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DLN: 93493044002030

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number **B** Check if applicable Please SAINT ANSELM COLLEGE use IRS 02-0222182 Address change label or Doing Business As E Telephone number print or Name change type. See Specific (603) 641-7100 Initial return Number and street (or P O box if mail is not delivered to street address) G Gross receipts ~\$~81,373,710Instruc-100 ST ANSELM DRIVE Termination tions. City or town, state or country, and ZIP + 4 MANCHESTER, NH 031021310 Name and address of Principal Officer H(a) Is this a group return for FR JONATHAN DEFELICE OSB

Amended return Application pending affiliates? 100 ST ANSELM DRIVE MANCHESTER, NH 03102 ┌ Yes ┌ No H(b) Are all affiliates included? (If "No," attach a list See instructions)

j W	eb sit	e: ► WWW ANSELM EDU		H(c) Group Exemption Number ►					
К Тур	e of or	ganization Corporation trust association other		L Year of Formation 1889	M State of legal domicile NH				
Pa	rt I	Summary							
		Briefly describe the organization's mission or most signi	ficant activities						
Governance		TO PROVIDE A CATHOLIC, LIBERAL ARTS EDUCATI STUDENTS WHO ARE CAPABLE OF BENEFITING FRO COMMUNITY THAT EMBODIES CHRISTIAN AND CAT							
e¥e	2	Check this box T if the organization discontinued its op	erations or disposed (of more than 25% of its as	sets				
	3	Number of voting members of the governing body (Part V	'I, line 1a)		31				
Activities &	4	Number of independent voting members of the governing			4 31				
	5	Total number of employees (Part V, line 2a)		•	5 1,949				
	6	Total number of volunteers (estimate if necessary) .			6 100				
	7a	Total gross unrelated business revenue from Part VIII,	line 12, column (C)		7a 0				
	ь	Net unrelated business taxable income from Form 990-	Γ, line 34	;					
				Prior Year	Current Year				
Rayenne	8	Contributions and grants (Part VIII, line 1h)	6,844,82	4 5,618,631					
	9	Program service revenue (Part VIII, line 2g)	67,192,18	7 68,594,874					
	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)	6,857,62	3 2,446,700				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	ec, 10c, and 11e)	836,99	8 -1,662,437				
	12	Total revenue—add lines 8 through 11 (must equal Par	t VIII, column (A), lır	ne 81,731,63	2 74,997,768				
	13	(Part IX, column (A)	and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid to or for members (Part IX, column (A), li							
		Salaries, other compensation, employee benefits (Part	•	_					
\$	15	10)	32,181,27	8 31,181,835					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		0				
ੜੀ	ь	(Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$)						
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f-24f)	22,351,54	21,276,671				
	18	Total expenses—add lines 13-17 (must equal Part IX,	line 25, column (A))	77,697,66	76,360,900				
	19	Revenue less expenses Subtract line 18 from line 12		4,033,97	-1,363,132				
উউ				Beginning of Year	End of Year				
964 888	20	Total assets (Part X, line 16)		210,168,02	6 193,575,288				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	74,453,98	7 80,328,348					
<u> 25</u>	22	Net assets or fund balances Subtract line 21 from line	135,714,03	9 113,246,940					
Pa	rt II	Signature Block							
Plea	se	Under penalties of perjury, I declare that I have examined this retu and belief, it is true, correct, and complete Declaration of preparer		ed on all information of which pr					
Sigr		Signature of officer	2010-02-11 Date						
Here		FR MARK COOPER OSB CHIEF FINANCIAL OFFICER Type or print name and title							
		Preparer's D	TIN (See Gen Inst)						

Paid empolyed F Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 EIN F **Use Only** Phone no

ΓYes **Γ**Nο May the IRS discuss this return with the preparer shown above? (See instructions) .

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

1	Briefly describe the organizatio	n's mission				
					RGRADUATE STUDENTS WHO ARE (IAN AND CATHOLIC PRINCIPLES	CAPABLE OF BENEFITING FROM
2			nt program se	rvices during the ye	ar which were not listed on	「Yes ▼ No
	the prior Form 990 or 99 If "Yes," describe these		 edule 0			Yes No
3	Did the organization cea			changes in how it co	onducts any program	
,	services?				· · · · · ·	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedul	e O			
4		4) organizations and	4947(a)(1) t	rusts are required to	e largest program services to report the amount of grants rted	
4a					21,274,470) (Revenue \$ D PROVIDE FINANCIAL AID IN THE BER OF DEGREES CONFERRED WEF	
4b	(Code) (Expenses \$	15,724,579	including grants of \$) (Revenue \$	1,843,195)
		AND TO HIS/HER INTELLE	CTUAL, CULTUR	AL, AND SOCIAL DEVELO	RY PURPOSE IS THE CONTRIBUTION PMENT THE COLLEGE OPERATES A	
	(0-1-) (F	7.052.205		\	13,278,403)
4c	(Code AUXILIARY SERVICES INCL) (Expenses \$ JDES EXPENDITURES FOR	7,852,295 THE SELF-SUPF	including grants of \$ PORTING ACTIVITIES OF) (Revenue \$ THE COLLEGE, SUCH AS OPERATIO	,
	DINING FACILITIES, A BOOK					·
	(Code) (Expenses \$	10,094,570	Including grants of \$) (Revenue \$	429,024)
	OTHER PROGRAM SERVICES	MCTODE2 IN211101101	NAL SUPPURT, IN	NOUKANCE, CUMMUNICA	TIONS AND MARKETING, ETC	
	Other program service	s (Describe in Sche	dule O N			
Tu	(Expenses \$,	ding grants o	f\$) (Revenue \$	429,024)
	Total program service	· · ·	74,029,490	·	X, Line 25, column (B).	· · · · · · · · · · · · · · · · · · ·

	art IV	Checklist	t of Reau	ired S	chedules
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			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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		Νο
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		No
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,		Yes	
12	Parts VI, VIII, IX, or X as applicable	11	Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . 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		
	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	Yes	
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		Νο
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		Νο
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		No
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		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	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	185			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
2-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,949			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ	3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	\circ	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	- JD		
- 14	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement th		İ			
	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 con more $^{\circ}$	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_	.,	
_	file Form 8282?	I		7c	Yes	
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	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 sexcess business holdings at any time during the			8		
	year?		l I			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	· .		9b		
10	Section $501(c)(7)$ organizations. Enter	ــا	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
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	ı lıeu 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	Δ	Governing	Rody	and	Management
3 e ction /	٦.	Governing	Duuy	anu	manayement

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 31			
b	Enter the number of voting members that are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	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		No
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 NH
- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

FR MARK COOPER OSB 100 ST ANSELM DR MANCHESTER,NH 03102 (603) 641-7100

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) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

	(A) Name and Title	(B) Average hours per week	1	tion that Institutional Trustee	appl	у)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	or	(F) Estima mount o compens from t rganizati relat organiza	ated fother sation the on and ed
											+		
											+		
											+		
1b	Total	1,072,392								2			195,504
2	Total number of individuals (includin compensation from the organization)		a) who	recei	ved	mo	re tha	n \$1	00,000 ın reportab	le			
										_		Yes	No
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu									sated employee	_		
4	For any individual listed online 1a, is									n from the	3	Yes	
•	organization and related organization												
_	ındıvıdual			•	•	•		•			4	Yes	
5	Did any person listed on line 1a rece rendered to the organization? <i>If "Yes</i>		-						-		5		No
S	ection B. Independent Contra	ctors											
1	Complete this table for your five high	nest comper		ndep	end	ent	contra	ctor	rs that received mo	re than			
	•	(A)							Dee	(B)	T	(C	
	ivame ar	nd business ad	uress						Des	cription of services		Compe	isatiofi

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization . . .

Software ID: Software Version:

EIN: 02-0222182

Name: SAINT ANSELM COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C non (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) A verage 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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
RIGHT REV MATTHEW K LEAVY OSB , CHAIR-MBRS	10	Х		х				0	0	0	
BROTHER ISAAC MURPHY OSB , V CHAIR-MBRS	10	Х		х				0	0	0	
REV PETER J GUERIN OSB , SEC- MBRS	10	Х		х				0	0	0	
REV MARK A COOPER OSB , CFO- MBRS	40	Х		х				0	0	0	
MAURICE L AREL , TRUSTEE	1	Х						0	0	0	
MARY ANNE BEHNKE , TRUSTEE	1	Х						0	0	0	
RICHARD L BREADY , TRUSTEE	1	X						0	0	0	
JOYCE C CLIFFORD , TRUSTEE	1	X						0	0	0	
ROBERT P CONNOR , TRUSTEE	1	X						0	0	0	
JEANNETTE M DAVILA , TRUSTEE	1	X						0	0	0	
STEPHEN J ELLIS , TRUSTEE	1	Х						0	0	0	
WILLIAM J FARRELL , TRUSTEE	1	Х						0	0	0	
DANIEL T FLATLEY , TRUSTEE	1	Х						0	0	0	
MARIE CHABOT-FLETCHER , TRUSTEE	1	Х						0	0	0	
EDWARD A HJERPE III , CHAIR- TRSTEE	2	Х		х				0	0	0	
ROGER L JEAN , TRUSTEE	1	Х						0	0	0	
WILLIAM M KELLY , TRUSTEE	1	X						0	0	0	
THOMAS A MELUCCI SR , TRUSTEE	1	Х						0	0	0	
JOHN T PAUL , TRUSTEE	1	Х						0	0	0	
FRANK A PIANTIDOSI , TRUSTEE	1	Х						0	0	0	
JOANNE PIETRINI-SMITH , SEC- TRSTEES	1	Х		х				0	0	0	
CHARLES W POLLARD , VC&TREAS- TRS	2	×		х				0	0	0	
MICHAEL RIEGEL , TRUSTEE	1	Х						0	0	0	
CHARLES F ROLECEK , TRUSTEE	1	Х						0	0	0	
ROBERT F SMITH JR , TRUSTEE	1	Х						0	0	0	
WILLIAM J STEWART , TRUSTEE	1	Х						0	0	0	
REV JONATHAN P DEFELICE OSB , PRES-COLLEGE	40	×		x				0	0	0	
REV JEROME J DAY OSB , TRUSTEE	10	Х						0	0	0	
RICHARD J MEELIA , TRUSTEE	1	Х						0	0	0	
REV WILLIAM SULLIVAN OSB , TRUSTEE	10	Х						0	0	0	

Form 990, Part VII - Section Aaa

Torin 550, Part VII Section Au	*												
		ı	(C tion (hat a	chec		1			(5)	(F)			
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	I _	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			
BRO ANDREW THORNTON OSB , TRUSTEE	10	Х						0	0	0			
JAMES F FLANAGAN , VP COLL ADV	50				Х			180,375	0	38,808			
JOSEPH M HORTON , VP STUDENT A	40					Х		120,630	0	35,722			
ANNE BOTTERI , ASST VP-COMM	50					Х		120,282	0	28,157			
PAUL D'AMOUR , PROFESSOR	40					Х		111,393	0	17,189			
MARGARET A BOURQUE , ASSOC VP FIN	50					×		109,878	0	19,039			
PATRICIA SHUSTER , VP ADMIN	40					Х		109,107	0	12,966			
ANNE E TESSIER , VP ENROLLMEN	40						Х	107,120	0	7,651			
MARIE A GEORGE , EXEC VICE P	50						Х	106,624	0	12,805			
DENISE T ASKIN , PROFESSOR	40						Х	106,983	0	23,167			

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
					Exempt Function	Business Revenue	Excluded from Tax under IRC
	1a	Federated campaigns 1	a		Revenue		512, 513, or 514
まる	ь	Membership dues					
gra	c	11 Fundraising events	ь ————————————————————————————————————				
its, ≅an	d	1 Related organizations 10					
s, g mia	e	Government grants (contributions)					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	2,895,007		-		
きまって	g	1 Noncash contributions included i					
S #	h	Innes 1a-1f \$ 155,836 Total (Add lines 1a-1f)		5,618,631			
	-"-	Total (Add lines 14-11)	Business Code				
em	2a	STUDENT TUITION	Busiliess Code	53,044,252	53,044,252		
ever	ь	DORM RENTALS	_	13,278,403	13,278,403		
क इ <u>न</u>	c	STUDENT FEES		1,843,195	1,843,195		
7. 2.	d	FINES, FORFEITS, DORM DAMAGE		287,648	287,648		
žš E	e	ALL OTHER PROGRAM REVENUE	_	141,376	141,376		
Program Serwoe Revenue	f	All other program service revenu	е				
Ě	g	Total. Add lines 2a-2f					
	3	Investment income (including div	·				
		other similar amounts)		2,024,613	2,024,613		
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
	_	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental	+				
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	950,869				
		assets other than inventory					
	b	Less cost or other basis and	528,782				
	c	sales expenses Gain or (loss)	422,087				
	d	Net gain or (loss)	<u> </u>	422,087	422,087		
	8a	Gross income from fundraising					
		events (not including \$ 45,800					
ще		of contributions reported on line 1c) See Part IV, line 18					
₹		Attach Schedule G if total exceeds					
œ.	ь	\$15,000	30,302				
Other Revenue	c	Net income or (loss) from fundrai		-542	-542		
<u> </u>	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000	<u>.</u>				
	ь	Less direct expenses!	.				
	С	Net income or (loss) from gaming	activities •				
	10a	Gross sales of inventory, less returns and allowances					
			6,794,935				
	ь	Less cost of goods sold I					
	С	Net income or (loss) from sales o	Business Code	994,117	994,117		
	11a	REALIZED LOSS ON MUTUAL	Dasiness Code	-2,656,012	-2,656,012		
		FUNDS	_				<u> </u>
	Ь		-				
	C	All ather areas	_				
	d e	All other revenue Total. Add lines 11a-11d					
			\$ -2,656,012	74.05= ===	CO 3=2 : C=		
	12	Total Revenue. Add lines 1h, 2g, 8c,		74,997,768	69,379,137		
		9c, 10c, and 11e	▶				

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 STUDENT TUITION		53,044,252	53,044,252		
b DORM RENTALS		13,278,403	13,278,403		
c STUDENT FEES		1,843,195	1,843,195		
d FINES, FORFEITS, DORM DAMAGE		287,648	287,648		
e ALL OTHER PROGRAM REVENUE		141,376	141,376		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
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	23,902,394	23,902,394							
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									
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	24,941,194	23,637,236							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits	4,591,413	4,370,278	221,135						
10	Payroll taxes	1,649,228	1,590,532	58,696						
11	Fees for services (non-employees)									
а	Management	13,073	6,949	6,124						
b	Legal	72,629	29,138	43,491						
c	Accounting	86,605	7,500	79,105						
d	Lobbying	94,105		94,105						
e	Professional fundraising See Part IV, line 17									
f	Investment management fees	84,711	2,130	82,581						
g	Other									
12	Advertising and promotion	108,575	108,575							
13	Office expenses	2,581,993	2,542,449	39,544						
14	Information technology	907,343	907,343							
15	Royalties									
16	Occupancy	3,574,150	3,574,150							
17	Travel	859,865	771,090	88,775						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	564,075	450,651	113,424						
20	Interest	3,173,479	3,173,479							
21	Payments to affiliates	134,580	71,343	63,237						
22	Depreciation, depletion, and amortization	3,701,907	3,701,907							
23	Insurance	598,146	598,146							
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	ALL OTHER EXPENSES	1,553,345	1,417,170	136,175						
b	MAINTENANCE	902,008	902,008							
С	CONTRIBUTIONS & DONATIONS	826,588	826,588							
d	BOOKS/PERIODICALS	526,886	525,826	1,060						
e	DINING & ROOM REBATES	484,944	484,944							
f	All other expenses	427,664	427,664							
25	Total functional expenses. Add lines 1 through 24f	76,360,900	74,029,490	2,331,410	0					
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		·							

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				304,920	1	2,792,316
	2	Savings and temporary cash investments				3,075,774	2	3,468,426
	3	Pledges and grants receivable, net				2,958,700	3	2,160,800
	4	Accounts receivable, net				1,148,966		925,688
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			oloyees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of			6			
	7	Notes and loans receivable, net				4,630,441	7	4,786,934
	8	Inventories for sale or use				644,317	8	682,212
22	9	Prepaid expenses and deferred charges		804,921	9	1,130,092		
Assets	10a	Land, buildings, and equipment cost basis						
4		Laca pagumulated degree pation. Complete Part VI of	10a		130,531,373	-		
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь		47,093,484	78,355,538	10c	83,437,889
	11	Investments—publicly traded securities		٠.		94,992,327	11	76,700,268
	12	Investments—other securities See Part IV, line 11 <i>Complete is Schedule D</i>			12			
	13	Investments—program-related See Part IV, line 11 $\it Complete of Schedule D$.			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		23,252,122	15	17,490,663		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				210,168,026	16	193,575,288
	17	Accounts payable and accrued expenses .				5,127,183	17	5,386,711
	18	Grants payable	152,362	18	85,567			
	19	Deferred revenue	1,333,909	19	1,349,924			
	20	Tax-exempt bond liabilities		62,215,000	20	61,415,000		
<u>ē</u> ,	21	Escrow account liability			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u> </u>		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s .				23	
	24	Unsecured notes and loans payable				4,316,281	24	6,211,081
	25	Other liabilities Complete Part X of Schedule D				1,309,252	25	5,880,065
	26	Total liabilities. Add lines 17 through 25				74,453,987	26	80,328,348
У		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e l	lines	27			
Balance	27	Unrestricted net assets				88,099,782	27	75,588,246
8 8	28	Temporarily restricted net assets				34,161,324	28	23,817,043
Ē	29	Permanently restricted net assets		13,452,933	29	13,841,651		
r Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	i e					
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			
Ą	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		135,714,039	33	113,246,940		
Z	34	Total liabilities and net assets/fund balances		210,168,026	34	193,575,288		
	·						•	
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	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		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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	
h	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493044002030

OMB No 1545-0047

Employer identification number

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

SAINT	ANSEL	M COLLEGE										
ъ-		D	5. D. L.I. G		1.1	L - II -			-0222182			
	rt I			harity Status (to be co					Instruct	ions)		
	organi.			ation because it is (Please					/ A \ / ! \			
1	ļ	•		urches, or association of ch			Section 1	rvn(p)(1)((A)(I).			
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	•	·	e hospital service organizati			-		• •		•	
4	ı		-	zation operated in conjuncti	on with a l	hospital de	escribed ii	n Section	170(Ь)(1)	(A)(iii). E	nter the	
	_		name, city, and									
5	ı			or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	ribed in	
	_			(Complete Part II)								
6	<u> </u>	•	· -	overnment or governmental								
7	J	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
	_	described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)							
8	<u> </u>		•	ed in Section 170(b)(1)(A)		•	•					
9	ı	-		ally receives (1) more than					•	· ·		SS
		•		ated to its exempt functions	-			, ,	•			
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10				and operated exclusively to								
11	Г	•	•	and operated exclusively fo		, .			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check
		a T				- Function			'' d	Гтуре	III - Otl	ner
e	Г	·	• •	rtify that the organization is						e disauali	ified pers	ons
		•		agers and other than one or			•					
		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	ation,
g				as the organization accepted	d any gift	or contribi	ition from	any of the	ı.			,
9		following pe		as the organization accepto	a a, g	0. 00		u., o				
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	ganızatıon	supports					
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	
		orted		(described on lines 1 - 9		ation in Iisted in	_	nization		ation in	supp	ort?
,	Organ	nization		above or IRC section (See Instructions))		verning	supp	of your		rganized US?		
				(000 1,)		ment?	347	, , , ,	""			
					Yes	No	Yes	No	Yes	No		

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	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			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.		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, 160, 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						
c	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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

• Se	ection 501(c)(3) organizations tha	t have filed Form 5768 (election unde t have NOT filed Form 5768 (election	under section 501			II-A
	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Fizations complete Part III	Proxy Tax)			
Na	me of the organization			Employer iden	ntıfıcatıon numbe	r
SAI	NT ANSELM COLLEGE			02-0222182		
Par		oy all organizations exempt e the instructions for Schedule		501(c) and section	527	
1	-	ganization's direct and indirect polit	-	ıvıtıes ın Part IV		
2	Political expenditures				\$	
3	Volunteer hours					
Par	To be completed be for Schedule C for d	oy all organizations exempt etails.)	under section	501(c)(3). (See the	instructions	
1		e tax incurred by the organization ui	nder section 4955		\$	
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectior	1 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	7	☐ Yes	✓ No
4a	Was a correction made?				☐ Yes	▼ No
ь	If "Yes," describe in Part IV					
Par		by all organizations exempt s for Schedule C for details.)	under section	1 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	t function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	uted to other orgai	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes	✓ No
5	were made Enter the amount political contributions received	nd Employer Identification Number paid and indicate if the amount was dand promptly and directly delivere action committee (PAC) If addition.	paid from the filing d to a separate po	organization's own interna litical organization, such a	l funds or were s a separate	ents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of contributions in and promptly directly delive separate poorganization and enter -0	received ly and red to a litical If none,
			1		1	

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line d, column (e))								
f	Grassroots lobbying expenditures								

	ruge
Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νο	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,580
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		94,104
j	Total lines 1c through			96,684
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νο	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion

1 \$

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

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DLN: 93493044002030

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** SAINT ANSELM COLLEGE 02-0222182 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ✓ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other ✓ No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and √ No enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ┌ Yes √ No 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Par	TITL Organizations Maintaining Co	ollections of Art,	His	tori	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	\vdash	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how	v they	further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	▽ No
Pai	t IV Trust, Escrow and Custodial					nızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?			for c	ontributions	or other assets r		Yes	▽ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	9						
_							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo		21?					Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV				-1 113711 1 -	F 000 P-	1.77.1		
Рa	rt V Endowment Funds. Complete	(a)Current Year		were Prior		<u>FORM 990, Par</u> wo Years Back (d)		•) Four Ye	ears Back
1a	Beginning of year balance	84,197,765		<i>j</i>	, ca. (c).	iro rearo bacic [(a)	Timee Tears Back [(5 , 0 d. 1	cars back
ь	Contributions	2,587,534							
c	Investment earnings or losses	-17,455,815							
d	Grants or scholarships	-2,673,965							
e	Other expenditures for facilities	-366,100							
_	and programs								
f	Administrative expenses	66,289,419							
g	End of year balance	. ,							
2	Provide the estimated percentage of the year	or end balance held as 51 000 %	5						
а	Board designated or quasi-endowment Permanent andowment 2 3 000 %	31 000 %							
Ь	r ermanent endowment (F								
C n-	Term endowment ► 26 000 %						AL.		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	tion t	inat a	re neid and a	iaministerea for	tne	Yes	No
	(i) unrelated organizations						3a(i)	Yes	
	(ii) related organizations						3a(ii)	Yes	
	If "Yes" to 3a(II), are the related organization						3b		No
4	Describe in Part XIV the intended uses of th					- 1 1/ 1 10			
Pa	t VI Investments—Land, Building	s, and Equipmen	it. 5						
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land					10,929,498	<u> </u>	1	0,929,498
	Buildings		•			95,489,113	28,388,246	6	7,100,867
c	Leasehold improvements		•						
	Equipment		•			24,112,762	18,705,238		5,407,524
e	Other			1					

83,437,889

uncertain tax positions under FIN 48

Part VIII Investments—Other Securities. S	<u>ee Form 990, Part X, line 12</u>	2.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of v Cost or end-of-year	
Financial derivatives and other financial products		Cost of end-of-year	market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related.		13	
(a) Description of investment type	(b) Book value	(c) Method of v	
(a) Description of investment type	(b) Book value	Cost or end-of-year	market value
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X			
	cription		(b) Book value
CONSTRUCTION FUNDS HELD IN ESCROW			8,567,614
DONATED REAL ESTATE FOR RESALE			6,541,568
LIFE ESTATES - LAND			1,144,000
FUNDS HELD UNDER BOND AGREEMENT			647,116
BOND ISSUE COSTS OTHER ASSETS			590,365
OTHER ASSETS			
Total. (Column (b) should equal Form 990, Part X, col.(B) li	ne 15.)		17,490,663
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	5 4 5 6 40 2		
INTEREST RATE SWAP AGREEMENT	5,156,403		
OTHER LIABILITY	723,662		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 5,880,065		
In Part XIV, provide the text of the footnote to the orga	nızatıon's fınancıal statements t	hat reports the organization's	liability for

Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	74,997,768
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,360,900
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,363,132
4	Net unrealized gains (losses) on investments	4	-16,579,915
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,524,055
9	Total adjustments (net) Add lines 4 - 8	9	-21,103,970
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-22,467,102
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	62,939,552
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-10,779,097
3	Subtract line 2e from line 1	3	73,718,649
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	1,279,119
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	74,997,768
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	85,406,654
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Donated services and use of facilities		
c	Losses reported on Form 990, Part IX, line 25	.	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	10,324,870
3	Subtract line 2e from line 1	3	75,081,784
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, 5,001,701
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 1,279,116		
c	Add lines 4a and 4b	4c	1,279,116
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	76,360,900
	XIV Supplemental Information		, 0,500,50

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

Ident if ier Return Reference | Explanation

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

SAINT ANSELM COLLEGE

Attach to Form 990 or Form 990-EZ. To be completed by organizations that

Schools

answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Internal Revenue Service Name of the organization

Employer identification number

02-0222182

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3		Νo
	AS THE ORGANIZATION DRAWS STUDENTS FROM THROUGHOUT THE NORTHEASTERN UNITED STATES IT IS IMPRACTICAL TO SOLICIT STUDENTS VIA NEWPAPER OR BROADCAST MEDIA THEREFORE, ITS RACIAL NONDISCRIMATION POLICY IS NOT COMMUNICATED THROUGH THOSE MEDIA, BUT RATHER THROUGH RECRUITMENT BROCHURES AND THE COLLEGE'S WEB SITE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4Ь	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
а	students' rights or privileges?	5a		Νo
Ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	y Athletic programs?	5g		No
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
_	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 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public Inspection

						Employer ide	entification number
2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (b) Number of offices in the region offices in the region (by type) (i.e., fundraising, program services, grants to recipients located in the region) EUROPE (FRANCE) 1 PROGRAM SERVICES INSTRUCTIONAL 35,6 EUROPE (ITALY) 1 PROGRAM SERVICES INSTRUCTIONAL 74,5							
P				de the United States	s. Complete	ıf the organ	nization answered
1		•		ecords to substantiate	the amount	of the grant	s or
	_	_				_	
	· -		-				
2		ribe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	it funds outsic	le the
3	Activites per Region (U	Jse Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
		(h) Number of	(c) Number of				
	(a) Region						(f) Total expenditures in
	(a) Region			grants to recipients located in			region
EUF	ROPE (FRANCE)		1				35,600
EUF	ROPE (ITALY)		1	PROGRAM SERVICES	INSTRUCTI	ONAL	74,500
			1	PROGRAM SERVICES	INSTRUCTI	ONAL	33,500
(DL							

Totals.

143,600

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

Software ID:

Software Version:

EIN: 02-0222182

Name: SAINT ANSELM COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
	I			1	1	1	I

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
		

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As Filed Data -

DLN: 93493044002030

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

interna	ai Revenue Service	,,,	, 3			 ,	Inspection				
	ne of the organization NT ANSELM COLLEC					. ,	ntification number				
						02-0222182					
Pa	rt I Fundraisir	ng Activities. Complete	e if the or	ganızatı	ion answered "Yes" t	to Form 990, Part IV	, line 17.				
1	Indicate whether th	e organization raised funds	through ar	ny of the 1	following activities Che	eck all that apply					
а	Mail solicitation	ıs			e Solicitation of r	on-government grants					
b	F Email solicitation	ons			f Solicitation of g	jovernment grants					
С	Phone solicitati	ons			g Special fundrais	sing events					
d	In-person solici	tations									
2a b	or key employees li If "Yes," list the ten	n have a written or oral agreested in Form 990, Part VII) highest paid individuals or at least \$5,000 by the orga	or entity entities (f	in connec undraisei	tion with professional f	undraising activities? ents under which the fui					
	(i) Name of individu or entity (fundraise	I (III) A ctivity	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No	1						
Tota	al			▶							

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	æd
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) the (c)	
ds			(event type)	(event type)	(total number)			
¥	1	Gross receipts	96,702	2			96	6,702
Revenue	2	Less Charitable contributions	50,902	2			5(0,902
	3	Gross revenue (line 1 minus line 2)	45,800)			4 !	5,800
	4	Cash Prizes	1,170				:	1,170
မှာ	5	Non-cash Prizes	7,838	3				7,838
ens(6	Rent/Facility costs	16,030)			11	6,030
Direct Expenses	7	Other direct expenses	21,304	ı				1,304
ē	8	Direct expense summary Add lin	_				46	6,342
	9	Net income summary Combine III						-542
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
9 9 9	2	Cash prizes						
Çbeni	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
٥	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	│ Yes <u>%</u>	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No
b	If"	No," Explain						
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain						
11	— Daa	es the organization operate gaming a	activities with nonmamba	ure ?				
12	Ist	he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partners	hip or other entity			
	forn	ned to administer charitable gaming	7			. 12		

			
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 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 📂 💲		

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

OMB No 1545-0047

2008

DLN: 93493044002030

Department of the Treasury Internal Revenue Service Name of the organization

SAINT ANSELM COLLEGE

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

						02-0222182	
Part I General Infor	mation on Gra	nts and Assistance	1			•	
Does the organization methe selection criteria useDescribe in Part IV the	ed to award the grai	nts or assistance?					F Yes □ I
Form 990, Part Part IV and Sch		ny recipient that rece tional space is		00. Check this box	tes. Complete if the confirmation one recipient rec		
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se		=			•		
3 Enter total number of otl							•
For Paperwork Reduction Act No				Cat No 500551			nedule 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, 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
ST ANSELM SCHOLARSHIPS	2000	22,341,299		FMV	
PELL GRANTS	212	658,393		FMV	
NH LEVERAGE INCENTIVE GRT	15	20,000		FMV	
FED WORK STUDY	1016	561,502		FMV	
FSEOG	209	182,254		FMV	
FED ACG & SMART GRANT	70	79,725		FMV	
FEDERAL ELLA		59,221		FMV	

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
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	LINE 2	THE GRANT FUNDS ARE APPLIED DIRECTLY TO STUDENT ACCOUNTS THROUGH THE ORGANIZATION'S FINANCIAL AID OFFICE'S SOFTWARE SYSTEM WITH REGARD TO ANY FEDERAL FUNDS DISTRIBUTED (I E FSEOG), THE FINANCIAL AID OFFICE PROVIDES REPORTS AS REQUIRED BY THE FEDERAL GOVERNMENT AND FILES AN ANNUAL A-133 AUDIT NO GRANT FUNDS ARE DISTRIBUTED OUTSIDE THE COLLEGE
1		
1		
1		

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DLN: 93493044002030

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization SAINT ANSELM COLLEGE

Employer identification number

02-0222182

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		any of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	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 compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	•			No

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	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(i) (ii)	180,375				38,808	219,183	211,992
	(ı) (ıı)	120,630				35,722	156,352	146,568
ANNE E TESSIER	(ı) (ıı)	107,120				7,651	114,771	161,851
MARIE A GEORGE	(ı) (ıı)	106,624				12,805	119,429	228,199
DENISE T ASKIN	(ı) (ıı)	106,983				23,167	130,150	
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)	`						

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

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DLN: 93493044002030

OMB No 1545-0047

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(Form 990) **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service

Schedule K

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 SAINT ANSELM COLLEGE 02-0222182 **Bond Issues** (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No 2008 SERIES NH HEALTH & EDUC FACIL 02-0279866 644614WJ4 06-01-2008 62,215,000 PROVIDE FINANCING FO Х Χ Part II Proceeds (Optional for 2008) В C D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds Working Capital Expenditures from Proceeds Capital Expenditures from Proceeds Year of Substantial Completion No Yes No Yes No Yes No Yes No Yes Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) C Ε Α D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 which owned property financed by tax-exempt bonds?

which may result in private business use?

Are there any lease arrangements with respect to the financed property

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?										

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SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Attach to Form 990 Internal Revenue Service Name of the organization SAINT ANSELM COLLEGE

Employer identification number

Pa	rt I Types of Property				02-0222182			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermii	ning	
1	Art—Works of art	аррисавіс						
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	4	26,959	FMV (HIGH/LOW)			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other	Х	1	125,000	FMV APPRAISAL			
18	Collectibles							
19	Food inventory	X	1	3,000	соѕт			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	BASEBALL			400	COST			
	Other (describe <u>TICS</u>) Other (describe <u>GOLF BALLS</u>)	X	1		COST			
	· · · · · · · · · · · · · · · · · · ·			4//	C031			
27 28	Other (describe) Other (describe)							
29	Number of Forms 8283 received	L by the ora	anization during the tax ve	I for contributions for				
23	which the organization complete Acknowledgement	d Form 828		ar for contributions for	29		ı	
30a	During the year, did the organiza						Yes	No
	least three years from the date o			not required to be used for (exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme							
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31		Νο
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	<u>Y</u> es	
Ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

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. ReturnReference Identifier Explanation THIRD PARTY USED TO PROCESS SCHEDULE M, PAGE 1, PART I, THE COLLEGE MAINTAINS TWO BROKERAGE ACCOUNTS IN NONCASH CONTRIBUTIONS LINE 32B WHICH DONATED STOCKS ARE DEPOSITED THE BROKERAGE FIRMS ARE INSTRUCTED TO SELL THE STOCK WITHIN A REASONABLE TIME AFTER RECEIPT

OMB No 1545-0047

Open to Public Inspection

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

Name of the organization SAINT ANSELM COLLEGE

Employer identification number

02-0222182

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	AND CATHOLIC PRINCIPLES

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES INCLUDES INSTITUTIONAL SUPPORT, INSURANCE, COMMUNICATIONS AND MARKETING, ETC

ldentifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	The state of the s	PRIOR TO MARCH 2009 THE ORGANIZATION WAS GOVERNED BY THE MONKS OF SAINT ANSELM MONASTERY IN MARCH 2009, SUBJECT TO CERTAIN RESERVED POWERS, GOVERNANCE WAS TRANSFERRED TO A NEW GOVERNING BOARD, THE MAJORITY OF WHOM ARE NON-RELIGIOUS

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	l ' ' '	THE ORGANIZATION HAS MEMBERS WHO ARE RELIGIOUS INDIVIDUALS IN SOLEMN VOWS

ldentifier	Return Reference	Explanation				
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE ORGANIZATION'S MEMBERS ELECT FOUR INDIVIDUALS TO THE GOVERNING BOARD				

ldentifier	Return Reference	Explanation
		QUESTIONS REGARDING MISSION AND SALE OF CAMPUS PROPERTY ARE SUBJECT TO APPROVAL BY THE MEMBERS OF THE CORPORATION

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990		THE ORGANIZATION PROVIDED THE FINAL DRAFT OF THE FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY WITH THE AUDIT COMMITTEE MEMBERS RECOMMENDING APPROVAL TO THE EXECUTIVE COMMITTEE MEMBERS FOR THEIR FINAL APPROVAL

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	A WRITTEN COPY OF THE POLICY IS DISTRIBUTED ANNUALLY TO THE MEMBERS OF THE GOVERNING BOARD AND KEY EMPLOYEES AND THEY ARE ASKED TO COMPLETE A FORM TO INDICATE THEY ARE IN COMPLIANCE WITH THE POLICY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO POSITION IS HELD BY A MEMBER OF THE RELIGIOUS ORDER AND IS NOT PAID TO THE INDIVIDUAL BUT RATHER DIRECTLY TO THE RELIGIOUS ORDER THE PROCESS FOR DETERMINING THE COMPENSATION INVOLVES COMPARISONS WITH COMPARABLE SCHOOLS

Identifier Return Reference		Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY LOOKING AT SALARY DATA FROM COMPARABLE ORGANIZATIONS AND CUPA-HR

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE

Identifier Return Reference		Explanation				
PURPOSE OF ISSUE DESCRIPTION	SCHEDULE K	2008 SERIES NH HEALTH & EDUC FACIL REFUND PRIOR BONDS				

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493044002030

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

26-4322319

Name of the organization

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.

Related Organizations and Unrelated Partnerships

SAINT ANSELM COLLEGE 02-0222182 **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity BENEDICTINE FATHERS OF THE PRIORY 501 320 PORTOLA RD HIGHSCHOOL CA PORTOLA VALLEY, CA94028 94-1399274 SAINT ANSELM ABBEY (FORMED 33109) NA 100 ST ANSELM DR MONASTERY NH 501 MANCHESTER, NH03102

(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	partner	
									Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Trust	•			•				
(A) Name, address, and EIN of related org		(B) Primary activity		(C) Legal domicile (state or foreign country)	Direct o	D) ontrolling ntity	(E) Type of entity (C corp, S corp or trust)	Share of total income	end	(G) Share of d-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	--

	Transactions with Related Organizations						
	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 transaction	ns with one or more related organizations listed in Parts II-	IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity						
b	b Gift, grant, or capital contribution to other organization(s)						
c	Gift, grant, or capital contribution from other organization(s)			1c		No	
d	Loans or loan guarantees to or for other organization(s)			1 d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
g	Purchase of assets from other organization(s)			1g		No	
h	Exchange of assets			1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)		1k		No	
I	Performance of services or membership or fundraising solicitations by other organization	anızatıon(s)		1 l		No	
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No	
n	Sharing of paid employees			1n		No	
o	Reimbursement paid to other organization for expenses			10		No	
р	Reimbursement paid by other organization for expenses			1р		No	
q	O ther transfer of cash or property to other organization(s)			1q		No	
r	O ther transfer of cash or property from other organization(s)			1r		No	
			_				
2	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relationsh	nips and transaction thresholds				
	(A)	(B)	(C)				
	Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)							
(2)							
(3)							
(4)							
(5)							
(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?		(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	