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# Form 990

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public Inspection

	Revenue			gamzation may have to ase a copy o	·		roquiromonico	Inspection		
				r, or tax year beginning 07-01-2008 C Name of organization	and ending 06-30-200	9	D Employer ide	entification number		
_	eck if ap dress cha	<b>II</b> -	lease Ise IRS	EMMANUEL COLLEGE			04-210576	.9		
_		la	abel or orint or	Doing Business As			E Telephone nu			
_	me chan	ty	ype. See				(617) 735-	9822		
_	ial retur minatioi	I	pecific nstruc- ions.	Number and street (or P O box if mail is 400 The Fenway	not delivered to street addre	ss) Room/suite	G Gross receipt			
_	ended r	return pending		City or town, state or country, and ZIP + Boston, MA 02115	4					
, 14,	Jileation	pending	E Non	and address of Demonstral Officer		l	ļ			
				ne and address of Principal Officer e M Donovan SND		H(a) Is thi affilia	s a group return tes?	for		
				e Fenway		annia		j 163 j 140		
. Та	v ovom	pt status		MA 02115 (3) ◀ (insert no )		H(b) Are all	affiliates include	ed?		
			• • • •		327	1	•	See instructions )		
W	eb site	e: 🕨 www e	emmanue	ledu		H(c) Grou	p Exemption Nu	mber - 0928		
<b>С</b> Тур	e of org	anization 🔽	Corporat	on		L Year of Fo	mation 1919 M	State of legal domicile MA		
						<u>'</u>		-		
Pa	rt I	Summ	ary							
	1	Briefly des	scribe th	e organization's mission or most sigr	nificant activities					
<b>ب</b>	1		_	is a coed, residential Catholic libera		_		_		
Ĕ	1			ountries and 29 states. The College	ıs located on 17 acres	in the midst o	of the excitemer	nt, resources and		
		culture of				6	F.0/ - 6-1			
anvellialité			,	of the organization discontinued its o						
				nembers of the governing body (Part			_	24		
नरप्रभावक छ				dent voting members of the governin		)	_	23		
2				nployees (Part V, line 2a)			5 _	1,398		
Ę				lunteers (estimate if necessary) .			6 _	233		
į.		_		ed business revenue from Part VIII	•	_	0			
	b	Net unrela	ated busi	ness taxable income from Form 990-		7b	0			
<b>-</b> .						Prio	r Year	Current Year		
	8	Contribu	itions and	grants (Part VIII, line 1h)		5,004,908	7,002,54			
Ē	9	Program	service	revenue (Part VIII, line 2g)			62,645,169	64,332,29		
Revenue	10	Investm	ent incor	ne (Part VIII, column (A), lines 3, 4,	and 7d)		6,640,731	-2,774,40		
世	11	O ther re	venue (P	art VIII, column (A ), lines 5, 6d, 8c,		4,630,445	3,379,38			
	12		/enue—a	ld lines 8 through 11 (must equal Pa	e	78,921,253	71,939,82			
	13	12)	nd cimils	r amounts paid (Part IX, column (A),	linos 1 – 3)		16,523,378	18,036,397		
	14			r for members (Part IX, column (A),			0			
			•	, , , , , , , , , , , , , , , , , , , ,	•	-	0			
8	15	10)	, other cc	mpensation, employee benefits (Par	t 1x, column (A), mies :	,-	22,392,656 24,5			
象	16a	Profession	onal fund	raising fees (Part IX, column (A), line		0	14,12			
Expenses	ь	(Total fund	draising exi	penses, Part IX, column (D), line 25 <sup>1,607,76</sup>	53					
ш	17	•		Part IX, column (A), lines 11a-11d,			28,375,459	25,592,486		
	18	Total exp	penses—	add lines 13–17 (must equal Part IX	(, line 25, column (A ))		67,291,493	68,154,36		
	19	Revenue	less exp	enses Subtract line 18 from line 12		11,629,760	3,785,460			
8 %						Beginni	ng of Year	End of Year		
9 <u>m</u>	20	Total as	sets (Par	t X, line 16)			241,299,904	232,013,454		
36	21		•	art X, line 26)			142,025,371	140,808,090		
net Assets or Fund Balances	22		·	d balances Subtract line 21 from lin	e 20		99,274,533	91,205,358		
	t II		ture Blo				, ,	, ,		
تسد		Under pena	alties of pe	rjury, I declare that I have examined this ret						
		and belief,	it is true, o	correct, and complete Declaration of prepare	er (other than officer) is base	d on all informat I	ion of which prepar	er has any knowledge		
Please Sign Here		Signatu	re of office	r		2010- Date	01-29			
		[								
			nne M Don r print nam	ovan SND Treasurer e and title						
	I	<b>           </b>	•		D-1-	Observation of	B /	(6 6 7)		
		Preparer's signature	<b>.</b>			Check If self-	Preparer's PTIN	(See Gen Inst )		
Paid		Signature	<b>r</b>			empolyed 🕨 🦵				
•	arer's	Firm's nam	` '		<u> </u>		EIN Þ			
Jse (	Only	ıf self-empl address, ar		r ————		LIN F				
							Phone no 🕨			
4	<u> </u>	·	*h	rn with the preparer shown above? (S	'as instructions)			Tyes TNo		

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

<b>1</b> See A	Briefly describe the organization's mission dditional 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?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (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 \$ 31,219,582 including grants of \$ 18,036,397) (Revenue \$ 50,378,238)  Instructional expenses for over 2,400 students including scholarships, full-time and part-time faculty salaries and benefits, lab supplies, educational reference material, speakers and student employment
4b	(Code ) (Expenses \$ 14,957,117 including grants of \$ 0 ) (Revenue \$ 244,050 )  Academic support and student services for over 2,400 students including expenses for academic advising, academic resource center, disability services, internships and career services, student activities, student clubs, counseling, health services, campus ministry, athletics and operation of the College's library containing over 96,000 volumes and 51 online database resources
4c	(Code ) (Expenses \$ 11,490,803 including grants of \$ 0 ) (Revenue \$ 13,710,006 )  Housing and meal services for over 1,100 students living in 4 on-campus and 2 off-campus residence halls including operating costs for a cafeteria and cafe, and leased dormitory space
4d	Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses \$ 57,667,502 Must equal Part IX, Line 25, column (B).

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

## Part 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			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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>	32		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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	64		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
_	L L  Did the organization comply with backup withholding rules for reportable payments to vendors and report.	ahle		
	gaming (gambling) winnings to prize winners?	10	: Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return	1,398		
h	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	<u> </u>		
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2H	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		)	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank at Financial Accounts.	nd		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	. 5a	1	No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	,	No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Pro	hibited		
	Tax Shelter Transaction?	50	:	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	1	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	s or gifts 6	,	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7t	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	•		l Na
الم	file Form 8282?	70	-	No
u	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persbenefit contract?	onal 7e	s	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	? <b>7</b> f	1	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	70	,	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	<u>7</u> 1	1	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization excess business holdings at any time during the	on, have		
•	year?		<del></del>	<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9t	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	<u>L</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A. Governing Body	and Management

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 24								
Ь	Enter the number of voting members that are independent 1b 23								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo					
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?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο					
b	<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο					

### Section B. Policies

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

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- 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. 

  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

Sister Anne M Donovan SND 400 The Fenway Boston, MA 021155725 (617) 735-9822

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

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

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

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

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

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

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

			(i tion that a		all			<b>(E)</b>	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Former Highest compensated employee Key employee Officer Institutional Trustee Individual Trustee or Director		(D) Reportable compensation from the organization (W- 2/1099MISC)	( <b>E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
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			<u> </u>			1			
			-	$\vdash$		$\vdash$			
						t			
dh Tatal						<u> </u>	1,148,878	3 (	151,635
Total number of individuals (including		• •	•	 •					131,033

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►22

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

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Hurley of America 91 Montvale Avenue Stoneham, MA 02180	Facilities/Security	2,414,027
Goody Clancy Associates 334 Boylston Street Boston, MA 02116	Architects	1,532,003
Sisters of Notre Dame 351 Broadway Everett, MA 02149	Admın & Instruct Svc	847,349
FL Putnam Investment Management Company 20 William Street Wellesley, MA 02481	Investment Management	279,987
Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215	Health Care Services	206,923
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	•	20

Part VIII Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	0				,, 5. 51-1
nts nts	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	<b>1b</b> vents	0				
iřts, ara	d	Related organ	1c izations 1d					
S, C	e	Government gran		1,317,314				
ion r si	f	All other contribut	tions, gifts, grants, and	5,685,235				
age Spe		sımılar amounts r	not included above					
⊒ g ⊒ g	g		rıbutıons ıncluded ın					
ဝမျ	h	lines 1a-1f \$	es 1a-1f)		7,002,549			
	-"-	Total (Add IIII	es 1a-11 /	<u>▶</u>				
<u> </u>	2-	Turtion 9 Face		Business Code	50 200 402	50 200 402		
жы	2a b	Tuition & Fees Room & Board		611,310	50,308,183	50,308,183	0	0
Æ	c	Student Activity F		611,310 611,310	13,492,331 244,050	13,492,331	0	0
ACP	d	Summer Program		611,310	·	217,675	0	0
Serv	e	Other fees		611,310	70,055	70,055	0	0
an	f		ram service revenue		70,033	70,033	0	0
Program Service Revenue		— other progr	iam service revenue		0		0	0
ΔŤ	g	Total. Add lines 2a-2f						
	3		come (including divi	dends, interest				
		other sımılar a	amounts)		2,215,012	2,215,012	0	0
	4	Income from inve	estment of tax-exempt b	ond proceeds	0	0	0	0
	5	Royalties .			0	0	0	0
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	2,714,488	0				
	b	Less rental expenses	24,275	0				
	с	Rental income or (loss)	2,690,213	0				
	d	· · ·	ome or (loss)		2,690,213	0	0	2,690,213
			(ı) Securities	(II) O ther				
	7a	Gross amount	22,708,836	0				
		from sales of assets other						
	ь	than inventory Less cost or	27,698,248	0				
		other basis and sales expenses						
	С	Gain or (loss)	-4,989,412	0				
	d	Net gain or (lo	ess)	. ▶	-4,989,412	0	0	-4,989,412
	8a	Gross income	from fundraising					
Other Revenue		1c) See Part : <i>Atta</i> ch <i>Schedul</i>	 ns reported on line	0				
ē	ь		xpensesb					
oth	С	Net income or	(loss) from fundrais	ing events				
	9a	Gross income activities See Complete Schee exceeds \$15,00	e part IV , line 19 dule G if total 20					
	ь	less direct	a xpensesb					
	c		r (loss) from gaming a					
	10a	Green color of	f inventory, less	▶				
	104	returns and al	lowances .					
	ь	Less cost of	a boods sold					
	C		goods sold <b> b</b> ·(loss) from sales of	Inventory				
		Miscellaneou		Business Code				
	11a	Staff & Studen	it Parking	611,310	267,663	0	0	267,663
	ь	Fees for Alum	nı Events	611,310	52,826	0	0	52,826
	С	Insurance Red	coveries	611,310	22,653	22,653	0	0
	d	All other reve	nue		346,025	0	0	346,025
	e	Total. Add line						
	12	Total Revenue	<b>a.</b> Add lines 1h, 2g, 3	\$ 689,167 , 4, 5, 6d, 7d,	71,939,823	66,569,959	0	-1,632,685
		8c,	l1e		·			Form <b>990</b> (2008)

Page **9** 

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				•
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,036,397	18,036,397		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	495,477	265,602	229,875	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	19,357,052	15,158,608	0	935,468
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,171,348	920,460	193,713	57,175
9	Other employee benefits	2,191,366	1,706,326	378,822	106,218
10	Payroll taxes	1,296,115	1,007,793	226,972	61,350
11	Fees for services (non-employees)				
а	Management	1,045,669	651,634	394,035	0
b	Legal	144,917	0	144,917	0
С	Accounting	103,700	0	103,700	0
d	Lobbying	90,000	0	90,000	0
e	Professional fundraising See Part IV, line 17	14,122			14,122
f	Investment management fees	314,973	0	314,973	0
g	Other	0	0	0	0
12	Advertising and promotion	511,517	475,569	33,615	2,333
13	Office expenses	2,141,376	1,307,598	654,221	179,557
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	3,554,749	3,554,749	0	0
17	Travel	264,777	228,246	11,843	24,688
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	68,523	52,287	5,494	10,742
20	Interest	1,968,446	0	1,968,446	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	4,486,702	4,486,702	0	0
23	Insurance	375,138	355,924	19,214	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Food Costs	4,326,560	4,287,300	39,260	0
ь	Maintenance & Repairs	2,458,878	2,298,768	158,543	1,567
c	Security	1,000,057	1,000,057	0	0
d	Special Programs	866,418	459,204	215,913	191,301
e	Library Books	484,908	483,876	798	234
f	All other expenses	1,385,178	930,402	431,768	23,008
25	Total functional expenses. Add lines 1 through 24f	68,154,363	57,667,502	8,879,098	1,607,763
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 /2009\

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
- 1	1	Cash—non-interest-bearing				0	1	, 0
	2	Savings and temporary cash investments		837,755	2	2,240,088		
	3	Pledges and grants receivable, net		2,260,965	3	3,605,755		
	4	Accounts receivable, net				1,068,623	4	1,302,006
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			iployees or	0	5	0
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	149		0	6	0
	7	Notes and loans receivable, net				2,299,462	7	2,314,056
	8	Inventories for sale or use				0	8	0
8	9	Prepaid expenses and deferred charges				2,188,273	9	2,032,620
ssets	10a							
Ass		Land, buildings, and equipment cost basis	10a		201,098,385			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь		43.339.747	122,609,207	100	157.758.638
	11	Investments—publicly traded securities	100		10,000,1 11	84,427,083		62,760,291
	12	Investments—other securities See Part IV, line 11 Complete P	 Dart 1/71	· ·	•	04,427,000		02,700,201
		Schedule D				0	12	
	13	Investments—program-related See Part IV, line 11 $\it Complete F$ of Schedule D .			13			
	14	Intangible assets					14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		25,608,536	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				241,299,904	16	232,013,454
	17	Accounts payable and accrued expenses .	9,160,930	17	9,843,669			
	18	Grants payable		0	18	0		
	19	Deferred revenue				47,042,324	19	46,595,149
	20	Tax-exempt bond liabilities	ı			83,267,959	20	81,895,098
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D					21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
굨		persons Complete Part II of Schedule L				0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	. ·			480,000	23	400,000
	24	Unsecured notes and loans payable					24	0
	25	Other liabilities Complete Part X of Schedule D		2,074,158	25	2,074,180		
	26	Total liabilities. Add lines 17 through 25				142,025,371	26	140,808,096
S to		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	plet e I	ine	s 27			
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets				78,127,921	27	72,800,859
<u>ଟ</u>						8,526,375		9,103,188
<u> </u>	28	Temporarily restricted net assets						
Fund	29	Permanently restricted net assets	_	12,620,237	29	9,301,311		
9. 된		Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34.	ete					
اچ	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other fu	unds				32	
Net	33	Total net assets or fund balances				99,274,533	33	91,205,358
	34	Total liabilities and net assets/fund balances				241,299,904	34	232,013,454

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

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

### DLN: 93493127000040

Employer identification number

OMB No 1545-0047

## **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# **Public Charity Status and Public Support**

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

Open to Public Inspection

EMM <i>A</i>	NUEL C	COLLEGE										
									-2105769			
	rt I			<b>harity Status</b> (to be co	•				Instruct	ions)		
The	organı:			ation because it is (Please								
1	Г	A church, c	convention of cl	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)(	(A)(i).			
2	<u>~</u>	A school d	escribed in <b>Sec</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	ıle E )						
3	Γ	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	Γ	A medical	research organ	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	$\sqcap$	Anorganiza	ation operated t	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	0(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	atıon that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ıty trust descrıl	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	atıon that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruc	tions )	
11	Γ			and operated exclusively fo								
			ore publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check that describes the type of supporting organization and complete lines 11e through 11h									
		_					nes lle t nally Integ		n <b>d</b>			
e	Г	•	• •	rtify that the organization is			-					
_	'	•		agers and other than one or			•			•	· ·	
		section 50										
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,	
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	ì		ı	
9		following pe		as the organization decepted	a any gne	or continb	acron mom	any or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	y member of a p	erson described in (i) above	2					11g(	ii)	
		(iii) a 35%	controlled ent	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)	
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports					
			1		1		1		1			
	(i) Name of		(ii) EIN	(iii) Type of organization		s the	1	ou notify	I	s the	(vii) A mount of	
		oorted nization		(described on lines 1 - 9 above or IRC section		ation in Iisted in		nızatıon ) of your	_	ation in rganized	support?	
	Organ	nzation		(See Instructions))		verning	supp			US?		
						ment?						
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

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

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 04-2105769

Name: EMMANUEL COLLEGE

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1	ı								
		Posit t	(C tion ( hat a	chec		I			(E)	<b>(F)</b>
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Sister Janet Eisner SND , President	40	Х		Х				0	0	7,622
Sister Anne M Donovan SND , Treasurer	40	Х		Х				0	0	7,319
Thomas J Hynes Jr , Chairman	1	Х		Х				0	0	0
Mark A Quinn , Vice Chair	1	Х		Х				0	0	0
John F Burke , Trustee	1	Х						0	0	0
MaryEva Candon , Trustee	1	Х						0	0	0
Jack Connors Jr , Trustee	1	Х						0	0	0
Mary Lou CraneRyan , Trustee	1	Х						0	0	0
James L Elcock , Trustee	1	Х						0	0	0
Dr Elaine ElKhawas , Trustee	1	Х						0	0	0
Sister Mary Farren SND , Trustee	1	Х						0	0	0
Sıster Kathleen Gallıvan SND , Trustee	1	Х						0	0	0
Dr Sheilah Shaw Horton , Trustee	1	Х						0	0	0
Dr Nancy Kleniewski , Trustee	1	Х						0	0	0
John H MacKınnon , Trustee	1	Х						0	0	0
Leslie A McCafferty , Trustee	1	Х						0	0	0
C Allen Merritt Jr , Trustee	1	Х						0	0	0
Edmund F Murphy III , Trustee	1	Х						0	0	0
Monica Murphy , Trustee	1	Х						0	0	0
Peter J Muse Esq , Trustee	1	Х						0	0	0
Elizabeth Hayes Patterson , Trustee	1	Х						0	0	0
James Roosevelt Jr , Trustee	1	Х						0	0	0
Eleanor Mulvaney Seamans , Trustee	1	Х						0	0	0
Kathleen E Walsh , Trustee	1	Х						0	0	0
Neil G Buckley , Vice President for Finance & Administration	40			х				192,292	0	17,958
Frank Scully , Vice President of Academic Affairs	40			х				226,366	0	29,377
Sandra Robbins , Dean for Enrollment	40					Х		169,115	0	27,357
John Aversa , VP for IT/Operations	40					Х		154,035	0	14,177
Sally Dias , VP for Education	40					Х		138,472	0	13,783
Michelle Erickson , Exec Asst to Pres	40					Х		136,195	0	17,280

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)						(F)		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Patricia Rissmeyer , Vice President for Student Affairs	40					х		132,403	0	16,762

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

•					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Tuition & Fees	611,310	50,308,183	50,308,183	0	0
<b>b</b> Room & Board	611,310	13,492,331	13,492,331	0	0
c Student Activity Fees	611,310	244,050	244,050	0	0
<b>d</b> Summer Programs	611,310	217,675	217,675	0	0
e Other fees	611,310	70,055	70,055	0	0

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

Higher Education: Emmanuel College educates students in a dynamic co-educational learning environment shaped by a liberal arts and sciences curriculum that emphasizes career development. As a Catholic college, Emmanuel prepares students with the skills to succeed in tomorrows world and the social conscience to make a difference in that world. Since 1919 the College has grown from a womens commuter college to a residential college enrolling over 2400 men and women from across the US and from other countries. During FY09 the College awarded 459 undergraduate and 71 graduate degrees. (530 Degrees Awarded)

**SCHEDULE C** 

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

- ◆ 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)

- 00	ction 501(c)(4), (5), or (6) organi	zations complete Part III			
	me of the organization MANUEL COLLEGE			Employer iden 04-2105769	tification number
ar		y all organizations exempt e the instructions for Schedule (			527
1	Provide a description of the org	ganızatıon's dırect and ındırect polıtı	cal campaign act	tivities in Part IV	
2	Political expenditures		\$		
3	V olunteer hours				
Par	<b>To be completed b</b> for Schedule C for de	y all organizations exempt etails.)	under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form 4	720 for this year	<del>ر</del> ی	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under sectio	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contrıbu	ted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lines	s 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (local and indicate if the amount was perdicated and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -
			1		

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

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

		(a	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		90,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			90,000
	11			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		Νo	
Ь	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?			
)aı	+ TII-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501/6	\(5) or

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.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
С	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 \$	
_	Tayahla amaunt of lahbung and nalitical expanditures (line 3e total minus 2 and 4)	Γ. ¢	

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	<b>Explanat ion</b>
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	The College incurred lobbying expenditures from payments made to a consultant who assists in the development and presentation of institutional initiatives for consideration by Congress, federal regulatory agencies, and others, monitors proposed and enacted legislation and acts as a liaison between the College and various government officials

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

**Employer identification number** Name of the organization EMMANUEL COLLEGE

			04-2105769
Pa	organizations Maintaining Donoi organization answered "Yes" to Form	r Advised Funds or Other Similar F n 990. Part IV. line 6.	or Accounts. Complete if the
	0. ga=aa aaa. 100 to 10111	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to		nor advised Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the impermissible private benefit?		
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreption of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a conservation of the organization held a conservation of the organization held a conservation held a conservation of the organization held a conservation held a conserv	reation or pleasure)	n historically importantly land area ertified historic structure
2	on the last day of the tax year	qualified conservation contribution in the form	Held at the End of the Yea
а	Total number of conservation easements		2a
ь			2b
	Total acreage restricted by conservation easem		
с	Number of conservation easements on a certifie		2c
d	Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organization during
	the taxable year ►		
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy regar enforcement of the conservation easements it ho		lations, and
6	Staff or volunteer hours devoted to monitoring, in	nspecting and enforcing easements during th	e year 🗠
7	A mount of expenses incurred in monitoring, inspe	ecting, and enforcing easements during the y	⁄ear ►\$
8	Does each conservation easement reported on li $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy the requirements of se	ction Yes No
9	In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organization's financial sements	al statements that describes
Par		ctions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
1a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets I provide, in Part XIV, the text of the footnote to it	neld for public exhibition, education or resear	rch in furtherance of public service,
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held provide the following amounts relating to these it	for public exhibition, education, or research	
	(i) Revenues included in Form 990, Part VIII, lin	ne 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> - \$
2	If the organization received or held works of art, I following amounts required to be reported under S		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> - \$
			•

Par	<b>Til</b> Organizations Maintaining Co	llections of Art,	Hist	toric	<u>cal Treas</u>	ures, or Othe	<u>r Similar Ass</u>	ets (co	<u> ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that a	re a sıgnıfıcant u	se of its collection	on	
а	Public exhibition		d	Γ	Loan or exc	change programs			
b	Scholarly research		e	$\Gamma$	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	n how	they	further the	organization's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	┌ No
Pai	t IV Trust, Escrow and Custodial					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mo	unt	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							\	
1a	Beginning of year balance	(a)Current Year 84,427,083	(b)	Prior	Year (c)	wo Years Back (d)	Three Years Back   (	e)Four Yo	ears Back
ь	Contributions	1,214,433							
c	Investment earnings or losses	-14,739,746							
d	Grants or scholarships	902,902							
e	Other expenditures for facilities	6,979,223							
_	and programs	· · ·							
f	Administrative expenses	259,354							
g	End of year balance	62,760,291							
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment 🕨	78 %							
ь	Permanent endowment 🕨 15 %								
c	Term endowment ► 7 %								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion tl	hat a	re held and	admınıstered for	the		
	organization by						2-(:)	Yes	No
	(i) unrelated organizations			•			3a(i)		No No
h	(ii) related organizations						3a(ii 3b	<u>'                                       </u>	INO
4	Describe in Part XIV the intended uses of th	•					30		<u> </u>
	t VI Investments—Land, Buildings					Part X. line 10.			
	Description of investment			(a) (	Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Boo	ok value
1a	Land				0	12,365,633		1	2,365,633
	Buildings		ŀ		0	163,390,690	26,336,588		7,054,102
	Leasehold improvements		.		0	0	0		0
	Equipment		.		0	19,710,461	15,820,765		3,889,696
	Other		-		0		1,182,394		4,449,207
-	· · · · · · · · · · · · · · · · · · ·	• • •			•	-,,	, ,		,

157,758,638

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,			/L\ Daalaualua
(a) Descri	ription		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	: 15.)		
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Annuities Payable	77,865		
Advances from Dept of Education	1,996,315		
		-	
Table (California /k) should asset to come of the community			
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	2,074,180		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	71,939,823
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,154,363
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,785,460
4	Net unrealized gains (losses) on investments	4	-11,854,635
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-11,854,635
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,069,175
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	42,011,550
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 24,275		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-11,830,360
3	Subtract line <b>2e</b> from line <b>1</b>	3	53,841,910
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 61,516		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	18,097,913
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	71,939,823
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	50,080,725
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
c	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	24,275
3	Subtract line <b>2e</b> from line <b>1</b>	3	50,056,450
4	A mounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 61,516	-	
Ь	Other (Describe in Part XIV)	-	
<b>C</b>	Add lines <b>4a</b> and <b>4b</b>	4c	18,097,913
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	68,154,363

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

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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of 82 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Spending from endowments is donor restricted to various purposes such as providing scholarships and financial assistance to students and to fund professorships. The spending policy utilizes an annual distribution percentage approved by the Board of Trustees and is designed to provide a stable level of financial support and to preserve the endowment's real value. In establishing these policies, the College considers the intent of the donor-restricted fund, the expected return on its endowment and its programming needs.
SchD_P10_S00_L00	Schedule D, Part X	The College does not have a liability for uncertain tax positions under FIN 48
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Lease Expenses
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Student aid
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Lease Expenses
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Student aid

# OMB No 1545-0047

## **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Schools**

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

**2008** 

Open to Public Inspection

	NUEL COLLEGE	Employer identificati	On nan	iibci	
		04-2105769			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adaptograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain  The College's racially nondiscriminatory policy is published on the College's website and is incluent materials	gram, in a way scribe If "No,"	3	Yes	
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu	ıblıc dealıng			
	with student admissions, programs, and scholarships?		4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a sepa				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		_5a_		Νo
b	Admissions policies?		5b		Νo
С	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		Νo
	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νo
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a sep	arate statement )	5h		Νo
_			}		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	Νο
ט	If you answered "Yes" to either 6a or b, please explain using an attached statement		OD		14 0
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 exp		7	Yes	

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As Filed Data -

DLN: 93493127000040

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

**SCHEDULE F** (Form 990)

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

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization					Employer ide	entification number
EM	MANUEL COLLEGE					04-210576	9
P	General Infor "Yes" to Form 9			de the United States	<b>s.</b> Complete		
1				ecords to substantiate	the amount	of the grant	s or
_	_	_		assistance, and the se		_	
	· <del>-</del>		<del>-</del>				┌ Yes ┌ No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring t	he use of gran	it funds outsic	le the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed )			
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		y listed in (d)	
	(a) Region	offices in the	employees or	fundraising, program services,		am service,	(f) Total expenditures in
	(, 3	region	agents in region	grants to recipients located in		ecific type of ) in region	region
Car	ntral America and the	0	1	the region) Program Services	Admissions		8,845
	ibbean	0	1	r rogram Services	Admissions	recruitinent	0,043
Eas	t Asıa and the Pacıfic	0	1	Program Services	Admissions	recruitment	27,421
	ope (including Iceland and enland)	0	1	Program Services	Admissions	recruitment	2,620
Sou	ith America	0	1	Program Services	A dmissions	recruitment	14,013

Totals .

52,899

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

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

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

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 04-2105769

Name: EMMANUEL 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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Schedule I

(Form 990)

Internal Revenue Service

Name of the organization

EMMANUEL COLLEGE

DLN: 93493127000040

OMB No 1545-0047

Governments and Individuals in the U.S. Department of the Treasury

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

**Grants and Other Assistance to Organizations,** 

Open to Public Inspect ion

Employer identification number

						04-2105/69	
Part I General Info	rmation on Gra	nts and Assistance	e				
	sed to award the gra	nts or assistance?			gibility for the grants or a		F Yes □
Form 990, Par Part IV and So		ny recipient that rece tional space is		000. Check this box	tes. Complete if the of the office of the of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					•	_	
3 Enter total number of o For Paperwork Reduction Act N				Cat No 50055			hedule I (Form 990) 2008
TOT TUPE WOLK REGULATION ACT IN	ouce, see the mistiat			Cat NO 20022	·	30	ilcuaic I (I OI III 330) 2000

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Institutional Scholarships and Aid	1526	17,303,608	0		
SEOG Grants	245	242,889	0		
Gilbert Grants	316	489,900	0		

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Financial aid is awarded to students in the form of merit-based scholarships, need-based grants, work-study and student loans. Eligibility for financial aid varies based on the criteria of each award. Merit scholarships are awarded based on academic achievement such as high school grade point average, SAT or ACT score and class rank, and/or extra-curricular activities and recommendations. Need-based grants are offered to students who complete a Free Application for Federal Student Aid (FAFSA) and an Emmanuel College Application for Financial Aid and who, based on this information, meet the eligibility requirements for the grant or need-based scholarship. All first-year students who qualify for need-based financial assistance and all other students who are selected for verification by the Central Processing System (CPS) must also submit verification of the information provided on the FAFSA. Need-based grants and scholarships include the Federal Pell Grand and Federal Supplemental Educational Opportunity Grant (SEOG), the Federal Academic Competitiveness Grant, the Federal SMART Grant, state grants and scholarships, and Emmanuel College grant aid. In addition to need-based grants and scholarships, students who apply for financial aid and demonstrate financial need may also receive Federal Work Study and need-based federal and state student loans. The loan programs offered by Emmanuel College are the Federal Stafford Loan, the Federal Perkins Loan and the Massachusetts No-Interest Loan. Prior to disbursing any financial assistance, student eligibility for each grant, scholarship, work-program or student loan is verified. To receive need-based financial aid students must apply for financial aid each academic year.

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As Filed Data -

DLN: 93493127000040

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

# **Compensation Information**

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

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

2008

Open to Public Inspection

Internal Revenue Service	that answered "Yes" to Form 990, Part IV, line 23.	Inspection
Name of the organiza EMMANUEL COLLEGE		Employer identification number 04-2105769
Part I Questio	ns Regarding Compensation	04-2105/69

					Yes	Νο
1a	Check the approprate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	✓	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization organization.					
	Compensation committee	<u>ب</u>	, Written employment contract			1
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, F	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	ŧ?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		• • • • • • • • • • • • • • • • • • • •	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		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)(1)-(111) 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  (i) Base compensation  (ii) Bonus & (iii) Other compensation  compensation		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ	
0	0	0	0	7,622 0	7,622 0	0
0	0	0	0	7,319 0	7,319 0	0
198,766 0	0	27,600	0	29,377 0	255,743 0	0
192,292 0	0	0	0	17,958 0	210,250 0	0
169,115 0	0	0	0	27,357 0	196,472 0	0
154,035 0	0	0	0	14,177 0	168,212 0	0
138,472 0	0	0	0	13,783	152,255 0	0
136,195 0	0	0	0	17,280 0	153,475 0	0
132,403 0	0	0	0	16,762 0	149,165 0	0
	<u>'</u>					_
	<del> </del>	<u> </u>				
	<del> </del>	<u> </u>				
	<u> </u>	<u> </u>				1
		<u> </u>				
	(i) Base compensation  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other compensation           0	(i) Base compensation         (iii) Bonus & incentive compensation         (iii) Other compensation         compensation           0	(i) Base compensation         (ii) Bonus & incentive compensation         (iii) Other compensation         compensation         benefits           0         0         0         0         0         7,622           0         0         0         0         0         0           198,766         0         27,600         0         29,377           192,292         0         0         0         17,958           0         0         0         0         27,357           169,115         0         0         0         0         27,357           154,035         0         0         0         0         14,177           138,472         0         0         0         0         13,783           0         0         0         0         0         17,280           0         0         0         0         0         16,762           0         0         0         0         0         16,762           0         0         0         0         0         16,762           0         0         0         0         0         16,762           0         0         0	(i) Base compensation         (iii) Donus & menther compensation         (iii) Other compensation         compensation         benefits         (B)(i)-(D)           0         0         0         0         7,622         7,622         7,622         7,622         7,622         7,622         7,622         7,622         7,622         7,319         7,319         7,319         7,319         7,319         0<

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01	Schedule J, Part I, Line 1a	The College provides off campus housing to certain Sisters of Notre Dame. The College also provides off campus housing to the Vice President for Academic Affairs as part of his compensation agreement. The fair market value of this benefit has been included as taxable income on his Form W2.

Schedule J (Form 990) 2008

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 04-2105769

Name: EMMANUEL COLLEGE

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

Form 990, Schedule 3, Part 11 - Officers, Directors, Trustees, key Employees, and mighest compensated Employees								
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	3C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation (ii) Bonus & Incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Sister Janet Eisner SND	(ı) (ıı)	•	0	0	0	7,622 0	7,622	0
Sister Anne M Donovan SND	(I) (II)		0	0	0	7,319 0	7,319 0	0 0
Frank Scully	(I) (II)		0	27,600 0	0	29,377 0	255,743 0	0
Neil G Buckley	(I) (II)		0	0	0	17,958 0	210,250 0	0 0
Sandra Robbins	(I) (II)	_	0	0	0	27,357 0	196,472 0	0
John Aversa	(I) (II)	· .	0	0	0	14,177 0	168,212 0	0
Sally Dias	(I) (II)	1	0	0	0	13,783 0	152,255 0	0
Michelle Erickson	(I) (II)		0	0	0	17,280 0	153,475 0	0
Patricia Rissmeyer	(ı) (ıı)		0	0	0	16,762 0	149,165	0

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

DLN: 93493127000040

OMB No 1545-0047

# **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

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.

Open to Public **Inspection** 

Schedule K (Form 990) 2008

	ne of the organization									Employer	identificat	ion numb	oer .	
⊏ M	MANUEL COLLEGE									04-2105	769			
P	art I Bond Issues (Required	d for 2008)								<u>'</u>				
	(a) Issuer Name (b) Issuer EIN		(c) CUSIP #	(d) Date	(d) Date Issued	(e) Issue Price		(f) Description of Purpose			(g) Defeased		(h) O n Behalf o Issuer	
											Yes	No	Yes	No
A	Massachusetts Health and Educational Facilities Authority	04-2456011	57586CH32	08-21-	2007	84,	880,130	Build Acade repay debt	Build Academic Science Center, repay debt			х		x
Pā	art II Proceeds (Optional for	2008)						1						1
	Total Proceeds of Issue			-	Α	ı	3	-		D	)	+	E	
1 2	Gross Proceeds in Reserve Funds	3												
	Proceeds in Refunding or Defeasa											_		
4 Other Unspent Proceeds														
5 Issuance Costs from Proceeds											+			
	Working Capital Expenditures from	m Proceeds										+		
<del>-</del>	Capital Expenditures from Procee											+		
<u>.</u> 8	Year of Substantial Completion													
<u> </u>	·			Yes	l No	Yes	l No	Yes	No I	Yes	No	Yes	.	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain action final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008)	)	ı	1	1	1		l					
				/	4	ı	3			D	1		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>;                                    </u>	No
1	Was the organization a partner in which owned property financed by		mber of an LLC,											
2	Are there any lease arrangements which may result in private busine		nanced property											

Cat No 50193E

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

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

DLN: 93493127000040

OMB No 1545-0047

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Transactions with Interested Persons** 

Open to Public Inspection

Name of the organization  EMMANUEL COLLEGE  Employer identificat							t ion r	umber						
							4-210							
Part I	Excess Benefit Transact To be completed by organizatio									Dari	· \/	40h		
4	(a) Name of disqualified		(b) Description of tran									(c) Corrected?		
1	(a) Name of disquamen	a person		( <b>b)</b> Des	cript	ion of transa	ection				Yes	No		
	er the amount of tax imposed on t						earu	nder	<b>+</b>					
	on 4958							•	\$ —— ¢					
Part II				the organization :	•	<u> </u>			Ψ					
T GIT II	To be completed by organiza			on Form 990, Part	IV,I	ine 26, or Fo	orm 9	90-E	Z, Part	V , lın	e 38a			
		(b) Loan to or					(e)	In	(f Appr		(2)	ritton		
(a) Na	ame of interested person and	from the organization?	(c)	Original principal	(d)B	Balance due	defa		by bo		1	Written ement?		
	-						committe		<del>-  </del>					
		To From					Yes	No	Yes	No	Yes	No		
Γotal .				<b>&gt;</b> \$						<u> </u>				
Part III	Grants or Assistance B	enefitting Inter	estec	d Persons			<u>I</u>							
	To be completed by organ						ie 27							
(a	) Name of interested person			ween interested pe organization	rson	( <b>c)</b> A m	ount d	fgra	nt or ty	pe of	assista	nce		
				<u> </u>										
Part IV						5 . 7.4 .	20	2.0		20				
	To be completed by organ			"Yes" on Form 9	90,	Part IV, lir	ie 28	a, 28	b, or	-	<b>(e)</b> Sha	rıng of		
(-)	Name of interested names	(b) Relationsh between interes	•	(c) A mount of	:	( <b>d)</b> Descr		of t			organiz:			
(a)	Name of interested person	person and th		transaction		(a) Descr	iption	ortra	insacti	<sup>on</sup>	reven			
Ioan Cald	well	organization Family member of		105.	567	Independer	nt Con	tracto	or		Yes	No No		
		Treasurer		100,			5011							
										_				
										$\dashv$				

### **SCHEDULE 0**

Department of the Treasury

(Form 990)

Internal Revenue Service

# **Supplemental Information to Form 990**

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization EMMANUEL COLLEGE

**Employer identification number** 

04-2105769

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10		The Form 990 is completed by the Finance Office of the College. It is reviewed and approved by senior management, KPMG, independent tax consultant, and the Finance Committee of the Board of Trustees. A copy of the Form 990 is provided to the full Board of Trustees prior to being filed with the Internal Revenue Service.

	ldentifier	Return Reference	Explanation
F99	00_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The College's Conflict of Interest policy is annually distributed to officers, trustees and key employees who must read the policy, sign acknow ledgement of reciept and disclose any conflicts of interest Employees return this acknow ledgement to the Office of Human Resources, Trustees return this acknow ledgement to the President's Office for review. Any conflicts of interest are reported to the Vice President for Finance and Administration to determine if disclosure is required on the Form 990 and Schedule L

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The President, Vice President of Finance and Vice President of Academic Affairs have a written employment contract. The President of the College, in consultation with the Chair of the Board of Trustees, reviews and discusses compensation of senior management. Executive Compensation at Emmanuel College is established by identifying independent market comparability information based on student enrollment, operating budget, Carnegie Classification, and geographic regions. Data is collected on salary, variable pay, total compensation, supplemental retirement plans, and various benefits. Sources of information include independent surveys conducted by third party consultants, internal and external benchmarking, white papers, articles, and webinars. For the recruitment of prospective executive positions, the College works with several independent professional executive search firms. The College and the selected firm work together to obtain comparative market data and available salary survey to determine appropriate compensation. All documentation regarding compensation is maintained in the employee's personnel file.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The College makes its governing documents, conflicts of interest policy, and financial statements available to the public upon written request. The College's financial statements are also available on www guidestar org, www nacubo org and the Massachusetts Attorney General's website.

ldentifier	Return Reference	Explanation	
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	Compensation for the President and Treasurer is paid to the Sisters of Notre Dame	

ldentifier	Return Reference	Explanation
SchL_P04_S00_L00	Schedule L, Part IV	Joan Caldwell, a family member of the College's Treasurer, provides consulting services to the College All transactions are at arms length and payment for services is at fair market value