
A. Miπ	е	_	nts (contributions) 1e					ļ
美	f	All other contribut similar amounts r	tions, gifts, grants, and not included above	3,764,459				
t e	g	Noncash cont	1f rıbutıons ıncluded ın					
Ser	9		141,230					
•	h	Total (Add lin	es 1a-1f)		5,630,473			
				Business Code				
enu	2a	tuition & fees		611,600	90,377,444	90,377,444		
æ	ь	Buffalo Bills Cam	p	900,099	503,141		503,141	
93	с	Child Care		624,410	236,473		236,473	
<u>*</u>	d	Childcare non tax	kable	624,410	165,085			165,085
Ē	e f	facilities rental		532,000	94,866		94,866	
Program Service Revenue	f	All other prog	ram service revenue		138,759		75,584	63,175
Ě	g		es 2a-2f					
	3	► \$ 91,515,76	os Icome (including divid	dends. Interest				
			amounts)	· · · · · · · · · · · · · · · · · · ·	1,131,862			1,131,862
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
				▶				
	5	koyalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) Kedi	(ii) i ersonar				
	ь	Less rental						
	с	expenses Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	► (II) O ther				
	7a	Gross amount	25,125,617	(II) O thei				
		from sales of assets other						
	ь	than inventory Less cost or	27,813,719					
		other basis and sales expenses						
	С	Gain or (loss)	-2,688,102					
	d	Net gain or (lo	oss) • • • • • • • • • • • • • • • • • • •	. ▶	-2,688,102	-2,688,102		
	8a	Gross income	from fundraising					
		events (not in \$ 11	cluding .4,382					
ıne		of contribution	ns reported on line					
क }-		1c) See Part <i>Attach Schedul</i>	IV, line 18 le G if total exceeds					
ď		\$15,000	а	170,380				
Other Revenue	ь		xpensesb	226,919	112 527	112 527		
ŏ	С	Net income or	(loss) from fundraisi	ng events	-112,537	-112,537		
	9a	Gross income	from gaming part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00	a					
	ь	Less directe	xpensesb					
	с		(loss) from gaming a	activities •				
	10a	Gross sales o	f inventory, less	F				
		returns and al	lowances .					
	ь	less cost of	a goods sold b					
	С		(loss) from sales of					
		Miscellaneou	·	Business Code				
	11a	Rental Income	1	532,000	376,688			376,688
	ь	miscellaneous		900,099	349,874			349,874
	С	athletic team	fund raı	611,600	144,067			144,067
	d	All other reve	nue		189,403			189,403
	е	Total. Add line	es 11a-11d	 \$ 1 060 032				
	12	Total Revenue		\$ 1,060,032 , 4, 5, 6d, 7d,	96,537,496	87,576,805	910,064	2,420,154
		8c,						
	J	ec, 10c, and 1	l1e	٠ - ١		I		Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,110,439	23,110,439		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,854,756	1,000,414	472,719	381,623
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	31,014,181	19,037,788		634,983
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,923,888	1,181,415	703,799	38,674
9	Other employee benefits	4,217,553	2,576,714	1,525,809	115,030
10	Payroll taxes	2,608,352	1,591,094	939,007	78,251
11	Fees for services (non-employees)				
а	Management				
b	Legal	307,202		307,202	
c	Accounting	63,131		63,131	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	161,131	80,566	77,343	3,222
g	Other	1,436,422	876,217	517,112	43,093
12	Advertising and promotion	1,455,597	887,914	524,015	43,668
13	Office expenses	2,897,619	1,767,548	1,043,143	86,928
14	Information technology	2,156,672	1,315,570	776,402	64,700
15	Royalties				
16	Occupancy	2,208,982	1,347,479	795,234	66,269
17	Travel	1,310,483	799,395	471,774	39,314
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	391,951	239,090	141,102	11,759
20	Interest	2,480,585	1,513,157	893,011	74,417
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,328,275	3,860,249	2,278,179	189,847
23 24	Insurance	414,927	253,105	149,374	12,448
а	food service	4,629,992	2,824,295	1,666,797	138,900
b	Repairs and Maintenance	1,124,934	686,210	404,976	33,748
c	special programs	774,934	472,710	278,976	23,248
d		341,120	208,083	122,803	10,234
e	non-capital equipment	290,553	177,237	104,599	8,717
f	All other expenses	843,422	453,556	367,567	22,299
25	Total functional expenses. Add lines 1 through 24f	94,347,101	66,260,245	25,965,484	2,121,372
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2008)

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			11,490,299	1	11,175,066
	2	Savings and temporary cash investments				2	, , ,
	3	Pledges and grants receivable, net	_		2,645,178	3	3,554,235
	4	Accounts receivable, net			1,927,708		2,667,452
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			. ,	5	· · ·
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	n 4958(f)(1)) and		6		
	7	Notes and loans receivable, net			3,549,629	7	3,681,277
	8	Inventories for sale or use				8	
90	9	Prepaid expenses and deferred charges			3,214,436	9	2,609,061
ssets	10a						
AS	_	Land, buildings, and equipment cost basis	10a	168,660,10	3		
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	65,753,13	100,366,392	10c	102,906,972
	11	Investments—publicly traded securities			46,895,757	11	37,015,594
	12	Investments—other securities See Part IV, line 11 Complete F	Part VI.	I of	· · ·	12	<u> </u>
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	II		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			7,624,270	15	6,235,646
	16	Total assets. Add lines 1 through 15 (must equal line 34)			177,713,669		169,845,303
	17	Accounts payable and accrued expenses .			7,814,277	17	9,524,971
	18	Grants payable				18	
	19	Deferred revenue			3,702,301	19	4,172,650
	20	Tax-exempt bond liabilities				20	
e)	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties	s .		51,845,000	23	48,932,600
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			4,997,582	25	5,509,898
	26	Total liabilities. Add lines 17 through 25			68,359,160	26	68,140,119
-se		Organizations that follow SFAS 117, check here ► ✓ and comply through 29, and lines 33 and 34.	plet e l	ines 27			
Balance	27	Unrestricted net assets			96,090,634	27	89,334,573
<u></u>	28	Temporarily restricted net assets			4,527,390	28	1,896,136
<u> </u>	29	Permanently restricted net assets			8,736,485	29	10,474,475
r Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	nd con	nplete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
ASS	32	Retained earnings, endowment, accumulated income, or other fi		32			
Net /	33	Total net assets or fund balances			109,354,509		101,705,184
Ż	34	Total liabilities and net assets/fund balances			177,713,669		169,845,303
	I						
Pa	rt XI	Financial Statements and Reporting		-			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493077008010

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

St Joh	ın Fıshe	r College						1.0	074606	4		
Da	rt I	Peacon	for Public C	harity Status (to be co	mnlatad	hy all or	aanizatio		-0746864 Instruct			
				ation because it is (Please	•	-			moduce	.10113)		
1	Г			nurches, or association of ch					(A)(i).			
2	<u>.</u>	•		tion 170(b)(1)(A)(ii). (Attac					X7(-7-			
3	Ē			e hospital service organizati		•	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Ē	•	·	zation operated in conjunctiv			-				•	
	•		name, city, and	•		•			. , ,			
5	Г	•		or the benefit of a college or	universit	y owned o	roperated	l by a gove	rnmental	unit desc	rıbed ın	
	·			(Complete Part II)		•						
6	Г			overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).			
7		An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	 ınıt or fror	n the gene	eral public	3
		_		(1)(A)(vi) (Complete Par		• •	_			-	•	
8	\sqcap	A communi	ity trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	one or more the box tha	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check he box that describes the type of supporting organization and complete lines 11e through 11h									
e	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	licly suppo	orted orga	nizations (described	ın sectior	n 509(a)(1) or
f		If the orgar check this		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zation,
g		Since Augu following pe	ıst 17, 2006, h ersons?	as the organization accepted								
			•	r indirectly controls, either a		-	th persons	describe	d in (ii)	_	Yes	No
			· -	ng body of the the supported	_	tion?				11g		
		• • • • • • • • • • • • • • • • • • • •	•	erson described in (i) above						11g(
				ty of a person described in (11g((1111)	
h		Provide the	tollowing inform	nation about the organizatio	ns the org	janization	supports					
	/il Ni	ame of	(ii) EIN	(iii) Type of organization	/iv/\ T	s the	(v) Did v	ou notify	/wi> 1	s the	(vii) An	acupt of
		orted	(II) LIN	(described on lines 1-9		ation in	` ' '	nization		ation in	supp	
		nization		above or IRC section	col (i)	listed in	ın col (i	i) of your	col (i) c	rganızed	''	
				(See Instructions))		verning	supp	oort?	ın the	US?		
						ment?		T		T	4	
					Yes	No	Yes	No	Yes	No		
						-		-		-		
						-		-		-		
						-		-		-	1	
				I	l	I	1	1	I	I	1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15								
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.	check 1	this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 16-0746864

Name: St John Fisher College

Continue	Form 990, Part VII - Section Aaa	 									
Care Care			l .	tion (chec		I				(F)
Description Description		Average hours per	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
member	donald e baın , presıdent	35 00	Х		Х				289,384	0	28,560
Sonald e jeffres, board of trustees 1 0 0 X		1 00	×						0	0	0
member		1 00	Х		Х				0	0	0
member	member	1 00	×						0	0	0
member	member	1 00	×						0	0	0
member	member	1 00	×						0	0	0
Inember	member	1 00	×						0	0	0
member	member	1 00	×						0	0	0
member		1 00	×						0	0	0
member		1 00	×						0	0	0
member		1 00	×						0	0	0
member 1 00		1 00	×						0	0	0
member		1 00	×						0	0	0
member		1 00	×						0	0	0
member 1 00		1 00	×						0	0	0
member 1 00		1 00	×						0	0	0
member		1 00	×						0	0	0
trustees member 1 00		1 00	×						0	0	0
Member 100 X 0 0 0 0 0 0 0 0		1 00	×						0	0	0
member 1 00 X X 0 0 James p growney , board of trustees member 1 00 X 0 0 0 kevin n hill , board of trustees member 1 00 X 0 0 0 william m hughes , board of trustees member 1 00 X 0 0 0 deborah wilson , board of trustees member 1 00 X 0 0 0 robert w hurlbut , board of trustees member 1 00 X 0 0 0 philip h yawman , board of trustees member 1 00 X 0 0 0 Victor E Salerno , Board of trustees member 1 00 X 0 0 0 Ronald D Billitier , Board of trustees member 1 00 X 0 0 0 Margaret R DeFrancisco , Board of 1 00 X 0 0 0 0	•	1 00	×						0	0	0
member 1 00		1 00	×						0	0	0
william m hughes , board of trustees member 1 00		1 00	×						0	0	0
member		1 00	Х						0	0	0
member robert w hurlbut , board of trustees member philip h yawman , board of trustees member Victor E Salerno , Board of trustees member Ronald D Billitier , Board of trustees member Margaret R DeFrancisco , Board of		1 00	×						0	0	0
member philip h yawman , board of trustees member Victor E Salerno , Board of trustees member Ronald D Billitier , Board of trustees member Margaret R DeFrancisco , Board of	member	1 00	х						0	0	0
member 1 00 X Victor E Salerno , Board of trustees member 1 00 X Ronald D Billitier , Board of trustees member 1 00 X Margaret R DeFrancisco , Board of 1 00 X		1 00	х						0	0	0
member Ronald D Billitier , Board of trustees 1 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00	x						0	0	0
member Margaret R DeFrancisco , Board of		1 00	Х						0	0	0
		1 00	X						0	0	0
		1 00	х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada	ı													
			tion (check all				(C) (check all apply)					/E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations				
Sheldon J Krys , Board of trustees member	1 00	X						0	0	0				
Efrain Rivera , Board of trustees member	1 00	Х						0	0	0				
Mark Sieczkarek , Board of trustees member	1 00	×						0	0	0				
Romeo Smith , Board of trustees member	1 00	Х						0	0	0				
Rev Joseph A Trovato , Board of trustees member	1 00	X						0	0	0				
michael c goonan , Vice chair Board of Tru	1 00	X		х				0	0	0				
thomas o'neil , vp of financial affairs	35 00			Х				174,480	0	16,304				
Ronald j ambrosetti , provost	35 00				Х			188,149	0	17,749				
william o'connor , vp of instituional advan	35 00				Х			186,032	0	22,086				
gerard rooney , vp of enrollment/externa	35 00				Х			187,246	0	16,603				
Scott A Swigart , Dean, School of Pharmacy	35 00				х			216,493	0	27,281				
Arthur L Walton , Professor, School of Edu	35 00				х			215,312	0	14,905				
J Jason Berman , Assistant Dean, School o	35 00				х			172,144	0	20,493				
Fred F Farris , Professor, School of Pha	35 00					Х		148,231	0	21,585				
Dianne Cooney-Miner , Dean, School of Nursing	35 00					х		142,527	0	18,778				
Julius Gregg Adams , Associate Dean, School o	35 00					х		142,011	0	12,966				
Warren Richards , Professor, School of Pha	35 00					Х		130,642	0	19,326				
Mary S Collins , Professor, School of Nur	35 00					Х		133,218	0	13,162				

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a tuition & fees	611,600	90,377,444	90,377,444		
b Buffalo Bills Camp	900,099	503,141		503,141	
c Child Care	624,410	236,473		236,473	
d Childcare non taxable	624,410	165,085			165,085
e facilities rental	532,000	94,866		94,866	

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

St. John Fisher College is a collaborative community dedicated to teaching and learning in a personalized educational environment. The College is guided by its Catholic heritage, as expressed in the motto of its founders, the Basilian Fathers: "teach me goodness, discipline, and knowledge." Through an education rooted in the liberal arts, we prepare individuals for lives of intellectual, professional, and civic integrity, in which diversity and service to others are valued and practiced.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

St. John Fisher College is a collaborative community dedicated to teaching and learning in a personalized educational environment. The College is guided by its Catholic heritage, as expressed in the motto of its founders, the Basilian Fathers: "teach me goodness, discipline, and knowledge." Through an education rooted in the liberal arts, we prepare individuals for lives of intellectual, professional, and civic integrity, in which diversity and service to others are valued and practiced.

DLN: 93493077008010

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Ciriu	The vertice of vice		Zilopediloli
	me of the organization John Fisher College		Employer identification number
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered les to form 9:	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	nor advised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		•
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of ce	n historically importantly land area ertified historic structure n of a conservation easement
	on the last day of the tax year		Held at the End of the Year
-	-		
a b	Total number of conservation easements		24
	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified h	···	2c
d	Number of conservation easements included in (c)	•	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year ►		
1	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ations, and Yes No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2 (d) above satisfy the requirements of sec	rtion Yes No
•	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	•
ar	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990, Part X		▶ -\$
			· T

<u>'ar</u>	Organizations Maintaining Co	llections of Art,	Hist	toric	<u>cal Treas</u>	ures, or Othe	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that a	re a significant u	ise of its collection	on	
а	Public exhibition		d	Γ	Loan or ex	change programs			
ь	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how	they	further the	organization's ex	kempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				Yes	√ No
Pai	tt IV Trust, Escrow and Custodial					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions	or other assets	not ▽	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following table							
							A mo		
C _ı	Beginning balance					1c			304,908
d	Additions during the year					1d			592,494
e	Distributions during the year					1e			36,329
f	Ending balance					1f	_		361,073
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	▼ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							\ F \	
la	Beginning of year balance	(a)Current Year 44,236,101	(D)	Prior	rear (c)	Two Years Back (d)	Three Years Back (e) Four Y	ears Back
.a b	Contributions	2,833,083							
C	Investment earnings or losses	-9,466,119							
d	Grants or scholarships	3,113,223							
e	Other expenditures for facilities	-760,243							
_	and programs	·							
f	Administrative expenses								
g	End of year balance	36,842,822							
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment 🕨	72 000 %							
ь	Permanent endowment 🕨 28 000 %								
С	Term endowment ▶								
3a	Are there endowment funds not in the posses	ssion of the organizat	ıon t	hat a	re held and	administered for	the		
	organization by						[<u>- (1)</u>	Yes	No
	(i) unrelated organizations		•	•			3a(i)		No
h	(ii) related organizations						3a(ii)	<u>' </u>	No I
1	Describe in Part XIV the intended uses of th	•							
	rt VI Investments—Land, Buildings					Part X. line 10.			
	Description of investment			(a) (Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
la	Land					4,689,328			4,689,328
	Buildings		ŀ			118,286,338	35,966,120		2,320,218
	Leasehold improvements					4,969,511	1,302,766		3,666,745
	Equipment		.			33,911,412	· · · · · ·	1	1,374,177
	Other		ŀ			6,803,517			856,504
						. ,			,

102,906,972

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		of unlunture
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method (Cost or end-of-y	
Financial derivatives and other financial products		•	
Closely-held equity interests			
Other			
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 12)			
	5 000 5 17 1	4.3	
Part VIII Investments—Program Related. Se		13. (c) Method	 of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-y	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II			/h) Daalawalaa
(a) Descri	ption		(b) Book value
Fotal. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part 3			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
JS Government Grants Refundable	3,547,064		
Liability Under FIN 47	1,107,834		
lability under interest rate swap agreement	855,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	5,509,898		

Part XI Reconciliation of Change in Net Assets from Form 990 to Fi	<u>nancial Statemen</u>	ts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1	96,537,496
Total expenses (Form 990, Part IX, column (A), line 25)		2	94,347,101
3 Excess or (deficit) for the year Subtract line 2 from line 1		3	2,190,395
4 Net unrealized gains (losses) on investments		4	-8,512,674
5 Donated services and use of facilities		5	
6 Investment expenses		6	
7 Prior period adjustments		7	
8 Other (Describe in Part XIV)		8	-1,327,046
9 Total adjustments (net) Add lines 4 - 8		9	-9,839,720
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9		10	-7,649,325
Part XII Reconciliation of Revenue per Audited Financial Statements	s With Revenue p	er Retu	ırn
1 Total revenue, gains, and other support per audited financial statements		1	64,733,467
A mounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	-8,512,674		
b Donated services and use of facilities 2b			
c Recoveries of prior year grants			
d Other (Describe in Part XIV) 2d	112,537		
e Add lines 2a through 2d		2e	-8,400,137
3 Subtract line 2e from line 1		3	73,133,604
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	161,131		
b Other (Describe in Part XIV)	23,242,761		
c Add lines 4a and 4b		4c	23,403,892
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	96,537,496
Part XIII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses		
 Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 		1	71,055,746
b Prior year adjustments			
c Losses reported on Form 990, Part IX, line 25			
d Other (Describe in Part XIV)	112,537		
e Add lines 2a through 2d		2e	112,537
3 Subtract line 2e from line 1		3	70,943,209
4 A mounts 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 4a	161,131		
b Other (Describe in Part XIV)	23,242,761		
c Add lines 4a and 4b		4c	23,403,892
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	94,347,101
Part XIV Supplemental Information	l		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier Return Reference Explanation

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2008

Open to Public Inspection

	n Fisher College	inployer identificati	on man					
	-	6-0746864						
				YES	NO			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	1	Yes				
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes				
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcasthe period of solicitation for students, or during the registration period if it has no solicitation progressive that makes the policy known to all parts of the general community it serves? If "Yes," please descriptease explain The College does not publish its non discriminatory policy in print or media. Instead, the policy is	ribe If "No,"	3		No			
	the graduate and undergraduate bulletins and applications for admissions		-					
	Does the organization maintain the following?							
	Records indicating the racial composition of the student body, faculty, and administrative staff?							
b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?							
С	Copies of all catalogues, brochures, announcements, and other written communications to the pub	lic dealing	4c	Yes				
	with student admissions, programs, and scholarships?							
a	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, attach a separate statement)							
5	Does the organization discriminate by race in any way with respect to		-					
а	Students' rights or privileges?		5a		Νo			
b	Admissions policies?		5b		Νo			
c	Employment of faculty or administrative staff?		5c		Νo			
d	Scholarships or other financial assistance?		5d		Νo			
е	Educational policies?		5e		Νo			
f	Use of facilities?		5f		Νo			
g	Athletic programs?		5g		Νo			
h	Other extracurricular activities?		5h		Νo			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a sepa	iate statement)						
c -	Does the organization receive any financial aid or acceptance from a concentration of			 _v				
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No			
	If you answered "Yes" to either 6a or b, please explain using an attached statement				.,,			
7	Does the organization certify that it has complied with the applicable requirements of sections 4-0	1 through 4 05						
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an expla		7	Yes				

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DLN: 93493077008010

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Intern	ternal Revenue Service lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.					Inspection	
	ne of the organization ohn Fisher College	j , , , , , , , , , , , , , , , , , , ,					
	<u>-</u>					16-0746864	l
Pá	art I Fundraising	Activities. Complet	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	/, line 17.
1	Indicate whether the oi	rganızatıon raısed funds	through a	ny of the	following activities Ch	eck all that apply	
а	Mail solicitations				e 🔽 Solicitation of r	non-government grants	
b	▼ Email solicitations			government grants			
С	Phone solicitations				g 🔽 Special fundrai	sing events	
d	✓ In-person solicitati	ions					
	If "Yes," list the ten hig	d ın Form 990, Part VII	or entity entities (fanization (iii) fundrais custo conti	fundraisei Form 990 Did er have dy or	ction with professional f rs) pursuant to agreem	fundraising activities? ents under which the fuired to complete this ta (v) A mount paid to (or retained by) fundraiser listed in	
			contributions? Yes No			col (i)	
			1.05				
				 			
_							+
							+
_				<u> </u>			
_	•						+
Tot	aı			•	1	1	1

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NΥ

TOURNAMENT CLASSIC (total number)	(a) th (c)) 28 17 11 20 1	4,762 0,380 4,382 8,081
1 Gross receipts	17 11 20	0,380 4,382 8,081
3 Gross revenue (line 1 90,744 19,592 4,046 minus line 2)	20	8,081
3 Gross revenue (line 1 90,744 19,592 4,046 minus line 2)	20	8,081
	20	
ω - Name and December 3,909 4,172	20	
5 Non-cash Prizes	1	
5 Non-cash Prizes		2,555
立 7 Other direct expenses 10,558 4,846 879	2.2	6,283
B Direct expense summary Add lines 4 through 7 in column (d)		6,919
9 Net income summary Combine lines 3 and 8 in column (d)		2,537
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.	e thar	ו
ф (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo		
1 Gross revenue		
ψ 2 Cash prizes		
2 Cash prizes		
បី 4 Rent/facility costs		
4 Rent/facility costs		
6 Volunteer labor		
7 Direct expense summary Add lines 2 through 5 in column (d)		
8 Net gaming income summary Combine lines 1 and 7 in column (d)		
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?	Yes	No
ь If "No," Explain		
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a 10a 10a		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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

DLN: 93493077008010

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion Employer identification number

St John Fisher College						16-0746864	
Part I General Infor	mation on Grai	nts and Assistance	e			'	
Does the organization mathe selection criteria use Describe in Part IV the o	d to award the gran	nts or assistance?					▼ Yes
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the off no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		=			-	1	
3 Enter total number of oth	er organizations .					<u> </u>	•
For Paperwork Reduction Act Not	ice, see the Instruct	ions for Form 990.		Cat No 500551		Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, I	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 A LIST OF SCHOLARSHIP AND FELLOWSHIP RECIPIENTS IS ON FILE AT ST JOHN FISHER COLLEGE AND IS AVAILABLE UPON REQUEST ALTHOUGH THERE MAY BE RECIPIENTS WHO ARE RELATED TO PERSONS HAVING INTEREST IN THE INSTITUTIONS, SUCH RECIPIENTS ARE SELECTED ON AN EQUAL, OBJECTIVELY DETERMINABLE BASIS WITH OTHER RECIPIENTS THAT IS, ALL STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS

(f)Description of non-cash assistance

Software ID: Software Version:

EIN: 16-0746864

Name: St John Fisher College

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States										
(a)Type of grant or assistance	(b)Number of	(c)A mount of	(d)A mount of	(e) Method of valuation						

(a) Type of grant of assistance	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)	(1) bescription of non-easin assistance
BIRMINGHAM SCHOLARSHIP	1	6,000			
DORSEY SCHOLARSHIP	1	7,597			
FIRST GENERATION SCHOLARSHIP	106	1,055,078			
FISHER SCHOLARSHIP	1	6,000			
HEOP SCHOLARSHIP	73	1,037,552			
HILLSIDE SCHOLARSHIP	2	22,385			
kodak scholarship	4	48,655			
LAVERY SCHOLARSHIP	1	5,970			
PENDERGAST SCHOLARSHIP	1	5,385			
SERVICE SCHOLARSHIP	98	992,635			
PRESIDENTS SCHOLARSHIP	309	2,877,500			
RESIDENT ADVISORS	47	417,205			
WELCH SCHOLARSHIP	2	12,250			

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DLN: 93493077008010

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization St John Fisher College 16-0746864 **Questions Regarding Compensation**

				Yes	Νo
1a	Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to provi				
	First class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	■ Tax idemnification and gross-up payments ■ Tax idemnifica	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written pol provision of all the expenses described above? If "No," com		1b		No
2	Did the organization require substantiation prior to reimburs officers, directors, trustees, and the CEO/Executive Directo	• • • • • • • • • • • • • • • • • • • •	2	Yes	
3	Indicate which, if any, of the following the organization uses organization's CEO/Executive Director Check all that apply	·			
	✓ Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII	, Section A , line 1a			
а	Receive a severance payment or change of control payment	7	4a		Νo
b	Participate in, or receive payment from, a supplemental nonc	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based cor	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete I	ines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe		7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs's in Part III		8		No

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
donald e baın	(1) (11)	287,532		1,852	18,400	10,160	317,944	
thomas o'neil	(1) (11)	165,874	8,606		12,796	3,508	190,784	
Ronald j ambrosetti	(1) (11)		8,606		13,677	4,072	205,898	
william o'connor	(ı) (ıı)		8,606	13,970	12,854	9,232	208,118	
gerard rooney	(ı) (ıı)	170,690	8,606	7,950	13,330	3,273	203,849	
Scott A Swigart	(1) (11)				17,582	9,699	243,774	
Arthur L Walton	(1) (11)	215,312			11,426	3,479	230,217	
J Jason Berman	(1) (11)				10,971	9,522	192,637	
Fred F Farris	(ı) (ıı)				11,931	9,654	169,816	
Dianne Cooney-Miner	(ı) (ıı)				10,403	8,375	161,305	
Julius Gregg Adams	(1) (11)	142,011			10,098	2,868	154,977	
	(ii)							
	(i)		<u> </u> '					4
	(ii)		 	1		<u> </u>		4
	(i)	 	 	+		 	<u> </u>	1
	(ii)							<u> </u>

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

Software ID: Software Version:

EIN: 16-0746864

Name: St John Fisher College

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

ruini 990, Schedule J, Part	orni 990, Schedule 3, Part 11 - Orncers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form				
	(ii) Base (iii) Bonus & Incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ				
donald e bain (i	(i) 287,532 (i)		1,852	18,400	10,160	317,944					
thomas o'neil (i	165,874	8,606		12,796	3,508	190,784					
Ronald j ambrosetti (i	179,543	8,606		13,677	4,072	205,898					
william o'connor (i	163,456	8,606	13,970	12,854	9,232	208,118					
gerard rooney (I	170,690	8,606	7,950	13,330	3,273	203,849					
Scott A Swigart (I	216,493			17,582	9,699	243,774					
Arthur L Walton (I	(i) 215,312 (i)			11,426	3,479	230,217					
J Jason Berman (I	172,144			10,971	9,522	192,637					
Fred F Farris (I	148,231			11,931	9,654	169,816					
Dianne Cooney-Miner (i	142,527			10,403	8,375	161,305					
Julius Gregg Adams (i	142,011			10,098	2,868	154,977					
1							!				

DLN: 93493077008010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

St John Fisher College

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

Employer identification number 16-0746864

										10-0746	004			
Pa	rt I Bond Issues (Require	ed for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beha	On alf of uer
											Yes	No	Yes	No
Α	COMIDA - SERIES 2005	51-0188852	367302BA3	01-27-	2005	14,	300,000	Residence H renovations	all and Ca	mpus	х			×
В	DASNY - SERIES 2008	14-6000293	6499035E7	11-25-	2008	13,	315,000	To defease 2005 Series COMII bonds				х		×
Pa	rt III Proceeds (Optional fo	or 2008)		_										
1	Total Proceeds of Issue				Α	E	B			D			E	
2	Gross Proceeds in Reserve Fun	Gross Proceeds in Reserve Funds												
3	Proceeds in Refunding or Defea	Proceeds in Refunding or Defeasance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fr	Working Capital Expenditures from Proceeds												
7	Capital Expenditures from Proc	eeds											,	,
8	Year of Substantial Completion					•		•		•		•		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	š	No
9	Were the bonds issued as part o	of a current refunding is:	sue?											
10	Were the bonds issued as part o	of an advance refunding	ıssue?											
11	Has the final allocation of proce	eds been made?												
12	Does the organization maintain final allocation of proceeds?	adequate books and rec	ords to support the											
Pai	rt IIII Private Business Us	e (Optional for 2008)									1		
				<u> </u>		+	B			D			E	
	Washington			Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
1	Was the organization a partner i which owned property financed b		ember of all LLC,											
2	Are there any lease arrangemer which may result in private busi		nanced property											
For F	or Paperwork Reduction Act Notice, see the Instructions for Form 990.					Cat No 501	193E			Sc	hedule K	(Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493077008010

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization St John Fisher College

Employer identification number

					5-074					
Part I Excess Benefit Transact										
To be completed by organization	ns that answered "Yes	s" on Form 990, Part I\	/, line	e 25a or 25b	o, or F	orm 9	90-EZ			
1 (a) Name of disqualifie	d person	(b) Des	cript	on of transa	ction			<u> </u>		ected?
									Yes	No
2 Enter the amount of tax imposed on	the organization mana	gers or disqualified per	sons	during the y	earu	nder				
section 4958	-			= -			\$			
3 Enter the amount of tax, if any, on lir	ie 2, above, reimburse	d by the organization .				•	\$			
Part II Loans to and/or From	Interested Perso	ns					,			_
To be completed by organiza			: IV, I	ine 26, or Fo	orm 9	90-E	Z, Part	V, lin	e 38a	
. , ,		,	T	,			(1			
(a) Name of interested person and	(b) Loan to or from the	(c)Original principal			(e)		Appr	oved	1	ritten/
purpose	organization?	amount	(d)E	Balance due	defa	ult?	1 '		1 -	ment?
		-			Yes	T	+	committee?		1
	To From		+			No	Yes No		Yes	No
			-				-		-	1
						<u> </u>	-		-	
			-				<u> </u>			
			<u> </u>				1			
Total		🕨 \$								
Part III Grants or Assistance B					_					
To be completed by organ					e 27					
(a) Name of interested person	I	between interested pe	erson	(c)A m	ount	of gra	nt or ty	pe of	assista	nce
Manthandanhan	and	the organization								
Merit based scholarships									1	0,500
Discounted tuition										.0,500
Discounted taition									1	4,960
Part IV Business Transactions	Involving Intere	sted Persons								
To be completed by organ			990.	Part IV, lin	ie 28	a. 28	Bb. or	28c.		
	(b) Relationship			T ,					(e) Sha	ring of
	between interest		f	(, , , ,		٠.		ا ا		ation's
(a) Name of interested person	person and the	transaction		(d) Descr	iption	oftr	ansacti	ion [reven	ues?
	organization								Yes	No
WAYNE LECHASE- LeChase Construction	Board of Trustees	4,325	,771	Construction	n ser	vices				Νo
	member									
Dan Maxwell - Fırst Nıagara Rısk	Board of Trustees	106	,362	Insurance s	ervic	es				Νo
Management	member									
	 							$-\!\!\!+$		
Victor Salerno- O'Connell Electric	Board of Trustees	18	,773	Electricals	ervice	es				Νο
Daniel Bellitian Bellitian Electric	member	4.4	700	Flaat				-+		N.a
Ronald Billitier- Billitier Electric	Board of Trustees member	41	,706	Electricals	ervice	:5				Νο
Mary Piehler - Server Ware Corn	Board of Trustees	90	015	Computers	o rvic			\dashv		N o

member

DLN: 93493077008010

OMB No 1545-0047

Inspection

Non-Cash Contributions

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization **Employer identification number** St John Fisher College 16-0746864 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes Intellectual property . . . Securities—Publicly traded . Χ 6 39,420 MARKET HIGH/LOW Χ 101,810 MARKET HIGH/LOW 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts Scientific specimens . . Archeological artifacts . . . Other (describe 25 Other (describe ____ 27 Other (describe 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31_ Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

b If "Yes", describe in Part II

checked, describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

32a

Yes

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Third Party Use Part I, Line 32b The organization utilizes an investment broker to receive and liquidate stock gifts

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization St John Fisher College

Employer identification number

16-0746864

ldentifier	Return Reference	Explanation						
Form 990, Part III, line 4d	Other Program Services	ACADEMIC SUPPORT- TO SUPPORT THE INSTRUCTION FUNCTION Approximately 3,800 students served Expenses \$ 4446745 including grants of \$ 0 Revenue \$ 0						

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Student Services- TO SUPPORT THE INSTRUCTION FUNCTION Approximately 3,800 students served Expenses \$ 6451328 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE 990 IS EXTENSIVELY REVIEWED BY THE FINANCE AND AUDIT COMMITTEES AND POSTED ON TO THE INTRANET FOR BOARD OF TRUSTEE REVIEW

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE CONFLICTS COMMITTEE OF THE BOARD OF TRUSTEES OVERSEES AND ENFORCES COMPLIANCE WITH THE POLICY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		President and Cabinet members. A third party consultant is hired to collect compensation and benefit data from peer institutions identified by the College. This is coordinated by the Director of HR. The Executive Compensation Committee reviews the aggregate data and trends and forwards their recommendations to the Executive Committee of the Board who makes the final approval of salary and benefit adjustments. Deans and key employees. The Director of HR collects market data for the identified positions and reviews with the President and cabinet members who are responsible for approving the salary adjustments.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		All forms requested will be made available at the St. John Fisher College Controller's Office during normal business hours. If feasible, SJFC may also elect to fulfill the request in a pdf version

ldentifier	Return Reference	Explanation
Form 990, Part XI, line 2x		This process has not changed since the prior year

DLN: 93493077008010

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Employer identification number

St John Fisher College				16-0746864	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
St John Fisher Real Estate LLC 3690 east avenue rochester, NY 14618 16-0746864	to assume title of certain property from the College	NY	0	0	st John fisher college
Part II Identification of Related Tax-Exempt Organizati	ons				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling) entity
For Danarwork Bodustian Act Natice can the Instructions for Form 900	l	Cat No 50135		I	Schodulo P / Form 000\ 2009

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	nicile Direct controlling te or entity		(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtiona allocations?		Code V—UBI amount on Box 20 of K-1		iral o aging ner?
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organi	zations
---	---------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II	-IV3								
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a							
b	Gift, grant, or capital contribution to other organization(s)			1b							
c	Gıft, grant, or capıtal contribution from other organization(s)			1c							
d	Loans or loan guarantees to or for other organization(s)			1d							
e	Loans or loan guarantees by other organization(s)			1e							
f	Sale of assets to other organization(s)			1f							
g	g Purchase of assets from other organization(s)										
h	Exchange of assets			1h							
i	Lease of facilities, equipment, or other assets to other organization(s)			1i							
j	Lease of facilities, equipment, or other assets from other organization(s)			1j							
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k							
I	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)		11							
m	Sharing of facilities, equipment, mailing lists, or other assets			1m							
n	Sharing of paid employees			1n							
0	Reimbursement paid to other organization for expenses			10							
р	Reimbursement paid by other organization for expenses			1р							
q	O ther transfer of cash or property to other organization(s)			1q							
r	O ther transfer of cash or property from other organization(s)			1r							
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds								
	(A)	(B)	(c)								
	Name of other organization(s)	Transaction type(a-r)	Amount Involved								
(1)											
(2)											
(3)											
(4)											
(5)											
/e\											
(6)											

Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		