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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: BAY PATH COLLEGE. Doing Business As. Number and street (or P.O. box if mail is not delivered to street address): 588 LONGMEADOW STREET. Room/suite. City or town, state or country, and ZIP + 4: LONGMEADOW, MA 01106

D Employer identification number: 04-2103865. E Telephone number: (413) 565-1000. G Gross receipts \$ 53,251,372

F Name and address of Principal Officer: MICHAEL GIAMPIETRO, 588 LONGMEADOW STREET, LONGMEADOW, MA 01106

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No (If "No," attach a list See instructions)

H(c) Group Exemption Number

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527

J Web site: www.baypath.edu

K Type of organization: Corporation trust association other

L Year of Formation 1940 M State of legal domicile MA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-6. Governance and activities, 7a-7b. Revenue (8-12), 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

Signature block containing declaration, signature of officer (MICHAEL GIAMPIETRO), and date (2010-05-13).

Paid Preparer's Use Only section containing preparer's signature (RUDY M D'AGOSTINO), date (2010-05-13), firm's name (Meyers Brothers Kalicka PC), and address (330 Whitney Ave Suite 800, Holyoke, MA 01040).

May the IRS discuss this return with the preparer shown above? Yes No

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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 \$ 24,194,207 including grants of \$ 7,442,425) (Revenue \$ 25,653,610)
The College provides instruction, academic support, student services and student financial aid to carry out its exempt purposes, serving approximately 1,800 students

4b (Code) (Expenses \$ 1,896,751 including grants of \$) (Revenue \$ 3,212,326)
Auxiliary enterprises provide services for the convenience of the students, faculty and staff. This includes dining services, student housing, the bookstore and other misc services. The college serves approximately 1,800 students, including 325 resident students

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)












4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 26,090,958 *Must equal Part IX, Line 25, column (B).*

Part 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 | Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 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 | | No |
| 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 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 | | No |
| 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 | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 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 | Yes | |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | Yes | |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | Yes | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | Yes | |
| 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Yes | |
| 14a Did the organization maintain an office, employees, or agents outside of the U S? | | No |
| 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 | 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 | | No |
| 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 | Yes | |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | Yes | |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | No |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | No |
| 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 | | No |
| 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 | Yes | |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 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 | Yes | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | No |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | No |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | No |
| 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 | | 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 | | 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 | | 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 | | No |

Part IV Checklist of Required Schedules *(Continued)*

| | | Yes | No |
|-----------|--|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | |
| a | 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)? <i>If "Yes," complete Schedule L, Part IV</i>  | | No |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>  | Yes | |
| c | 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>  | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>  | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 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? <i>If "Yes," complete Schedule R, Part I</i>  | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>  | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | | No |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | | No |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | | No |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | | |
| | 1a 121 | | |
| 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 to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 875 | | |
| b | If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | Yes | |
| 4a | 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)? | Yes | |
| b | If "Yes," enter the name of the foreign country <u>CJ</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | <i>Organizations that may receive deductible contributions under section 170(c).</i> | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i> | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | <i>Section 501(c)(7) organizations.</i> Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| | 10b | | |
| 11 | <i>Section 501(c)(12) organizations.</i> Enter | | |
| a | 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 | <i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| | 12b | | |

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

Section A. Governing Body and Management

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.

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 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? | | No |
| 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? | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | No |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | the governing body? | Yes | |
| 8b | each committee with authority to act on behalf of the governing body? | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | No |
| 9b | 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? | | |
| 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 | 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 | | No |

Section B. Policies

| | | Yes | No |
|------------|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 | Yes | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 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 | | |
| 15a | The organization's CEO, Executive Director, or top management official? | Yes | |
| 15b | Other officers or key employees of the organization? Describe the process in Schedule O | | No |
| 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? | | No |
| 16b | 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? | | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed MA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Donna Guertin
 588 Longmeadow Street
 Longmeadow, MA 01106
 (413) 565-1219

Part VIII Statement of Revenue

| | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 | |
|--|--|---|---|---|-----------------------------------|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | 2,030 | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | 553,478 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 1,188,222 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ <u>76,823</u> | | | | | |
| | h | Total (Add lines 1a-1f) | 1,743,730 | | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a | tuition and fees 2a | 900,099 | 25,494,405 | 25,494,405 | | |
| | b | residence and dining 2b | 611,710 | 3,212,326 | 3,212,326 | | |
| | c | WOMEN'S CONFERENCE 2c | 611,600 | 151,747 | 151,747 | | |
| | d | theater department 2d | 711,110 | 7,458 | 7,458 | | |
| | e | | | | | | |
| | f | All other program service revenue 2f | | | | | |
| g | Total. Add lines 2a-2f | | | | | | |
| | | \$ 28,865,936 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest other similar amounts) 3 | | 641,280 | | 641,280 | |
| | 4 | Income from investment of tax-exempt bond proceeds 4 | | | | | |
| | 5 | Royalties 5 | | | | | |
| | 6a | Gross Rents | (i) Real | 105,810 | | | |
| | | | (ii) Personal | | | | |
| | | | Less rental expenses | | | | |
| | | | Rental income or (loss) | 105,810 | | | |
| | d | Net rental income or (loss) 6d | | 105,810 | | 105,810 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 21,418,001 | | | |
| | | | (ii) Other | | | | |
| | | | Less cost or other basis and sales expenses | 21,210,227 | | | |
| | | | Gain or (loss) | 207,774 | | | |
| | d | Net gain or (loss) 7d | | 207,774 | | 207,774 | |
| | 8a | Gross income from fundraising events (not including \$ <u>11,435</u> of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 8a | | | | | |
| Less direct expenses 8b | | | 2,030 | | | | |
| Net income or (loss) from fundraising events 8c | | | | 4,650 | | 4,650 | |
| 9a | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 9a | | | | | | |
| | | Less direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities 9c | | | | | |
| 10a | Gross sales of inventory, less returns and allowances 10a | | | | | | |
| | | Less cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory 10c | | | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| 11a | FOOD SERVICE 11a | 722,210 | 240,540 | | 240,540 | | |
| b | Other Revenue 11b | 900,099 | 175,217 | | 175,217 | | |
| c | BOOKSTORE 11c | 451,211 | 56,260 | | 56,260 | | |
| d | All other revenue 11d | | -6,837 | 2,198 | -9,035 | | |
| e | Total. Add lines 11a-11d | | | | | | |
| | | \$ 465,180 | | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 | | 32,034,360 | 28,865,936 | 2,198 | 1,422,496 | |

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 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 | 7,442,425 | 7,442,425 | | |
| 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 | 833,370 | | 833,370 | |
| 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 | 11,306,663 | 9,921,853 | | 436,678 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 729,343 | 640,363 | 61,265 | 27,715 |
| 9 | Other employee benefits | 943,314 | 828,230 | 79,238 | 35,846 |
| 10 | Payroll taxes | 847,196 | 759,022 | 54,768 | 33,406 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 30,125 | | 30,125 | |
| c | Accounting | 84,300 | | 84,300 | |
| d | Lobbying | 714 | | 714 | |
| e | Professional fundraising See Part IV, line 17 | 36,788 | | | 36,788 |
| f | Investment management fees | | | | |
| g | Other | 1,239,172 | 767,966 | 453,262 | 17,944 |
| 12 | Advertising and promotion | 890,538 | 359,990 | 530,548 | |
| 13 | Office expenses | 1,418,640 | 1,071,870 | 314,241 | 32,529 |
| 14 | Information technology | 23,552 | | 23,552 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,033,165 | 938,335 | 94,830 | |
| 17 | Travel | 148,492 | 124,353 | 11,004 | 13,135 |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 | Conferences, conventions and meetings | 65,503 | 51,274 | 13,390 | 839 |
| 20 | Interest | 551,293 | | 551,293 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,105,329 | 1,788,115 | 317,214 | |
| 23 | Insurance | 189,297 | 20,300 | 168,997 | |
| 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) | | | | |
| a | COST OF FOOD | 996,164 | 958,416 | 28,416 | 9,332 |
| b | ENTERTAINMENT | 335,698 | 302,173 | 7,146 | 26,379 |
| c | MEMBERSHIPS | 121,296 | 76,000 | 43,080 | 2,216 |
| d | BAD DEBTS | 113,811 | 28,663 | 85,148 | |
| e | miscellaneous | 30,124 | 11,610 | 18,434 | 80 |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 31,516,312 | 26,090,958 | 4,752,467 | 672,887 |
| 26 | Joint Costs. Check <input type="checkbox"/> 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 Sheet

| | | (A) | | (B) | | |
|---|---|-------------------|------------|-------------|------------|------------|
| | | Beginning of year | | End of year | | |
| Assets | 1 Cash—non-interest-bearing | | | 1 | | |
| | 2 Savings and temporary cash investments | | 670,480 | 2 | 563,016 | |
| | 3 Pledges and grants receivable, net | | 275,812 | 3 | 554,251 | |
| | 4 Accounts receivable, net | | 837,148 | 4 | 940,637 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> | | | 5 | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> | | | 6 | | |
| | 7 Notes and loans receivable, net | | 1,860,172 | 7 | 2,074,779 | |
| | 8 Inventories for sale or use | | 112,743 | 8 | 105,429 | |
| | 9 Prepaid expenses and deferred charges | | 573,539 | 9 | 674,497 | |
| | 10a Land, buildings, and equipment cost basis | 10a | 49,996,857 | | | |
| | b Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | 10b | 25,471,559 | 25,106,019 | 10c | 24,525,298 |
| | 11 Investments—publicly traded securities | | 30,467,090 | 11 | 25,824,889 | |
| | 12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> | | | 12 | 843,369 | |
| | 13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> | | | 13 | | |
| | 14 Intangible assets | | | 14 | | |
| | 15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> | | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 59,903,003 | 16 | 56,106,165 | | |
| Liabilities | 17 Accounts payable and accrued expenses | | 2,629,299 | 17 | 2,260,309 | |
| | 18 Grants payable | | 752,904 | 18 | 752,904 | |
| | 19 Deferred revenue | | 1,846,533 | 19 | 2,637,671 | |
| | 20 Tax-exempt bond liabilities | | 11,032,194 | 20 | 10,595,808 | |
| | 21 Escrow account liability <i>Complete Part IV of Schedule D</i> | | 297,169 | 21 | 401,942 | |
| | 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> | | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 Unsecured notes and loans payable | | | 24 | | |
| | 25 Other liabilities <i>Complete Part X of Schedule D</i> | | 1,263,889 | 25 | 1,327,110 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 17,821,988 | 26 | 17,975,744 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 Unrestricted net assets | | 35,680,627 | 27 | 31,982,032 | |
| | 28 Temporarily restricted net assets | | 1,251,782 | 28 | 1,278,814 | |
| | 29 Permanently restricted net assets | | 5,148,606 | 29 | 4,869,575 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | | 32 | | |
| 33 Total net assets or fund balances | | 42,081,015 | 33 | 38,130,421 | | |
| 34 Total liabilities and net assets/fund balances | | 59,903,003 | 34 | 56,106,165 | | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| 2c | 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? | 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? | Yes | |
| 3b | If "Yes," did the organization undergo the required audit or audits? | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BAY PATH COLLEGE

Employer identification number

04-2103865

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% 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 1/3% 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)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 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 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)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|------------------------------------|----------|--|--|----|---|----|--|----|--------------------------|
| | | | 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.)

Public Support

| Calendar 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 line 1-3 | | | | | | |
| 5 The portion of total contribution by each 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 | | | | | | |

Total Support

| Calendar 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) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | |
| 16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar 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 | | | | | | |
| 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 | | | | | | |
| c Total of lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts 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 | | | | | | |
| c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g | 16 | |

Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h | 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
- b 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
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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 |
| |

Additional Data

Software ID:
Software Version:
EIN: 04-2103865
Name: BAY PATH COLLEGE

Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|---|---|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROBERTA b Bolduc , TRUSTee | 1 00 | X | | | | | | 0 | 0 | 0 |
| CINDY M BURKE , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARTIN M CAINE , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| SUSANNE E CHURCHILL , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBYN B Davis , trustee, board chair | 1 00 | X | | X | | | | 0 | 0 | 0 |
| ENzo V DiGiacomo , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| DIANNE F DOHERTY , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARJORIE E FELDMAN WOOD , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANNE FITZGERALD , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| CALVIN J GAUSS III , trustee, vice chair | 1 00 | X | | X | | | | 0 | 0 | 0 |
| KAren L Glaser , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| SAMUEL R HANMER , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| BEVERLY A HOLMES , TRUSTee | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEPHEN D HOYT , TRUSTee | 1 00 | X | | | | | | 0 | 0 | 0 |
| GEorge C Keady III , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLENE HD MAZER , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANGIE MCGINNIS , TRUSTee | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHEle Megas-Ditomassi , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| BERNARD MUSSMAN , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| KEITH M PARENT , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARY Jean Picknelly , TRUSTee | 1 00 | X | | | | | | 0 | 0 | 0 |
| PATRICIA J PIERCE , TRUSTee | 1 00 | X | | | | | | 0 | 0 | 0 |
| JUDY A Reeves , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| JANE E ROULIER , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| BARBARA SADOWSKY , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| GLORIA SMITH , TRUSTee | 1 00 | X | | | | | | 0 | 0 | 0 |
| RICHARd B Steele , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT STEPHAN , trustee | 1 00 | X | | | | | | 3,000 | 0 | 0 |
| AMANDA TONER , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| JUDITH TREMBLE-MURPHY , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RUTH M Vignati , trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| CAROL LEARY , PRESIDENT | 37 50 | | | X | | | | 294,123 | 0 | 98,286 |
| MICHAEL GIAMPIETRO , VP & TREASURER | 37 50 | | | X | | | | 150,429 | 0 | 22,205 |
| BARBARA KOCHON , SECRETARY | 37 50 | | | X | | | | 63,854 | 0 | 10,816 |
| WILLIAM SIPPLE , VP ACADEMIC AFFAIRS | 37 50 | | | | X | | | 178,517 | 0 | 28,181 |
| KATHLEEN BOURQUE , VP OF ADVANCEMENT | 37 50 | | | | | X | | 117,572 | 0 | 11,090 |
| CARON HOBIN , VP OF PLANNING | 37 50 | | | | | X | | 111,083 | 0 | 27,337 |
| JULIE RICHARDSON , DEAN OF ENROLLMENT | 37 50 | | | | | X | | 104,107 | 0 | 13,698 |
| ELIZABETH FLEMING , DEAN OF FACULTY | 37 50 | | | | | X | | 101,295 | 0 | 17,693 |

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

BAY PATH COLLEGE IS A PROFESSIONALLY FOCUSED FOUR-YEAR AND GRADUATE COLLEGE FOR WOMEN UNDERGRADUATES AND CO-ED GRADUATES. A pioneer in innovative undergraduate programs for women and professional graduate degrees for men and women, Bay Path College, through its focus on leadership, communication, and technology, educates students to become confident and resourceful contributors to our increasingly interdependent world. Whether students study at the Longmeadow Campus, one of the College's satellite campuses in Massachusetts, or on-line, they will receive a career focused curriculum, delivered by an exceptional faculty, in a supportive community environment. Bay Path College is proud to be recognized as one of "America's Best" baccalaureate colleges in the North by U.S. News and World Report.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 990-EZ, Part VI, line 47 (Lobbying Activities)

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization BAY PATH COLLEGE

Employer identification number

04-2103865

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|--|---|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns— | | |
| If the amount on line 1e, column (a) or (b) is: | | |
| Not over \$500,000 | The lobbying nontaxable amount is: 20% of the amount on line 1e | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| Over \$17,000,000 | \$1,000,000 | |
| g Grassroots nontaxable amount (enter 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- if line f is more than line c | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 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 | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines c through i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | No | |
| i Other activities If "Yes," describe in Part IV | Yes | | 714 |
| j Total lines 1c through 1i | | | 714 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| 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? | | | |

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

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.)

| | |
|---|-------|
| 1 Dues, assessments and similar amounts from members | 1 \$ |
| 2 Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i> | |
| a 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

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.

| Identifier | Return Reference | Explanation |
|--------------------|--|--|
| Part II-B, Line 1i | Explanation of Other Lobbying Activities | THE COLLEGE HAS MEMBERSHIPS AND AFFILIATIONS WITH ORGANIZATIONS THAT MAY CONDUCT LOBBYING ACTIVITIES. THE COLLEGE PAYS ANNUAL MEMBERSHIP DUES TO THESE ORGANIZATIONS. FOR PURPOSES OF THIS FORM, IT IS ESTIMATED THAT 4% OF TOTAL MEMBERSHIP DUES HAVE BEEN USED IN CONNECTION WITH LOBBYING ACTIVITIES. |
| | | |
| | | |
| | | |
| | | |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization BAY PATH COLLEGE

Employer identification number 04-2103865

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures and the amounts reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 22,290,541 | | | | |
| b Contributions | 335,515 | | | | |
| c Investment earnings or losses | -3,723,485 | | | | |
| d Grants or scholarships | 155,417 | | | | |
| e Other expenditures for facilities and programs | 0 | | | | |
| f Administrative expenses | 0 | | | | |
| g End of year balance | 18,747,154 | | | | |

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 73 770 %
- b** Permanent endowment ▶ 25 560 %
- c** Term endowment ▶ 0 670 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | Yes | No |
|--|-------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | 2,502,189 | | 2,502,189 |
| b Buildings | 1,215,683 | 30,560,065 | 13,436,975 | 18,338,773 |
| c Leasehold improvements | | 626,186 | 93,928 | 532,258 |
| d Equipment | | 14,886,609 | 11,940,656 | 2,945,953 |
| e Other | | 206,125 | | 206,125 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 24,525,298 |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 32,034,360 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 31,516,312 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 518,048 |
| 4 | Net unrealized gains (losses) on investments | 4 | -4,471,540 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 2,898 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -4,468,642 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -3,950,594 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 20,130,078 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -4,471,540 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 6,785 |
| e | Add lines 2a through 2d | 2e | -4,464,755 |
| 3 | Subtract line 2e from line 1 | 3 | 24,594,833 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 7,439,527 |
| c | Add lines 4a and 4b | 4c | 7,439,527 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 32,034,360 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 24,080,672 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | 6,785 |
| e | Add lines 2a through 2d | 2e | 6,785 |
| 3 | Subtract line 2e from line 1 | 3 | 24,073,887 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 7,442,425 |
| c | Add lines 4a and 4b | 4c | 7,442,425 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 31,516,312 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier | Return Reference | Explanation |
|--|---|--|
| Part IV, Line 2b | | THE COLLEGE OWNS AND RENTS RESIDENTIAL PROPERTIES CONTIGUOUS TO THE CAMPUS THE TENANTS' SECURITY DEPOSITS ARE MAINTAINED IN ESCROW ACCOUNTS AT A LOCAL BANK IN ADDITION, THE COLLEGE MAINTAINS A CHARITABLE ANNUITY POOL AT TIAA-CREF TRUST CO FOR THE INVESTMENT OF CHARITABLE GIFT ANNUITIES A LIABILITY IS RECOGNIZED FOR THE EXPECTED FUTURE PAYMENTS TO ANNUITANTS |
| Part V, Line 4 | Description of Intended Use of Endowment Funds | THE COLLEGE'S ENDOWMENT FUND IS AN INVESTMENT PORTFOLIO COMPRISED OF DONOR-RESTRICTED (TRUE) AND BOARD-DESIGNATED (QUASI) ENDOWMENT FUNDS THE INTENTIONS OF THE FUND ARE TO GENERATE A TOTAL RETURN THAT PRESERVES THE LONG-TERM REAL PURCHASING POWER OF THE ENDOWMENT FUNDS AND PROVIDES A RELATIVELY PREDICTABLE AND INCREASING REVENUE STREAM TO BE USED FOR DONOR-SPECIFIED AND BOARD-DESIGNATED PURPOSES THAT SUPPORT THE MISSION OF THE COLLEGE For Section D, College contributions include funds transferred from donor restricted funds to the unrestricted quasi-endowment fund to support the donor restricted scholarships awarded during the fiscal year from liquid, unrestricted investments |
| Part X | Description of Uncertain Tax Positions Under FIN 48 | EFFECTIVE JULY 1, 2007, THE COLLEGE ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS FIN 48 REQUIRES ENTITIES TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES BEFORE ANY PART OF THE BENEFIT CAN BE RECORDED IN THE FINANCIAL STATEMENTS IT ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST AND PENALTIES A TAX POSITION IS MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT THE ADOPTION OF FIN 48 HAD NO IMPACT ON THE COLLEGE'S FINANCIAL STATEMENTS |
| Part XII, Line 2d - Other Adjustments | | GOLF OUTING EXP FROM PART VIII LINE 8B 6785 |
| Part XII, Line 4b - Other Adjustments | | Scholarships & Grants 7442425 Income from Schedule K-1 - 2898 |
| Part XIII, Line 2d - Other Adjustments | | GOLF OUTING EXP FROM PART VIII LINE 8B 6785 |
| Part XIII, Line 4b - Other Adjustments | | Scholarships and Grants 7442425 |

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BAY PATH COLLEGE

Employer identification number
04-2103865

| | | 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? | 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? | 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. PUBLICATIONS, APPLICATIONS, REGISTRATION FORMS, NEWSPAPER ADVERTISEMENTS AND SUMMER PROGRAMS MAKE REFERENCE TO THE COLLEGE'S RACIALLY NONDISCRIMINATORY POLICY | Yes | |
| 4 | Does the organization maintain the following? | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | Yes | |
| 5 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | No |
| b | Admissions policies? | | No |
| c | Employment of faculty or administrative staff? | | No |
| d | Scholarships or other financial assistance? | | No |
| e | Educational policies? | | No |
| f | Use of facilities? | | No |
| g | Athletic programs? | | No |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | No |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | Yes | |
| 6b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement | | No |
| 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 | Yes | |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2008

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BAY PATH COLLEGE

Employer identification number

04-2103865

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance **Yes** **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (ie, fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|-------------------------------|-------------------------------------|---|--|--|----------------------------------|
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | STUDENT TRAVEL/TRIP | 37,200 |
| EUROPE | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 7,844 |
| EUROPE | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 6,950 |
| eAST ASIA AND THE PACIFIC | 0 | 0 | grants | | 71,006 |
| central america and caribbean | 0 | 0 | grants | | 15,326 |
| south asia | 0 | 0 | grants | | 13,000 |
| europa | 0 | 0 | grants | | 10,163 |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | | | 161,489 |

Software ID:
Software Version:
EIN: 04-2103865
Name: BAY PATH 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) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BAY PATH COLLEGE

Employer identification number

04-2103865

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| WASHBURN AND MCGOLDRICK INC | CONSULTING | | No | 0 | 29,988 | -29,988 |
| MARK J DROZDOWSKI | CONSULTING | | No | 0 | 6,800 | -6,800 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|---|---|--|--------------|------------------|-------------------------------|
| | | GOLF TOURNAMENT (event type) | (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 13,465 | | | 13,465 |
| | 2 Less Charitable contributions | 2,030 | | | 2,030 |
| | 3 Gross revenue (line 1 minus line 2) | 11,435 | | | 11,435 |
| Direct Expenses | 4 Cash Prizes | 0 | | | |
| | 5 Non-cash Prizes | 378 | | | 378 |
| | 6 Rent/Facility costs | 2,360 | | | 2,360 |
| | 7 Other direct expenses | 4,047 | | | 4,047 |
| | 8 Direct expense summary Add lines 4 through 7 in column (d) ▶ | | | | 6,785 |
| 9 Net income summary Combine lines 3 and 8 in column (d) ▶ | | | | 4,650 | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|--|---|---|---|------------------|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | | |

| | | Yes | No |
|------------|---|------------|----|
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b | If "No," Explain _____ _____ | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b | If "Yes," Explain _____ _____ | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

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?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- 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 ▶ \$ _____

Yes No

15a

17a

Schedule I (Form 990)

OMB No 1545-0047

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

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BAY PATH COLLEGE

Employer identification number

04-2103865

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| STUDENT SCHOLARSHIPS | 1471 | 7,027,534 | | | |
| STUDENT GRANTS | 610 | 305,396 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 BAY PATH COLLEGE RECEIVES GRANT MONEY FROM FEDERAL AND STATE GOVENMENT FOR STUDENT FINANCIAL AID THIS GRANT MONEY IS DISBURSED TO THE STUDENT ACCOUNTS AS IT IS RECEIVED BY THE COLLEGE THE STUDENTS ARE AWARDED BASED ON THE FEDERAL AND STATE GUIDELINES FOR EACH GRANT TYPE |
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BAY PATH COLLEGE

Employer identification number

04-2103865

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|---|--|--|---|---|---|---|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p> | Yes | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> | Yes | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p> <p>a Receive a severance payment or change of control payment?</p> | | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | | No | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | | No | | | | | | | | |
| <p>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</p> | | | | | | | | | | |
| <p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p> | | No | | | | | | | | |
| <p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p> | | No | | | | | | | | |
| <p>7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | | No | | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | | 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-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| CAROL LEARY | (i) | 268,621 | | 25,502 | 41,639 | 56,647 | 392,409 | |
| | (ii) | | | | | | | |
| MICHAEL GIAMPIETRO | (i) | 145,699 | | 4,730 | 13,179 | 9,026 | 172,634 | |
| | (ii) | | | | | | | |
| WILLIAM SIPPLE | (i) | 156,539 | | 21,978 | 16,084 | 12,097 | 206,698 | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BAY PATH COLLEGE

Employer identification number
04-2103865

Part I Bond Issues (Required for 2008)

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|---|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A MASSACHUSETTS DEVELOPMENT FINANCE AGENCY | 04-3431814 | | 12-28-2006 | 8,000,000 | RENOVATE ACADEMIC BUILDING, PARKING EXPANSION, OTHER ROUTINE CAPITAL | | X | | X |

Part II Proceeds (Optional for 2008)

| | A | | B | | C | | D | | E | |
|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| 1 Total Proceeds of Issue | | | | | | | | | | |
| 2 Gross Proceeds in Reserve Funds | | | | | | | | | | |
| 3 Proceeds in Refunding or Defeasance Escrows | | | | | | | | | | |
| 4 Other Unspent Proceeds | | | | | | | | | | |
| 5 Issuance Costs from Proceeds | | | | | | | | | | |
| 6 Working Capital Expenditures from Proceeds | | | | | | | | | | |
| 7 Capital Expenditures from Proceeds | | | | | | | | | | |
| 8 Year of Substantial Completion | | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 9 Were the bonds issued as part of a current refunding issue? | | | | | | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

Part III Private Business Use (Optional for 2008)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | | | | | | |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | | | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | | 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? | | | | | | | | | | |
| 3c 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? | | | | | | | | | | |

Part IV Arbitrage (Optional for 2008)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T been filed with 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? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c 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? | | | | | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization BAY PATH COLLEGE

Employer identification number 04-2103865

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BAY PATH COLLEGE

Employer identification number 04-2103865

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Row 9 is filled with X, 10, 76,823, and SALE PRICE.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding contribution policies and reporting.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
BAY PATH COLLEGE

Employer identification number
04-2103865

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 10 | | PART VI, LINE 10 THE FORM 990 IS PREPARED BY THE COLLEGE'S ASSOCIATE VICE PRESIDENT OF FINANCE AND THE BUSINESS OFFICE MANAGER THE COMPLETED FORM IS REVIEWED BY THE COLLEGE'S VICE PRESIDENT FOR FINANCE AND ADMINISTRATIVE SERVICES AS WELL AS BY THE INDEPENDENT ACCOUNTING FIRM OF MEYERS BROTHERS KALICKA PC ANY CHANGES/ADDITIONS PROPOSED AS A RESULT OF THE REVIEWS ARE DISCUSSED AMONG THE PARTIES REFERENCED ABOVE AND INCORPORATED INTO THE FORM IF DEEMED CORRECT THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE AT THEIR MARCH MEETING WHICH IS HELD A WEEK PRIOR TO THE MEETING OF THE FULL BOARD OF TRUSTEES, AT WHICH TIME THE AUDIT COMMITTEE CHAIRPERSON DELIVERS A SUMMARY REPORT PRIOR TO THE FILING OF THE FORM 990, A COPY IS PROVIDED TO THE ENTIRE BOARD OF TRUSTEES ONLINE VIA THE COLLEGE'S TRUSTEES' PORTAL |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section B, line 12c | | IN ACCORDANCE WITH ARTICLE XV OF THE BAY PATH COLLEGE BYLAWS AND THE COLLEGE CONFLICT OF INTEREST POLICY FOR TRUSTEES, ALL TRUSTEES AND OFFICERS OF THE COLLEGE MUST ANNUALLY DISCLOSE IN WRITING TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ANY POSSIBLE CONFLICT OF INTEREST ANY NEW TRUSTEE ADMITTED TO THE BOARD MUST COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AT THE TIME OF ADMITTANCE IF ANY SITUATION AFFECTING THE INTEREST OF A TRUSTEE OCCURS BETWEEN ANNUAL DISCLOSURE, AN UPDATED DECLARATION CONCERNING CONFLICT OF INTEREST POLICY MUST BE COMPLETED AND SUBMITTED TO THE AUDIT COMMITTEE AT THE EARLIEST PRACTICAL TIME A LETTER IS MAILED VIA U S POSTAL SERVICES TO THE BOARD OF TRUSTEES AND OFFICERS OF THE COLLEGE EXPLAINING THE POLICY REQUIREMENTS, ALONG WITH A CONFLICT OF INTEREST QUESTIONNAIRE AND A POSTAGE-PAID ENVELOPE THE LETTER DIRECTS THE TRUSTEES AND OFFICERS TO COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE AND RETURN IT TO THE SECRETARY OF THE BOARD BY A SPECIFIED DATE THE SECRETARY OF THE BOARD OF TRUSTEES PROVIDES THE COMPLETED QUESTIONNAIRES TO THE AUDIT COMMITTEE FOR THEIR SCHEDULED SPRING MEETING FOR THEIR REVIEW AND ACTION ALL COLLEGE EMPLOYEES ALSO COMPLETE ANNUALLY A CONFLICT OF INTEREST DISCLOSURE FORM IF AN EMPLOYEE DISCLOSES ACTIVE OR INTENDED PARTICIPATION IN AN ACTIVITY THAT IS A POTENTIAL CONFLICT OF INTEREST, THE SUPERVISOR AND DIVISIONAL VICE PRESIDENT WILL EVALUATE THE DISCLOSURE TO DETERMINE THE APPROPRIATE ACTION TO BE TAKEN THE EMPLOYEE MAY BE ASKED TO DISCONTINUE PARTICIPATION IN THE ACTIVITY IF DETERMINED TO BE A CONFLICT OF INTEREST |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 15 | | THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES HAS THE RESPONSIBILITY FOR REVIEWING AND RECOMMENDING THE COLLEGE PRESIDENT'S COMPENSATION TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE SUB-COMMITTEE CONSIDERS COMPARATIVE DATA FROM PEER INSTITUTIONS, OTHER WOMEN'S COLLEGES AND OTHER COLLEGES IN MASSACHUSETTS IN DETERMINING THE AMOUNT OF COMPENSATION THE SUB-COMMITTEE ALSO REVIEWS THE PRESIDENT'S ACCOMPLISHMENTS IN COMPARISON TO PLANNED GOALS AND OBJECTIVES The executive committee, comprised of independent board members, approves the President's compensation |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section C, line 19 | | The College's Forms 990 and 990T are available for public inspection at the principal office In addition, the College's Form 990, Form PC, by-law s and audited financial statements are available for public inspection on the website of the Massachusetts Attorney General Any requests made of the College for copies of the by-law s, conflict of interest policy, and financial statements are directed to the Vice President for Finance and Administrative Services to determine the appropriate response |

| Identifier | Return Reference | Explanation |
|------------------|------------------|---------------------------|
| PART XI, LINE 2C | | NO CHANGE FROM PRIOR YEAR |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BAY PATH COLLEGE

Employer identification number

04-2103865

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary 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) Disproportionate allocations? | | (I) Code V—UBI amount on Box 20 of K-1 | (J) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|--|------------------------------|--|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| Travel Education Center 588 Longmeadow Street Longmeadow, MA01106 04-2589394 | travel education | MA | | S | -931 | 10,282 | 100 000 % |
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Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| | | |
| 1o | | No |
| 1p | | No |
| | | |
| 1q | | No |
| 1r | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|--------------------------------------|---------------------------------|------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, elected cost, and tentative deduction.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions and group election information.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year placed, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system details.

Part IV Summary (See instructions)

Table with 3 rows for summary totals, including listed property amount and total depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization details.