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Form 990

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SCANNED

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasure

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2008 calendar year, or tax year beginning JULY 1 2008, and ending JUNE 30 20 09 Employer Identification number C Name of organization MAGDALEN COLLEGE B Check if applicable use IRS Doing Business As 0309681 Address change label or Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite Name change type. **511 KEARSARGE MOUNTAIN ROAD** (603) 456-2656 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Termination Instruc tions **WARNER, MH 03278** 1452135 G Gross receipts \$ Amended return F Name and address of principal officer Application pending ✓ No H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? ☐Yes ☐ No 4947(a)(1) or Tax-exempt status If "No," attach a list. (see instructions) Website: ► WWW.MAGDALEN.EDU H(c) Group exemption number ▶ Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1973 M State of legal domicile: NH Summary Part I 1 Briefly describe the organization's mission or most significant activities: ORGANIZATION IS A FOUR-YEAR LIBERAL ARTS COLLEGE, OFFERING ASSOCIATE OF ARTS AND BACHELOR OF ARTS DEGREES IN LIBERAL STUDIES. Activities & Governance MOST SIGNIFICANT ACTIVITIES INCLUDE RESIDENTIAL PROGRAM OF STUDY, NORCIA (ITALY) STUDY-ABROAD PROGRAM, AND SUMMER YOUTH PROGRAM. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 8 Number of voting members of the governing body (Part VI, line 1a) . . . 4 7 Number of independent voting members of the governing body (Part VI, line 1b) 46 5 Total number of employees (Part V, line 2a). 6 0 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34. 7a 23381 FEB 1 1 2010 **Current Year** Contributions and grants (Part VIII, line to 255269 386639 982620 954695 Program service revenue (Part, Vill, line 29) Investment income (Eath) Column (A), lines 3, 4, and 7d) 122552 29126 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 55358 81675 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1415799 1452135 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 1101660 1405676 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 150 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1094026 1226408 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2195686 2632084 Revenue less expenses. Subtract line 18 from line 12 -779887 -1179949 ò Beginning of Year End of Year 7455094 6555245 20 Total assets (Part X, line 16) . 933567 1211636 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 6521527 5343609 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Date TREASURER DONALL Type or print name and title Date Check if Preparer's identifying number Preparer's signature (see instructions) employed ▶ □ Paid Preparer's Firm's name (or yours Use Only if self-employed) address, and ZIP + 4 Phone no ► (

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-orm	990	(2008)

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: TO CREATE AND GOVERN A ROMAN CATHOLIC INSTITUTION OF HIGHER LEARNING, PURSUANT TO THE PRINCIPLES AS SET FORTH IN THE APOSTOLIC CONSTITUTION ON CATHOLIC UNIVERSITIES OF POPE JOHN PAUL II. ITS MISSION IS ACCOMPLISHED THROUGH AN INTEGRATED AND ORDERED COMMON LIFE, DIRECTED BY CATHOLIC PRINCIPLES AND GROUNDED IN THE SOCRATIC PEDAGOGICAL METHOD OF INQUIRY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1895071 including grants of \$) (Revenue \$ 1357834_) THE COLLEGE PROGRAM OF STUDIES OFFERS ASSOCIATE AND BACHELOR OF ARTS DEGREES OVER A TWO TO FOUR YEAR COURSE OF FULL-TIME STUDY. THE PROGRAM IS AN INTEGRATED PROGRAM OF LIBERAL ARTS AND ROMAN CATHOLIC THEOLOGY TAUGHT IN THE SOCRATIC SEMINAR PEDAGOGICAL METHOD. PROGRAM IS OFFERED BY SEMESTERS, WITH 60 CREDITS REQUIRED FOR AN ASSOCIATES DEGREE AND 120 CREDITS REQUIRED FOR A BACHELORS DEGREE. IN 2008-09 THE COLLEGE SERVED APPROXIMATELY 65 STUDENTS OF WHOM 13 RECEIVED BACHELOR OF ARTS DEGREES IN LIBERAL STUDIES.
4b	(Code:) (Expenses \$41718 including grants of \$) (Revenue \$48000) NORCIA (ITALY) STUDY-ABROAD PROGRAM IS AN ANCILLARY, ONE MONTH COLLEGE PROGRAM FOR COLLEGE JUNIORS. IT IS MEANT TO ENHANCE THE COLLEGE PHILOSOPHY, THEOLOGY, AND FINE ARTS COURSES. THE PROGRAM IS ONE MONTH LONG, WITH 1 WEEK IN ROME, ITALY AND 3 WEEKS IN NORCIA, ITALY. STUDENTS TAKE 3 NON-CREDIT COURSES AND VISIT MUSEUMS AND SITES OF HISTORICAL AND CULTURAL INTEREST. IN 2008-09 THE PROGRAM SERVED 12 COLLEGE STUDENTS.
4c	(Code:) (Expenses \$ 27003 including grants of \$) (Revenue \$ 22920)
	SUMMER YOUTH PROGRAM IS A SERIES OF TWO-WEEK SUMMER SESSIONS THAT INCORPORATE COLLEGE COURE WORK IN A COLLEGE RESIDENTIAL SETTING. THREE TO FOUR NON-CREDIT COLLEGE COURSES ARE OFFERED TO HIGH-SCHOOL AGED STUDENTS. AS WELL, THE STUDENTS VISIT CULTURAL SITES THROUGHOUT NEW ENGLAND. IN 2008-09 THE SUMMER YOUTH PROGRAM CONSISTED OF 2 TWO-WEEK SESSIONS AND SERVED 46 STUDENTS.
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program services expenses \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
40	Total program service expenses ► \$ 1909786 (Must equal Part IX, Line 25, column (B).)

Par	t IV Checklist of Required Schedules			-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	10	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	√	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		1
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		▼
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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		✓
	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		1
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	✓	
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		1

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Part IV	Chaaklia	+ ~+ □~~	HIVAN CA	bodiiloo /	continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	ĺ		
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		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
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? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		✓
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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	<i>VI</i>	37		✓

Form **990** (2008)

Pai	Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	State of the garding Carlot life 1 miles and Tax Compilation		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
		5	ĺ	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	,	↓	
	gaming (gambling) winnings to prize winners?	1c	<u> </u>	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ŀ	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		-	├ ─
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	L_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	,		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a	ļ	✓
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, Report of Foreign Bank and Financial Accounts.			,
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			7
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	1		
-	Regarding Prohibited Tax Shelter Transaction?		<u> </u>	✓
6a	Did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of either wars not toy deductible?	. 6b		1
7	gifts were not tax deductible?	<u> </u>		
· a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	-66		· **
	\$75?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		1
А	required to file Form 8282?	1.0		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7	*	\$ 50
·	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	ļ	 -
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		, 1	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		•	
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	'	
11	Section 501(c)(12) organizations. Enter.	1	1	
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

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

Section A. Governing Body and Management

360	tion A. Governing body and Management					r
					Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below,	ow, d	escribe the	;		ļ
	circumstances, processes, or changes in Schedule O. See instructions.	1 1				
1a	Enter the number of voting members of the governing body	1a		8		
b	Enter the number of voting members that are independent	1b		<u>7</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relatio	onship with	ــــــ ۱		
	any other officer, director, trustee, or key employee?			2		✓
3	Did the organization delegate control over management duties customarily performed by or			t		
	supervision of officers, directors or trustees, or key employees to a management company or o	ther p	erson? .	3		√
4	Did the organization make any significant changes to its organizational documents since the prior For	m 990	was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization	tion's	assets?	5		✓
6	Does the organization have members or stockholders?			6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or	r more	e members	s		
	of the governing body?			. 7a		/
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	er per	sons? .	7b		/
8	Did the organization contemporaneously document the meetings held or written actions ur	nderta	ken during	1		
	the year by the following:				ļ .	
а	The governing body?			. <u>8a</u>	✓	
b	Each committee with authority to act on behalf of the governing body?			. <u>8b</u>	✓	
9a	Does the organization have local chapters, branches, or affiliates?			. <u>9a</u>		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of	of suc	h chapters	,		
	affiliates, and branches to ensure their operations are consistent with those of the organization?			. 9b	<u> </u>	ļ <u></u> -
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed?				,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			. 10	✓	-
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot the example and respect to a section A, who cannot be exampled to a section A. The example and addresses in School II.	not be	reached a		,	
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	···	• •	11	✓	<u> </u>
Sec	tion B. Policies				Γ.,	T
				40	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	-	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	s that	could give		,	
	rise to conflicts?			. 12b	V	
С	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	policy	/? If "Yes,"	12c	1	
13	describe in Schedule O how this is done Does the organization have a written whistleblower policy?	• •		13		1
14	Does the organization have a written document retention and destruction policy?	•		14		1
15	Did the process for determining compensation of the following persons include a review	 and a	noroval by	-		5
15	independent persons, comparability data, and contemporaneous substantiation of the deliberati					
а	The organization's CEO, Executive Director, or top management official?	OH all	u uecision.	15a		1
	Other officers or key employees of the organization?	•		15b		1
U	Describe the process in Schedule O. (see instructions)			100		·
162	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar ar	rongomon	.		
100	with a taxable entity during the year?		rangemen	16a		1
	If "Yes," has the organization adopted a written policy or procedure requiring the organization					<u> </u>
b	its participation in joint venture arrangements under applicable federal tax law, and taken ste	ation i	to evaluate			- 1
	the organization's exempt status with respect to such arrangements?		Saleguare	16b		
Sec	tion C. Disclosure			1.02		·
17	List the states with which a copy of this Form 990 is required to be filed ▶NEW HAMPSHI	RE &	WISCON	SIN		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,				only	
. •	available for public inspection. Indicate how you make these available. Check all that apply		(JU)	(0)(0)3	Ji iiy)	
	☐ Own website ☐ Another's website ☑ Upon request	,.				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing doc	numer	nts conflic	t of int	erect	
	policy, and financial statements available to the public.	Janie	no, comit	C OF HILL	CIESI	
20	State the name, physical address, and telephone number of the person who possesses the	a haa	ke and rac	orde o	f tha	
	organization: ► DONALD REGAN, 511 KEARSARGE MTN RD, WARNER, NH 03278 603	-456-2	2656	oius 0	ı ule	
	_					

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

□ Check this box if the organization did not co	<u>empensate</u>	any o	offic	er,	dire	ctor,	trus	stee, or key em	iployee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		ion (d		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
PAMELA AHEARN				<u> </u>						
TRUSTEE	2	✓						0		
JOHN J BISGROVE TRUSTEE/VICE CHAIR	2	1		1				0		
DAVID CURRIER				Ť			<u> </u>			
TRUSTEE/CHAIR	2	1		1	İ			0		
JOSEPH GEMMELL										
TRUSTEE	2	1						0		
JOHN K KNOTT JR					Τ					
TRUSTEE/SECRETARY	2	1		1				0		
MICHAEL MCGRATH				Ť			Г			
TRUSTEE	2	1	ł	}	ł		1	0		1
HENRY MONROE TRUSTEE/ASS'T SECRETARY	2	1		/				0		
J WILLIAM WALTMAN TRUSTEE	2	1						o		
JEFFREY KARLS PRESIDENT	60	√		1				75000		67005
DONALD REGAN TREASURER & VP FINANCE	50	1		1				58000		13770

Part VII Section A. Officers, Directors, Tru (A)	(B)	Link	ioy			u mg	163			
Name and title	Average	Boort	/-		C)	that ap	اداما	(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	_									
										L
1b Total							▶]	133000		8077
2 Total number of individuals (including thos organization ► NONE	e in 1a) wh	no rec	eive	ed r	nore	e than	\$1 	00,000 in repo	ortable compens	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	compensated	3 1
4 For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ın \$15	50,0	002	If "	Yes,"	con	nplete Schedu		4 4
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	complete :	oen: S <i>ch</i>	satı edu	on 1 le J	from a	any <i>uch</i>		anization for	5 4
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensate —————	d ind	epe	nde	ent c	contra	ctor	s that receive	d more than \$1	00,000 of
(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
NONE										
							<u> </u>			
					-					
							_			
2 Total number of independent contractors compensation from the organization ► N		those	ın	1) W	ho	recei	/ed	more than \$10	00,000 in	

Part	VII	Statement of Re	venue						T				
							A) revenue	(B) Related or exempt function revenue		(C) Unrelated business revenue	exclude under	(D) evenue ed from section 13, or	n tax ons
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, gand similar amounts not inclu Noncash contributions include	ibutions). 1 grants, ded above 1 ad in lines 1a-1f	e f . \$	386639		22222						
	n	Total. Add lines 1a-1f	<u></u>		Business Code	 	386639		+				
anue	2a	TUITION, ROOM & BO	DARD	-		-	931775	93177	;				استنسا
Rev	Za b	0.0000000000000000000000000000000000000			· -		22920	22920					
<u>.</u>	c					1							
Serv	d			- 1									
Ę	е			L									
Program Service Revenue	f	All other program servi		_									
	g	Total. Add lines 2a-2f	<u> </u>	<u> </u>	<u> ▶</u>		954695		-	* *	,		
	3	Investment income (incoher similar amounts)			•		29126	2912	3				
	5	Income from investment of				ļ			+-				
	3	Royalties	(i) Real	- 	(ıi) Personal			4					
	6-	Gross Rents	''	-		1	in l	å		»	,	,	- 1
	1	Less: rental expenses				1		*		* *			1
		Rental income or (loss)				†*	`	•	*	*			*
	d	Net rental income or (lo	oss)	<i>.</i> .	•				T-				
	7a	Gross amount from sales of	(i) Securities	;	(ii) Other				7				*
		assets other than inventory				*		*	1		*		^
	b	Less. cost or other basis and sales expenses .					,			<u></u>	Q 5.	N/	~
		Gain or (loss)				1		» /è «÷	<u> </u>	<u> </u>	- 4		<
o		Net gain or (loss)		Ė	<u> </u>		· · · · ·	- x - x - x	+-				
venue	8a	Gross income from events (not including \$						×					22
eve		of contributions reported							1				
Other Re		See Part IV, line 18		a		_	,	*	1	`			9
the		Less direct expenses									····		
0	С	Net income or (loss) from	om fundraisi	ng eve	ents 🕨	 			4—				 -
	9a	Gross income from gam	ing activities	s.				å	,	*	.		
		See Part IV, line 19				-	1						
		Less: direct expenses. Net income or (loss) fro			es .				\pm				
	10a	Gross sales of inve	entory, less	s									
		returns and allowances		a		_			1			*	
		Less. cost of goods so				_							
	С	Net income or (loss) from Miscellaneous Reve				 			+-				
		CTUDENT SEEC	enue	-+	Business Code	_							
i	11a	STUDENT FEES EVENT FEES		├		 	7221	722		00004			
	b	BOOKSTORE SALES		-		+	23651	270		23381			
	C					+	30026 20777	30020 2077	_				
		All other revenue Total. Add lines 11a-1				+	81675	2077	+-	· · · · · · · · · · · · · · · · · · ·			
		Total Revenue. Add Irr					_0.0.3		+				
		9c, 10c, and 11e		o, ⊶, c 	, ou, ru, ou, <u>►</u>	1	452135	142875	ı	23381			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

organizations must complete column (A) but are not required to complete columns (B) (C), and (D)

	All other organizations must complete col	unin (A) but are no	t required to comp	dete columns (B),	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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				14/14
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			1	
5	Compensation of current officers, directors, trustees, and key employees	133000	78600	40250	14150
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	000304	704706	105604	68904
7	Other salaries and wages	989384	724786	195694	00904
8	Pension plan contributions (include section 401(k)	44000	40050	2000	000
	and section 403(b) employer contributions)	14232	10958	2882	393
9	Other employee benefits	184912	126370	41094	17448
10	Payroll taxes	84148	57084	21155	5910
11	Fees for services (non-employees):				
а	Management				
	Legal	10004		10004	
c		10103		10103	
d					
	Professional fundraising services. See Part IV, line 17		4 9 3	- ₩ ×	
	Investment management fees				
	Other				
12 12	Advertising and promotion				
13	Office expenses	21968	13000	6705	2263
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16		189881	189881		
17	Occupancy	17282	7352	4362	5568
18	Payments of travel or entertainment expenses	1		Ì	
40	for any federal, state, or local public officials Conferences, conventions, and meetings	7837	2524	4586	727
19		8987		8987	
20	Interest				
21	Payments to affiliates	270307	270307		
22	Depreciation, depletion, and amortization.	41738		41738	
23	Insurance	*		71730	·
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed	,		1	
	5% of total expenses shown on line 25 below.)	ş			
	· ·				<u> </u>
a					
b					
C			·	··	
d					
е	OTATEMENT 1	640204	40000	104001	
	All other expenses STATEMENT 1	648301 2632084	428925	104881 492441	114495
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following	2032084	1909786	492441	229857
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
_		· · · · · · · · · · · · · · · · · · ·	·		

Pa	rt X	Balance Sheet					
			(A) Beginning of year		Enc	(B) I of year	
	1	Cash—non-interest-bearing	19457	1		2	4662
	2	Savings and temporary cash investments	565152	2			
	3	Pledges and grants receivable, net	2891	3			2901
	4	Accounts receivable, net	72402	4		5	1177
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .		5			•
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L		6			
ets	7	Notes and loans receivable, net	388431	7			3805
Assets	8	Inventories for sale or use	8013				6377
٩	9	Prepaid expenses and deferred charges	14026	9		2	<u>4416</u>
	10a	Land, buildings, and equipment: cost basis 10a 9682502	« *				
	b	Less: accumulated depreciation. Complete			×		d
		Part VI of Schedule D	6276622			607	<u>1753</u>
	11	Investments—publicly traded securities		11			<u>566</u>
	12	Investments—other securities. See Part IV, line 11	101608	12		10	<u>9588</u>
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6492	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7455094	16		655	<u>5245</u>
	17	Accounts payable and accrued expenses	67525	17		7	2206
	18	Grants payable		18			
	19	Deferred revenue	40600	19		4	1331
	20	Tax-exempt bond liabilities		20			
Ś	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	ļ	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	<i>*</i>		8 .	**	2
Ē	22	Payables to current and former officers, directors, trustees, key	*				
Ë:		employees, highest compensated employees, and disqualified	<u> </u>	22	` ***		4166
		persons. Complete Part II of Schedule L	266608	23		4	4100
	23	Secured mortgages and notes payable to unrelated third parties		_			EEO4
	24	Unsecured notes and loans payable	69686	_	<u> </u>		<u>5594</u>
	25	Other liabilities. Complete Part X of Schedule D	489148				8339
	26	Total liabilities. Add lines 17 through 25	933567	26		121	<u> 1636</u>
ances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	* * *		≯		
	27	Unrestricted net assets	6485796	27		533	<u>6773</u>
Ba	28	Temporarily restricted net assets	28895	28			
P	29	Permanently restricted net assets	6836	29			6836
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	۵.		*		*
Š	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
et	33		6521527	33		534	3609
Z	34	Total net assets or fund balances	7455094	34			5245
Pa	rt XI	Financial Statements and Reporting	1433034	34		- 000	<u> </u>
		This result of the second of t				Yes	No
1	Acco	punting method used to prepare the Form 990: Cash Accrual	Other		Γ		
2a		e the organization's financial statements compiled or reviewed by an inde		17	2	3	1
b		e the organization's infancial statements complied of reviewed by an independent acco	•	••••	21		
		•		 niahė	. —	- 	
С		es" to lines 2a or 2b, does the organization have a committee that assumes i	•	_			
2-		audit, review, or compilation of its financial statements and selection of an inc				- •	
Ja		result of a federal award, was the organization required to undergo an a Single Audit Act and OMB Circular A-133?				_	
		-					- ✓
) 11 °Y	es," did the organization undergo the required audit or audits?			. 31	o i	}

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MAGDALEN COLLEGE 0309681 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 11 \(\sum \) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii)| Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 organization in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes Yes No No Yes No

Total

	Support Schedule for Org (Complete only if you chec	anizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar 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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3				 	 	
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop hetion C. Computation of Public Su	re	<u> </u>	nd, third, fourth	n, or fifth tax y	year as a secti	on 501(c)(3)
14	Public support percentage for 2008 (line			1		144	0/
			•			15	<u>%</u> %
15 16a	Public support percentage from 2007 Sci 33% % support test—2008. If the organiand stop here. The organization qualifies	zation did not	check the box		line 14 is 331/3	% or more, che	eck this box
b	33%% support test – 2007. If the organibox and stop here. The organization qua						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and circumsta	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstances test—2007 private foundation. If the organization did	acts-and-circur ances" test. The	nstances" test, o organization qu	check this box alifies as a public	and stop here. cly supported o	Explain in Part rganization .	IV how the ▶ □
. •			00 10, 10	۵, ۱۵۵, ۱۲۵, U	, oncon uno	207 WIG 300 III	40000113 F LJ

Schei	dule A (Form 990 or 990-EZ) 2008						Page 3
	Support Schedule for Orga (Complete only if you check	nizations De	escribed in S	Section 509(a art 1.)	1)(2)		
	tion A. Public Support						
Cá	alendar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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		 			ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	***				**	
	tion B. Total Support	Ţ		<u></u>	,	7	
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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 organization, check this box and stop	here		nd, third, fourtl			
Sec	tion C. Computation of Public Su	_ '				T	
15	Public support percentage for 2008 (lir	ne 8, column (f) divided by lii	ne 13, column	(f))	15	%

line 18 is not more than 33%%, 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 (F	orm 990 or 990-EZ) 20	008						Page	4
Part IV	Supplemental		Complete art III, line	this part to 12. Provide	provide tany other	he explanat additional ir	ion required b nformation. (se	y Part II, line 10;	
_	_								

						••	·		
				••					

			• • • • • • • • • • • • • • • • • • • •					*****************	
		·							
									
			- 						
			- 						
				•••••					
				•					
		••••	· · · · · · · · · · · · · · · · · · ·			•			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

RAA	CDAL EN COLLEGE		en !
	GDALEN COLLEGE		02 : 0309681
Pa	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar Is to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	A		
4	Aggregate grants from (during year)		
_			
5	funds are the organization's property, sub	I donor advisors in writing that the assets h ject to the organization's exclusive legal co	introl? Yes . No
6	used only for charitable purposes and not	lonors, and donor advisors in writing that gith for the benefit of the donor or donor advis	or or other
Pa	t II Conservation Easements. Com	plete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements hel Preservation of land for public use (e.g.	d by the organization (check all that apply).	n of an historically important land area
	Protection of natural habitat	☐ Preservation	on of certified historic structure
2	Preservation of open space	ld a qualified conservation contribution in the	form of a concentation assembly
_	on the last day of the tax year.	id a quaimed conservation contribution in the	florm of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements ,		2a
b		easements	
С		certified historic structure included in (a) .	
d		led in (c) acquired after 8/17/06	1 = - 1
3		ied, transferred, released, extinguished, or	
4	•	to conservation easement is located >	
5	Does the organization have a written police enforcement of the conservation easement	y regarding the periodic monitoring, inspects it holds?	
6	Staff or volunteer hours devoted to monitor	oring, inspecting, and enforcing easements	during the year ▶
7		g, inspecting, and enforcing easements dur	
8	Does each conservation easement reporte	d on line 2(d) above satisfy the requiremen	ts of section
9	In Part XIV, describe how the organization	reports conservation easements in its reve the text of the footnote to the organization's	enue and expense statement, and
Pa		ections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8.	
1a	art, historical treasures, or other similar ass	nder SFAS 116, not to report in its revenue ets held for public exhibition, education, or rete to its financial statements that describes	esearch in furtherance of public service,
b	historical treasures, or other similar assets provide the following amounts relating to to (i) Revenues included in Form 990, Part \(\)	/III, line 1	search in furtherance of public service, > \$
_			
2 a b	following amounts required to be reported Revenues included in Form 990, Part VIII,	of art, historical treasures, or other similal under SFAS 116 relating to these items: line 1	> \$
	,		

Page	2
rayo	

Par	t III Organizations Maintaini	ng Collections	of Art, Hi	storica	Treasure	s, or C	Other Similar A	ssets (conti	inued)		
3	Using the organization's accession items (check all that apply):	and other records	s, check a	any of th	ne following	that a	re a significant i	use of its co	llection		
а	Public exhibition		đ		oan or exch						
b	Scholarly research		е	□ 0	ther						
C	· · · · · · · · · · · · · · · · · ·										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.										
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	Trust, Escrow and Custo Part IV, line 9, or reported					on ans	wered "Yes" to	Form 990,			
	Is the organization an agent, trusted included on Form 990, Part X?					ions o	r other assets no	ot 🗌 Yes l	□ No		
þ	If "Yes," explain the arrangement in	Part XIV and con	nplete the	e followir	ng table.						
	_					1	 	mount			
	Beginning balance					. 10					
d	Additions during the year										
e	Distributions during the year					. <u>1e</u>					
f	Ending balance					. —		Yes	No		
	If "Yes," explain the arrangement in	Part XIV.				<u> </u>			NO		
Pai	t V Endowment Funds. Co	mplete if organiz	zation ar	swered	"Yes" to	Form					
		(a) Current year	(b) Prio	r year	(c) Two years	s back	(d) Three years bac	(e) Four yea	rs back		
1a	Beginning of year balance	35731									
b	Contributions						* *				
С	Investment earnings or losses .						<u> </u>				
d	Grants or scholarships		<u> </u>								
е	Other expenditures for facilities and programs	28895		\$	*		<i>₹</i>		***************************************		
f g	Administrative expenses End of year balance	6836	\\$\		* Y	§	·**				
2	Provide the estimated percentage o	f the year end bal	lance held	d as.							
а	Board designated or quasi-endowm	-									
b	Permanent endowment ► 100	%									
С	Term endowment ▶%	,									
За	Are there endowment funds not in th	e possession of th	e organiz	ation tha	it are held a	nd adn	ninistered for the				
	organization by:		_					Yes	s No		
	(i) unrelated organizations							3a(i)	1		
	(ii) related organizations							3a(ii)			
_	If "Yes" to 3a(II), are the related orga							3b	_L		
4	Describe in Part XIV the intended us					V	l 40				
Par	Investments – Land, Bu Description of investment	(a) Cost or oth	her basis	(b) Cos	st or other s (other)		Depreciation	(d) Book val	ue		
						*	· , · · · · · · · · · · · · · · · · · ·	440075			
	Land	44607 84634					196060	446075			
b			44				186069	5277355			
	Leasehold improvements		10				226270	24.0700			
	Equipment	65610					336370	319739			
<u>e</u> Tota	Other			on (P) Im	ne 10/c) l		88310	28584	71759		
· VIA	. Add lines ta-re. (Column (u) should e	quai i Uiili 330, Fai	i A, COIUII	11 (D), III	6 10(c)) .		· <u>···</u> L	00	71753		

Schedule D (Form 990) 2008			Page 3
Part VII Investments—Other Securities	s. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other MUTUAL FUNDS	109588	END OF YEAR MARKET VAL	UE
	 		
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	109588		
Part VIII Investments—Program Relate	T		
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year m	
	<u> </u>		
		111111111111111111111111111111111111111	
· · · · · · · · · · · · · · · · · · ·			
The Color A) should be a Company of Color (O) be a Color (O) be			*
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Part	ert Y line 15	<u> </u>	
Cardinassess Coc Form Coc, 1 c	(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
T. 1. (0.1	, (D) !!		
Total. (Column (b) should equal Form 990, Part X, co Part X Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability	(b) Amount		
Federal income taxes			
PENSION ANNUITY	42270	4	
CHARITABLE GIFT ANNUITY	6563	5	
		_	
		-	
		_	
Total (Column A) should a sufficient COO Daily at 1911.			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	48833	9	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page 4

Pа	T XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	bo.	- ugo i
		(S 1	1452135
1	Total expenses (Form 990, Part VIII, column (A), line 12)	2	2632084
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	-1179949
3 4	Excess or (deficit) for the year. Subtract line 2 from line 1	4	11282
5	Net unrealized gains (losses) on investments	5	1,202
-	Donated services and use of facilities	6	
6 7	Investment expenses	7	
8		8	-9251
9	Other (Describe in Part XIV) Total adjustments (net). Add lines 4–8	9	2031
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1177918
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u> </u>	
a	Net unrealized gains on investments		
b	Donated services and use of facilities	┪	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	\dashv	
e	Carlo (Bossinson Factory)	26	_
3		3	
ა 4	Subtract line 2e from line 1	-	
-			
a b	Threstment expenses not included on Form 556, Fart VIII, line 75	\dashv	
C	Other (Describe in Part XIV)	40	_
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		
Par	1 XIII Reconciliation of Expenses per Audited Financial Statements With Expense		<u> </u>
1	Table and an add an add at fine and table and	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	ı	
b	Prior year adjustments	7	
c	Losses reported on Form 990, Part IX, line 25	7	
d	Other (Describe in Part XIV)	7	
e	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	;
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
h	Other (Describe in Part XIV)	7	
c	Add lines 4a and 4b	40	=
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
Pai	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		
Pai	t XI line 8: Realized losses on Investments -\$2014.00		•••••
	Change in Pension Annuity Obligation -\$7237.00, total = -\$9251		
Pai	t V line 4: Permanent endowment is restricted for chapel supplies and expenditures.		
- 			
		-	
		-	

Schedule D (Forr	Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
r di t Aiv	Cuppieniemai imerinacen (commoca)	
		••••

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 02 **MAGDALEN COLLEGE** 0309681 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	✓	
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	√	
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	1	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	✓	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	✓	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			*
		**		
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		1
_			-	
b	Admissions policies?	_5b		✓
С	Employment of faculty or administrative staff?	5c		✓_
d	Scholarships or other financial assistance?	5d		1
е	Educational policies?	5e		1
f	Use of facilities?	5f		1
		E		
g	Athletic programs?	5g		✓
h	Other extracurricular activities?	5h		✓
	statement.)			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a		1
	Has the organization's right to such aid ever been revoked or suspended?	6b		1
_	If you answered "Yes" to either line 6a or line 6b, 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 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	1	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

MAGDALEN COLLEGE						0	2		03	0968	1	
Part I Excess Benefit Transactions To be completed by organizations	(section that answ	501(c)(wered "\	(3) and section (es" on Form (on 501(d 990, Par	c)(4) organ t IV, line 25	izations of a or 25b, o	only). or For	n 990	-EZ, P	art V,	line 4	 0b.
											(c) Con	
1 (a) Name of disqualified person			<u> </u>	(b) C	Description of	transaction					Yes	No
										 -		
2 Enter the amount of tax imposed on under section 4958								year	▶ \$			
3 Enter the amount of tax, if any, on lin	e 2, abo	ve, rein	nbursed by ti	ne orga	ınızatıon				▶ \$			
Part II Loans to and/or From Intere To be completed by organizations			es" on Form	990, Par	t IV, line 26	, or Form	990-E	Z, Par	t V, lın	e 38a		
(a) Name of interested person and purpose		to or from	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(c) Onginal (d) Balance due (principal amount		(e) In default?		e) In default? (f) Approved by board or committee?				
	То	From					Yes	No	Yes	No	Yes	No
DAVID P. CURRIER	/			30000		30000		1	1		√	
DAVID P. CURRIER	 			17000		14166		✓	✓		√	
								, .		-		
Total		<u></u>		▶ \$		44166			À		,	284
Part III Grants or Assistance Benefit	tting Inte	erested	Persons.									***
To be completed by organizat												
(a) Name of interested person	(b) Re	elationship	between interes organization		on and the	(c) Ar	nount o	of grant	or typ	e of as	sistano	:e
						 						
	 		-·									
												
Part IV Business Transactions Invol To be completed by organizat	_			Form	990. Part I	V. line 28	a. 28	b. or	 28c.			
(a) Name of interested person	(b) R	elationshi	p between on and the	(c) An	nount of saction	(d) Description of transaction			on	(e) Shann organizati revenue		
				<u> </u>							Yes	No
			_			-						
	-					 	-					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

20**08**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

MAGDALEN COLLEGE	02	0309681				
PART VI, SECTION A, LINE 10:						
The 990 is initially prepared by Controller and reviewed by Treasurer. The prepared 990 is	then f	orwarded to the Finance				
Committee of the Board. After review by the Finance Committee, the 990 is forwarded to	the full	Board for final review				
and approval. After review and approval by the full Board of Trustees, the Treasurer files	the 99	0 with the IRS.				
PART VI, SECTION A, LINE 11:						
Pamela Ahearn, 7048 Forest Avenue, Hammond, IN 46324						
John J. Bisgrove, 3834 Swartout Road, Auburn, NY 13021						
David P. Currier, PO Box 926, Henniker, NH 03242						
Joseph W. Gemmell, c/o Citi Smith Barney, 28 State Street, Boston, MA 02109	· 					
John K. Knott, Jr, 325 S. Main Street, Suite Three, Cheshire, CT 06410	· 					
Michael S. McGrath, 2232 N. Underwood Street, Falls Church, VA 22043						
Henry Monroe, 153 Squires Lane, New London, NH 03257						
J. William Waltman, 1632 Bickerstaff Blvd., Knoxville, TN 37922						
PART VI, SECTION B, LINE 12:	·					
12b - Trustees, officers, and employees are to disclose any interests that could give rise t	o confl	licts whenever such				
interests arise or exist.						
12c - The Board reviews conflict of interest compliance at each Board meeting.						
PART IV, SECTION B, LINES 13 AND 14:						
The Board is in the process of adopting a written whistleblower policy and written docum	ent and	retention policy				
going forward.						

Name of the organization		Employer identifica	
MAGDALEN COLLEGE		02 (0309681
PART VI, SECTION C, LINE 19:			
The College makes its governing documents, conflict of i	nterest policy, and financial state	ments available	to the public
upon request.			
	····		
		·	·
			· · · · · · · · · · · · · · · · · · ·
			••••••••

Magdalen College 02-0309681 Year ended June 30, 2009

Statement 1 - Form 990, Part IX, Line 24f - All Other Expenses

	<u>Total</u>	<u>Program</u>	Mgt & Gen	Fundraising
Food Service	91,064	88,512	54	2,498
Insurance	-			
Program Exp	74,767	74,767		
Repairs and Maint	64,720	64,720		
Print/Newsletter	52,645	39,491	136	13,018
Advertising	50,171	49,908	91	172
Dues/Subscr	43,825	35,756	450	7,619
Prof assoc fees	10,285	65	10,220	
Vehicle expenses	14,657	13,186	1,471	
Workers Comp Ins	6,469		6,469	
Contr Svcs	106,836	21,061	18,547	67,228
Special Events	32,913	18,767		14,146
Miscellaneous	25,448	9,787	12,912	2,749
Postage	15,846	7,320	2,137	6,389
Telephone	13,582	657	12,249	676
Chapel Exp	4,160	3,636	524	
Equip Rental	4,101	1,292	2,809	
Bad Debts (net)	36,812		36,812	
	648,301	428,925	104,881	114,495