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Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

2008

Open to Public Inspection

A Fo	r the .	2008 ca	alendar yea	r, or tax year beginning (	7-01-2008 and ending 06-30-200	09			
B Ch	eck ıf a	pplicable	Please	C Name of organization SAINT JOSEPH COLLEGE				D Employer id	entification number
☐ Add	dress ch	nange	use IRS label or				06-064682		
∏ Naı	me cha	nge	print or	Doing Business As				E Telephone n	umber
┌ Inıt	al retu	rn	type. See Specific	Number and street (or P O	box if mail is not delivered to street addre	ess) Roor	n/suite	(860) 231-	
┌ <sub>Ter</sub>	mınatıc	on	Instruc- tions.	1678 ASYLUM AVENÙE			,	G Gross receip	ots \$ 55,290,905
┌ Am	ended	return		City or town, state or coun	try, and ZIP + 4				
Apr	olication	n pending		WEST HARTFORD, CT 061	172791				
		,	E Nan	L ne and address of Princip	aal Officer	1 11/->			
				A TROTMAN REID PHD		H(a)	Is this	s a group returi tes?	n for
				ASYLUM AVENUE	701				,
	v-evem	npt status		HARTFORD,CT 061172 )(3)◀(Insert no)		Н(р)		affiliates includ	
		<u> </u>			17(a)(1) 01   327	-			t See instructions)
J W	eb sit	e: 🕨 WW	/W SJC EDU	U		H(c)	Grou	p Exemption Ni	umber <b>►</b> 0928
<b>К</b> Тур	e of org	ganızatıon	Corporat	ion trust association	other 🟲	L Yea	ar of For	mation 1925 M	State of legal domicile CT
Pa	rt I		mary	o organization/s series	or most significant activities				
	1	•		•	or most significant activities beral arts and professional educati	on for a	ducara	a student nonu	lation while maintaining
ĕ			•	ent to developing the pot	•	on for a	uiveis	e student popu	iation wille manitalling
Governance									
₹	2	Check	this box 🖵	ıf the organizatıon discor	ntinued its operations or disposed	of more	than 2	5% of its asset	:s
	3	Numbe	r of voting r	nembers of the governing	g body (Part VI, line 1a)			3 .	29
Activities &	4	Numbe	r of ındepen	ident voting members of	the governing body (Part VI, line 1	b) .		. 4	28
ĕ	5	Total n	umber of en	nployees (Part V , line 2a	)			5 .	1,050
뚔	6	Total n	umber of vo	lunteers (estimate if nec			6	100	
ď					m Part VIII, line 12, column (C)			7a <sub>.</sub>	205,602
	b	Net unr	elated busi	ness taxable income fror	n Form 990-T, line 34			7b	-154,803
g,						Prio	r Year	Current Year	
	8	Contri	butions and	d grants (Part VIII, line 1	lh)	•		5,753,000	4,820,000
enne	9	9 Program service revenue (Part VIII, line 2g)						38,475,186	43,434,258
Reveni	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						1,493,000	-1,574,000
_	11			art VIII, column (A), line			171,814	48,742	
	12	1 otal 12)	revenue—a	dd lines 8 through 11 (m	ust equal Part VIII, column (A), lır	ne		45,893,000	46,729,000
	13		s and simila	ar amounts paid (Part IX,	column (A), lines 1-3)			8,881,446	9,886,000
	14	Benefi	ts paid to o	or for members (Part IX, o	column (A), line 4)			0	0
	15	Saları	es, other co	ompensation, employee b	enefits (Part IX, column (A), lines	5 –			
Expenses		10)						24,658,306	26,794,257
₹ •	16a			raising fees (Part IX, col				0	0
置	Ь			penses, Part IX, column (D), lı	·				
	17			(Part IX, column (A), line				10,615,497	12,097,702
	18				equal Part IX, line 25, column (A))			44,155,249	48,777,959
. 07	19	Reven	ue less exp	penses Subtract line 18	from line 12			1,737,751	-2,048,959
Net Assets or Fund Balances						В	eginni	ng of Year	End of Year
Page Page	20	Total	assets (Par	rt X, line 16)				57,120,370	54,922,406
A B	21	Total	liabilities (F	Part X, line 26)				26,606,370	27,419,406
žĒ	22	Netas	sets or fun	d balances Subtract line	21 from line 20			30,514,000	27,503,000
Pai	rt II	Sign	ature Blo	ock					
					amined this return, including accompanying tion of preparer (other than officer) is base				
Plea	Se	***		correct, and complete Deciara	tion of preparer (other than officer) is base	eu on an n	1		iei ilas ally kilowieuge
Sign	1	I B	*** ature of office	er			2010-   Date	05-13	
Here	е	Shav	wn Harrington	VP FOR FINANCE AND ADMIN	ISTRATION				
			e or print nam		20110112011				
		Preparei	r's <b>k</b>		Date	Check If		Preparer's PTIN	(See Gen Inst )
Paid		signatur				self- empolyed			
	arer's	Firm's n	ame (or yours	s <b>k</b> KPMG LLP			1		
Use (		ıf self-eı	mployed), and ZIP + 4	99 HIGH STREET				EIN 🕨	
	-	auuress,	anu ZIP + 4					Phone no 🕨 (	617) 988-1000
M =	.L	<u> </u>	&L	Boston, MA 021112371	mahawa 276 a a wastawa t			,	<u> </u>
ıvıay ¹	tne IR	5 discus	ss this retu	rn with the preparer show	n above? (See instructions) 🔒 .				┌Yes ┌No

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

1	Briefly describe the organization's mission Saint Joseph College provides a rigorous liberal the potential of women	arts and professional edu	cation for a diverse studen	t population while maintaining a str	ong commitment to developing
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		vices during the year	which were not listed on	Yes ▼ No
3	If "Yes," describe these new services  Did the organization cease conductin services?		changes in how it con		⊤Yes √ No
4	If "Yes," describe these changes on S Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ements for each of the ons and 4947 (a)(1) tr	usts are required to re	port the amount of grants an	
4a	(Code ) (Expenses \$ College and Graduate Programs Saint Joseph Hartford, Connecticut Enhanced by the Cather achievement and collaboration. With small cleadership, confidence, and creativity. In add Weekend Program for Adult Learners and a serving 124 students. The Graduate Program.	h College, which offers out nolic intellectual tradition a lasses taught by expert fa dition to the undergraduate co-educational Graduate a	nd the values of the Sister culty, the College provides e Women's College with 88 nd Professional Studies Pro	s of Mercy, the College encourages a values-centered education in an 9 students enrolled, Saint Joseph C gram The Weekend Program is a b	students to thrive in a culture of environment that fosters ollege has a co-educational
4b	(Code ) (Expenses \$	6,879,000	ıncludıng grants of \$	) (Revenue \$	8,912,656 )
	Laboratory Schools The College is home to t private special education facility that provide students. It serves 125 students from surrou Social Work, Counseling and Nutrition at The a training program for College students purs	es highly structured, intens nding communities Saint e Center The School for Yo	ive and self-contained spe Joseph College students fu bung Children is a nationall	cial education programs for element Ifill required classes in the fields of sy- y-accredited preschool serving 169	ary, middle and high school Special Education, Nursing,
4c	(Code ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Describe i	n Schedule O )			
	(Expenses \$	including grants of	\$	) (Revenue \$	)
4e	Total program service expenses \$	39,069,225	Must equal Part IX,	Line 25, column (B).	

art IV	Chec	klist (	of Re	auired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	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,"	8	Yes	
9	complete Schedule D, Part III			
	provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i> 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 🕬	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		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		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

#### Part IV Checklist of Required Schedules (Continued)

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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	289			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.		
2-	gaming (gambling) winnings to prize winners?	 I		1c		
2a	Statements filed for the calendar year ending with or within the year covered by this return	2a	1,050			
b	If at least one is reported in 2a, did the organization file all required federal employr  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	• • edule i	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		Νο
b	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> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services $\boldsymbol{p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
_	file Form 8282?	I		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the					
	year <sup>?</sup>			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	? .		9b		
10	Section 501(c)(7) organizations. Enter		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section	Λ	Governing	Body	and	Management
Section	м.	Governing	DUUY	anu	manayement

				Yes	NO			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, or processes, or changes in Schedule O. See instructions.	lescribe the circumstance	es,					
1a	Enter the number of voting members of the governing body	la	29					
b	Enter the number of voting members that are independent	lb	28					
2	Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee?	•	y <b>2</b>		No			
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management comp	•	з		No			
4	Did the organization make any significant changes to its organizational documents $\sin$ filed?	ce the prior Form 990 w	as <b>4</b>		No			
5	Did the organization become aware during the year of a material diversion of the organ	ızatıon's assets?	5		Νο			
6	Does the organization have members or stockholders?		. 6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockholder	s, or other persons? .	. 7b	Yes				
8	Did the organization contemporaneously document the meetings held or written action year by the following	s undertaken during the						
а	the governing body?		8a	Yes				
ь	each committee with authority to act on behalf of the governing body?		. 8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the acti 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 wa must describe in Schedule O the process, if any, the organization uses to review the F		Yes					
11	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							

#### 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		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- 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 WILLIAM HAWKINS CONTROLLER

WILLIAM HAWKINS CONTROLLER 1678 ASYLUM AVENUE WEST HARTFORD,CT 06117 (860) 231-5405

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

#### Part VII Continued

	(B) Average hours per week		(tion that a			all			(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				$\vdash$						
							$\vdash$			
				$\vdash$			$\vdash$			
1b Total							<b> -</b>	1,133,594		238,036

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

			Yes	No		
3	Did the organization list any <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	(C) Compensation
SODEXO INC AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FACILITIES MGMT	342,328
ROYALL COMPANY 1920 EAST PARHAM RD RICHMOND, VA 23228	CONSULTING	268,811
STAMATS INC 615 5TH ST SE CEDAR RAPIDS, IA 52401	MARKETING	180,590
NOEL-LEVITZ INC 2350 OAKDALE BLVD CORALVILLE, IA 52241	CONSULTING	163,767
JCJ ARCHITECTURE 38 PROSPECT ST HARTFORD, CT 06103	ARCHITECTURE	153,009
2 Total number of independent contractors (including those in 1) who rec		7

Part VIII

Statement of Revenue

				<b>(A)</b> Total Revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
					Exempt Function	Business Revenue	Excluded from Tax under IRC
	1-	Fodovstod composano 1-			Revenue		512, 513, or 514
22	1a b	Federated campaigns 1a  Membership dues					
돌	"	1b					
£g	С	Fundraising events 1c					
£ a	d	Related organizations					
ي ⊒ين	e	Government grants (contributions) 1e	3,358,000				
fior इ.स.	f	All other contributions, gifts, grants, and	1,462,000				
Contributions, gifts, grants and other similar amounts		sımılar amounts not ıncluded above <b>1f</b>					
튵퓿	g	Noncash contributions included in					
ರ್.	h	Innes 1a-1f \$ 120,230  Total (Add lines 1a-1f)		4,820,000			
	<u> </u>		<u>▶</u>				
<u>e</u>	2a	TUITION AND FEES	Business Code	20.041.000	20.041.000		
er E	b	RESIDENCE & DINING	611,710	30,041,000			
Program Serwoe Revenue	c	SALES & SERVICES	721,310 611,710	4,275,000 8,912,656	4,275,000 8,912,656		
45.e	d	CATERING REVENUE	722,320	44,258	8,912,030	44,258	
<u>.</u>	e	FITNESS CENTER REVENUE	713,940	161,344		161,344	
an	f	All other program service revenue	713,940	101,344		101,344	
i Do	-	— — — program service revenue					
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	dends, interest				
		other similar amounts)	[	678,000			678,000
	4	Income from investment of tax-exempt be	ond proceeds	0			
	5	Pavaltus	▶	0			
	5	Royalties	(II) Personal	-			
	6a	Gross Rents 0	0				
	ь	Less rental					
	С	expenses Rental income 0	0				
	d	or (loss)  Net rental income or (loss)		0			
			▶				
	7a	(1) Securities Gross amount 6,308,000	(II) O ther				
	"	from sales of assets other					
	١.	than inventory Less cost or 8,560,000					
	ь	other basis and sales expenses					
	с	Gain or (loss) -2,252,000					
	d	Net gain or (loss)	_	-2,252,000			-2,252,000
	8a	Gross income from fundraising					
		events (not including					
<u>Φ</u>		\$12,007 of contributions reported on line					
듄		1c) See Part IV, line 18					
é		Attach Schedule G If total exceeds \$15,000 a					
<u>.</u>	ь	Less direct expensesb	1,905				
Other Revenue	с	Net income or (loss) from fundrais	· · ·	10,102			
•	9a	Gross income from gaming	▶				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		а	0				
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming a	activities ►	0			
	10a	Gross sales of inventory, less					
		returns and allowances . a					
	ь	Less cost of goods sold <b>b</b>	0				
	c	Net income or (loss) from sales of	inventory	0			
		Mıscellaneous Revenue	Business Code				
	11a	OTHERINCOME	900,099	38,640			38,640
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 38,640				
	12	Total Revenue. Add lines 1h, 2g, 3		46,729,000	43,228,656	205,602	-1,535,360
		8c, 9c, 10c, and 11e					
	j		• '				1

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(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			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,886,000	9,886,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	638,378	157,523	406,102	74,753
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			
7	Other salaries and wages	20,683,299	17,527,927		714,123
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,407,763	1,193,000	166,158	48,605
9	Other employee benefits	2,576,260	2,183,235	304,076	88,949
10	Payroll taxes	1,488,557	1,261,468	175,694	51,395
11	Fees for services (non-employees)				
а	Management	789,012		789,012	
b	Legal	36,933		36,933	
c	Accounting	86,300		86,300	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	61,959		61,959	
g	Other	2,411,400	1,631,354	669,547	110,499
12	Advertising and promotion	588,796	104,304	454,295	30,197
13	Office expenses	391,849	235,923	139,185	16,741
14	Information technology	518,449	13,670	504,779	
15	Royalties	0			
16	Occupancy	1,215,981	851,187	364,794	
17	Travel	176,176	141,952	20,918	13,306
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	251,274	191,181	45,320	14,773
20	Interest	556,424		556,424	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,127,524	1,489,267	638,257	
23 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 )	273,100		273,100	
а	FOOD SERVICE	1,176,674	1,176,674		
ь	TRANSPORTATION	42,788	2,710	40,078	
c	POSTAGE	140,069	103,806	18,017	18,246
d	TELEPHONE AND CABLE	138,891	56,039	82,852	<u> </u>
e	DUES & MEMBERSHIPS	393,714	277,863	107,978	7,873
f	All other expenses	720,389	584,142	124,868	11,379
25	Total functional expenses. Add lines 1 through 24f	48,777,959	39,069,225	8,507,895	1,200,839
26	Joint Costs. Check  fif 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				Prm 990 (2008)

Part X	Balance	Sheet
--------	---------	-------

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			209,456	1		161,230
	2	Savings and temporary cash investments			70,971	2		27,376
	3	Pledges and grants receivable, net			1,394,090	3		1,392,565
	4	Accounts receivable, net			1,570,118	4		1,740,073
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use				8		
ţ	9	Prepaid expenses and deferred charges			398,159	9		275,519
Assets	10a	Land, buildings, and equipment cost basis	10a	64,379,817				
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	29,738,310	31,333,856	10c	3	4,641,507
	11	Investments—publicly traded securities			21,576,994	11	1	5,770,054
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	art VII	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$ .	I		13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			566,726	15		914,082
	16	Total assets. Add lines 1 through 15 (must equal line 34)			57,120,370	16	5	4,922,406
	17	Accounts payable and accrued expenses .			7,683,610	17		6,543,713
	18	Grants payable		18				
	19	Deferred revenue		2,539,705	19		2,032,315	
	20	Tax-exempt bond liabilities			15,000,000	20	1	5,000,000
<u>.</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			28	23		0
	24	Unsecured notes and loans payable				24		
	25	Other liabilities			1,383,027	25		3,843,378
	26	<b>Total liabilities.</b> Add lines 17 through 25			26,606,370	26	2	7,419,406
SΦO		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27				
Balance	27	Unrestricted net assets			18,602,000	27	1	5,201,000
8	28	Temporarily restricted net assets			3,177,000	28		3,551,000
돧	29	Permanently restricted net assets			8,735,000	29		8,751,000
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	plete				
	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	nds			32		
Met	33	Total net assets or fund balances		30,514,000	33	2	7,503,000	
_	34	Total liabilities and net assets/fund balances			57,120,370	34	5	4,922,406
Pa	rt XI	Financial Statements and Reporting						
		· · ·					Yes	No

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

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
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	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493133034390

Employer identification number

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

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

Open to Public Inspection

SAINT	JOSEPI	H COLLEGE										
									-0646829			
	rt I			harity Status (to be co					Instruct	ions)		
	organı:			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section :	170(Ь)(1)	(A)(i).			
2	<u> </u>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)										
3		A hospital	or a cooperativ	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(	b)(1)(A)(i	i <b>ii).</b> (Attac	h Schedu	le H)	
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the	)
			name, city, and									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	d by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ct ion 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its :	support fro	m a gove	rnmental u	ınıt or fror	n the gene	eral publ	lıc
		described i	n <b>Sect ion 170(</b> l	<b>))(1)(A)(vi)</b> (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Con	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3%	of its supp	ort from c	ontributior	ns, membe	rship fees	s, and gr	oss
		receipts fro	m activities re	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2	) no more	than 331,	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	ıncome (	less sectio	on 511 tax	x) from bu	sınesse	s
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III	)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>S</b> e	ection 509	<b>(a)(4).</b> (S	ee instruc	tions )	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	efit of, to p	erform the	functions	of, or to o	arry out t	he purp	oses of
				orted organizations describe						Section 5	09(a)(3	). Check
				type of supporting organiza					_	Гтуре		<b>+</b> b~"
_	_	·				- Function		_	d	' ''		
е	ı	•		rtify that the organization is agers and other than one or			•				•	
		section 50		agers and other than one or	тоге рав	iici, supp	orteu orga	IIIZations .	acsembea	III Section	1303(4	/(1/01
f		If the organ	nization receive	d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportin	ng organ	iizatio <u>n,</u>
		check this						ć.,,				Г
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	)			
				r indirectly controls, either a	alone or to	ogether wi	th person:	s describe	d in (ii)		Yes	S No
			·-	ng body of the the supported		=	•		` ,	11g	_	No
			· -	erson described in (i) above	_					11g(		No
		• •		ty of a person described in (		hove?				11g(		No
h				nation about the organizatio			supports			[5	/	
			<b>3</b>			,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) 1	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
	Supp	orted		(described on lines 1-9	organiz	ation in	the orga	nızatıon	organiz	ation in	sup	port?
O rganizatio		<b>I</b>		above or IRC section		col (i) listed in lin col		i) of your		rganized		
				(See Instructions))		verning ment?	sup	port?	In the	US?		
							Yes	No.	Yes	l N-	┨	
					Yes	No	165	No	165	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, 100, 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)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> 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						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	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>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	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

#### DLN: 93493133034390

#### **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

	ne organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (F	Proxy Tax)		
N a	ame of the organization INT JOSEPH COLLEGE	<u>'</u>		Employer ider	tification number
SA	INT JOSEPH COLLEGE			06-0646829	
Pai		y all organizations exempt e the instructions for Schedule			527
1	<u>-</u>	ganization's direct and indirect poli	•	ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pa	rt I-B To be completed be for Schedule C for de	oy all organizations exemptetails.)	under section	<b>501(c)(3).</b> (See the	instructions
1		e tax incurred by the organization u	nder section 4955	i	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under section	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	?	☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
Ь	If "Yes," describe in Part IV				
Pa		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıb	uted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna Olitical organization, such a	l funds or were s a separate
	(a) Name	( <b>b)</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-

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

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

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

Part II-B	To be completed by organizations exempt under section 501(c)(3) th 5768 (election under section 501(h)). (See the instructions for Schedule (			d Form
		-	a)	(b)
		Yes	No	A mount
Iegislati	the year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or lum, through the use of			
a Volunte	ers?		No	
<b>b</b> Paid sta	iff or management (include compensation in expenses reported on lines c through i)?		Νο	
<b>c</b> Media a	dvertisements?		Νo	
<b>d</b> Mailings	s to members, legislators, or the public?		Νo	
<b>e</b> Publicat	tions, or published or broadcast statements?		Νo	
<b>f</b> Grants t	to other organizations for lobbying purposes?	Yes		
<b>g</b> Directic	ontact with legislators, their staffs, government officials, or a legislative body?		Νo	
<b>h</b> Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i Otherad	ctivities If "Yes," describe in Part IV		Νo	
<b>j</b> Total lın	nes 1c through			
11			- 1 1	
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
<b>b</b> If"Yes"	enter the amount of any tax incurred under section 4912		L	
<b>c</b> If"Yes"	enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the file	ing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No [	

section 501(c)(6). (See the instructions for Schedule C for details.)

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

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

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

#### Part IV Supplemental Information

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	Explanation
LOBBYING ACTIVITIES	PART II-B	SAINT JOSEPH COLLEGE BELONGS TO THE CONNECTICUT CONSORTIUM OF INDEPENDENT COLLEGES (CCIC) AND OTHER ACADEMIC ASSOCIATIONS, WHICH AT TIMES MAY ENGAGE IN LOBBYING ACTIVITIES

Part IV Supplemental II	Part IV Supplemental Information						
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

▶ 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.

**Supplemental Financial Statements** 

Name of the organization **Employer identification number** SAINT JOSEPH COLLEGE 06-0646829

Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.					
	organization anomered Teo to Form 22	(a) Donor advised funds	(b) Funds and other	er 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 advi			┌Yes ┌No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·	┌Yes ┌No		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, I	line 7.		
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of ce	historically importantly rtified historic structure of a conservation easen			
	on the last day of the tax year					
				e End of the Year		
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	S	2b			
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization du	rıng		
	the taxable year ►					
4	Number of states where property subject to conserva	ation easement is located 🕨				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, viola	ations, and	┌Yes ┌No		
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year <b>►</b>			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$			
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No		
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describ	es		
Par	Complete if the organization answered '		or Other Similar As	ssets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance of public			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	0		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	669,785		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		- "	the		
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	0		
ь			<b>b.</b> ¢	0		

ar	Organizations Maintaining Collections of Art	<u>, His</u>	tori	<u>cal Treasu</u>	ires, or Othe	r Similar .	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other records, check any items (check all that apply)	ofth	ne foll	owing that ar	e a sıgnıfıcant u	se of its coll	ection	l	
а	Public exhibition	d	~	Loan or exc	hange programs				
b	Scholarly research	e	굣	Other TEA	CHING				
С	Preservation for future generations								
	Provide a description of the organization's collections and explain Part XIV	ın hov	w they	further the o	organization's ex	empt purpos	se in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as					ılar	Γ,	Yes	√ No
Pai	t IV Trust, Escrow and Custodial Arrangements.				nızatıon answ	ered "Yes"	to Fo	rm 9	90,
	Part IV, line 9, or reported an amount on Form 99	0, Pa	art X	, lıne 21.					
la	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	dıary	for c	ontributions	or other assets r	not	Γ.	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tabl	е							
							A mou	nt	
C	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
а	Did the organization include an amount on Form 990, Part X, line	21?					Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
a'	rt V Endowment Funds. Complete if the organization	ans	were						
	(a)Current Year	(b	)Prior	Year (c)Tv	wo Years Back (d)	Three Years Ba	ck <b>(e</b> )	Four Ye	ears Back
3	Beginning of year balance 18,110,000								
b	Contributions								
С	Investment earnings or losses2,058,000								
d	Grants or scholarships								
e	Other expenditures for facilities 527,000 and programs								
f	Administrative expenses								
g	End of year balance								
9	Provide the estimated percentage of the year end balance held a								
	26.04								
а	Doard designated of quasi-endownent F								
b	remanent endowment P								
C	Term endowment ► 8 %				. d	<b>.</b>			
а	Are there endowment funds not in the possession of the organization by	ition t	tnat a	re neid and a	iaministerea for	tne		Yes	No
	(i) unrelated organizations					[	3a(i)		Νο
	(ii) related organizations					🛚	Ba(ii)		Νo
Ь	If "Yes" to 3a(II), are the related organizations listed as required	d on S	ched	ule R?			3b		
1	Describe in Part XIV the intended uses of the organization's end								
aı	t VI Investments—Land, Buildings, and Equipmen	nt. S	ee F	orm 990, P	art X, line 10.				
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciat	tion	( <b>d)</b> Boo	ok value
a	Land				660,000				660,000
b	Buildings				42,317,000	15,145	,000	2	7,172,000
c	Leasehold improvements				1,603,000	815	,000		788,000
d	Equipment								
e	Other				19,799,817	13,778	,310		5,021,50

34,641,507

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		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, II	ne 15.		
(a) Descri			( <b>b)</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			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
CAPITAL LEASE OBLIGATION	178,000		
GOVERNMENT GRANTS REFUNDABLE	349,729		
SHORT-TERM LINE OF CREDIT	3,315,649		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	3,843,378		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	46,729,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,777,959
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,048,959
4	Net unrealized gains (losses) on investments	4	-381,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-581,041
9	Total adjustments (net) Add lines 4 - 8	9	-962,041
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,011,000
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	36,462,000
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -9,886,000		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-10,267,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	46,729,000
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	46,729,000
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	39,473,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	1	
c 	Losses reported on Form 990, Part IX, line 25	1	
a	Other (Describe in Part XIV)		501.041
e	Add lines 2a through 2d	2e	581,041
3	Subtract line <b>2e</b> from line <b>1</b>	3	38,891,959
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIV) 4b 9,886,000	-	
b		1	9,886,000
с 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	48,777,959
3	rotal expenses Aud lines 3 and 4c. (This should equal Form 330, Fait 1, line 10 )	, J	1 40,///,959

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					
ORGANIZATION'S COLLECTIONS OF ART	PART III, LINE 5	The Saint Joseph college art gallery opened in 2001 in the new Carol Autorino center for the arts and humanities, it now house a collection of over 2000 works of art. A paintings collection that is focused on American art of the twentieth century, including works by Thomas Hart Benton, Georgia O'Keefe, and Milton Avery, is complemented by a collection of works of art of paper that ranges from sixteenth century European prints to nineteenth century Japanese woodblock prints and contemporary American works. With six exhibition galleries, a print study room, and up-to-date art storage facilities, the sair Joseph college art gallery has made the college's collection more accessible and has opened myriad opportunities for the study and enjoyment of art. Each year special exhibitions are presented in addition to changing installations of the permaner collection. A variety of educational programs are offered for the college community and the general public.					
ENDOWMENT FUNDS	PART V, LINE 4	The College's endowment consists of approximately 140 individual funds established for a variety of purposes, including both donor-restricted endowment funds and funds designated by the College to function as endowments (quasi-endowment). The College manages its long-term investments in accordance with the total return concept and the goal of maximizing long-term return within acceptable levels of risk. The College's spending policy is designed to provide a stable level of financial support and to preserve the real value of its endowment. The College compares the performance of its investments against several benchmarks.					
OTHER ADJUSTMENTS TO NET ASSETS	PART XI, LINE 8	CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT (534,000) OTHER CHARGES (47,041) TOTAL (581,041)					
OTHER REVENUE ON BOOKS NOT ON RETURN	PART XII, LINE 2D	SCHOLARSHIPS AND FINANCIAL AID (9,886,000)					
OTHER EXPENSES ON BOOKS NOT ON RETURN	PART XIII, LINE 2D	OTHER CHARGES 47,041					
other expenses on return not on books	PART XIII, LINE 4b	SCHOLARSHIPS AND FINANCIAL AID 9,886,000					

#### 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

	JOSEPH COLLEGE	iipioyei identii idati	)II IIGII	IDCI	
		6-0646829			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadca the period of solicitation for students, or during the registration period if it has no solicitation progressive that makes the policy known to all parts of the general community it serves? If "Yes," please described explain  THE COLLEGE PUBLISHES ITS NON-DISCRIMINATION POLICY IN THE MAJOR NEWSPAPER METROPOLITAN REGION FROM WHICH MOST OF ITS STUDENTS COME	am, in a way ribe 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 no basis?	ondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pub	ıc 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 separa	ite statement )			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
b	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		Νo
е	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νο
g	Athletic programs?		5g		Νo
h	Other extracurricular activities?		5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separ	are statement )			
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠				
7	Does the organization certify that it has complied with the applicable requirements of sections 4 0 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explain		7	Yes	
	- or new arrow and a subject to the subject of the	HULIOH	<b>*</b>	1 62	

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DLN: 93493133034390

OMB No 1545-0047

2008

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

**Employer identification number** 

ΑI	NT JOSEPH COLLEGE						_	
	0			de the Helical Chaire		06-0646829		
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	e if the orgar	nization answ	erea
1				ecords to substantiate	the amount	of the grant	sor	
	assistance, the grante	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward	
	the grants or assistan	ce					☐ Yes	▼ No
2	For grant makers. Descri United States	be in Part IV the	organızatıon's pr	ocedures for monitoring th	ne use of grai	nt funds outsıd	e the	
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed )				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	<b>(f)</b> Total expe	
ou	th America	0	0	Program Services	SOCIAL SE			10,916
		0	l o	I	1		I	10 916

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

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:

**Software Version:** 

**EIN:** 06-0646829

Name: SAINT JOSEPH COLLEGE

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

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

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

OMB No 1545-0047

2008

DLN: 93493133034390

Department of the Treasury Internal Revenue Service Name of the organization

SAINT JOSEPH COLLEGE

Schedule I

(Form 990)

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

Open to Public Inspect ion Employer identification number

SAINT JOSEF II COLLEGE						06-0646829	
Part I General Infor	mation on Gra	nts and Assistance	е			'	
<ul> <li>Does the organization method selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	ed to award the gra	nts or assistance?					F Yes □ I
Form 990, Part Part IV and Sch	IV, line 21 for ar nedule I-1 if addr	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
For Paperwork Reduction Act No			· · · · · · ·	Cat No 50055			hedule I (Form 990) 2008
	,			-4: 50055	•	50	

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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
COLLEGE SCHOLARSHIPS & GRANTS	739	9,886,000		FMV	SCHOLARSHIPS

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
MONITOR THE USE OF GRANT FUNDS		The College's grants in the US consist of financial aid awards which are applied against students' receivable balances due to the College. The College monitors these grants by controlling the application of grants to students' balances.
1		
1		

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DLN: 93493133034390

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

ın Part III

Name of the organization SAINT JOSEPH COLLEGE

#### **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 No 1545-0047

Open to Public Inspection

06-0646829 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	( <b>F)</b> Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
CHARLES G MANN	(I) (II)	145,372 0	0 0	0	16,468 0	11,925 0	173,765 0	0
BILLYE AUCLAIR	(ı) (ıı)	140,070 0	0	0	15,408 0	630 0	156,108 0	0 0
PAMELA TROTMAN REID PHD	(ı) (ıı)	237,697 0	0	1,439 0	26,400 0	52,971 0	318,507 0	0
JANET FAUDE	(ı) (ıı)	149,660 0	0	0	16,748 0	11,935 0	178,343 0	0
DALIA GIEDRIMIENE	(ı) (ıı)	124,245 0	0	0	14,341 0	11,657 0	150,243 0	0
	(ii) (i)							
	(ii)							
	(ii)							
	(ii)							
	(i) (ii)							
	(i) (ii)							

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanat ion
PRESIDENT'S HOUSING		AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN THE PRESIDENTIAL RESIDENCE LOCATED ON THE COLLEGE CAMPUS THE FAIR MARKET VALUE OF THE HOUSING IN THE AMOUNT OF \$48,660 HAS BEEN INCLUDED IN THE PRESIDENT'S NONTAXABLE BENEFITS Severance Agreement SCHEDULE J, PART I, LINE 4A Pursuant to a severance agreement, Janet Faude received \$27,867 severance payment during the reporting period ended June 30, 2009 None was paid during calendar year 2008 Additionally, \$32,188 of severance payment has been paid during the reporting period ended June 30, 2010 Amounts will be included as taxable income and reported on 2009 Form W-2 by Saint Joseph College
-		
-		

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Schedule K

(Form 990)

DLN: 93493133034390

**Supplemental Information on Tax Exempt Bonds** 

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the organization
SAINT JOSEPH COLLEGE
06-0646829

P	art I Bond Issues (Require	ed for 2008)						_						
(a) Issuer Name		(b) Issuer EIN (c) CUSIP #		(d) Date Issued		(e) Issue Price		(f) Description of Purpose			(g) Defeased		( <b>h)</b> O n Behalf of Issuer	
											Yes	No	Yes	No
A	onn Health Educ Finance uthority 06-0806186 20774UUB9		Residence Halls & Refunding						х		x			
Pa	art III Proceeds (Optional fo	or 2008)												
1	Total Proceeds of Issue	· · · · · · · · · · · · · · · · · · ·			A		В		С		D		E	
2	g Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasance Escrows													
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceeds													
8	Year of Substantial Completion					-1		'		1				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	9 Were the bonds issued as part of a current refunding issue?													
10	Were the bonds issued as part of an advance refunding issue?													
11	Has the final allocation of proceeds been made?													
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Us	se (Optional for 2008	)	T										
				<u> </u>	A No.		B No.		C		D No.		Yes N	
1	Was the organization a partner in which owned property financed l		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangemer which may result in private bus	•	inanced property											
For	Paperwork Reduction Act Notice, see	the Instructions for Form	າ 990.			Cat No 501	193E			s	chedule K	(Form 99	0) 200	8

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

			A E		3 C		С	; D		) E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
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?										
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											
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	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493133034390

OMB No 1545-0047

Open to Public

Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Non-Cash Contributions** 

Name of the organization SAINT JOSEPH COLLEGE

**Employer identification number** 

06-0646829

r c	IN I Property	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> Method of d reven	etermı	nıng	
	Art—Works of art	аррисавіе		1 g				
	Art—Historical treasures .							
_	A							
	B 1 11 1							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	4	63,475	AVG OFMARKET			
	Securities—Closely held stock .			·				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
MUS	Other (describe SICAL							
	TRUMENTS )	X	1	· · · · · · · · · · · · · · · · · · ·	APPRAISAL			
	Other (describe other )	X	0	5,755	0			
	Other (describe)							
	Other (describe)		L					
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			1
30a	During the year, did the organization						Yes	No
	least three years from the date			not required to be used for $\epsilon$	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	,		·		31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell r	non-cash	32a		No
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	t revenues i	n Column (c) for a type of p	property for which Column (a	ı) ıs			
	Paperwork Peduction Act Notice see		ti f F 000	Cat. No. 512271	Schodula	M (5		

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	1				

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# **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

OMB No 1545-0047

DLN: 93493133034390

2008

Open to Public Inspection

Name of the organization SAINT JOSEPH COLLEGE

Employer identification number

06-0646829

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION AND CORE VALUES	FORM 990, PART III, LINE 1	Saint Joseph College, founded by the Sisters of Mercy in the Roman Catholic tradition, provides a rigorous liberal arts and professional education for a diverse student population while maintaining a strong commitment to developing the potential of women. The College is a community which promotes the growth of the whole person in a caring environment that encourages strong ethical values, personal integrity and a sense of responsibility to the needs of society. Core Values *Catholic Identity* Saint Joseph College is grounded in its heritage as a Catholic institution, expressing the Catholic tradition in an ecumenical and critical manner. *Commitment to Women* Saint Joseph College encourages, inspires and challenges each woman to develop every aspect of her personhood, intellectual, spiritual, social, emotional and physical. *Compassionate Service* Saint Joseph College promotes, supports and facilitates caring service as an integral part of all teaching and learning experiences.

Identifier	Return Reference	Explanation
*A cademic Excellence*	Saint Joseph College provides a value- centered education that prepares	students as global citizens, lifelong learners, and informed decision makers. *Respect/Integrity* Saint Joseph College demonstrates respect and reverence for all people and fidelity in personal witness. *Hospitality* Saint Joseph College is a welcoming community where its relationships are based on openness, inclusivity and mutual respect. *Multiculturalism/Diversity* Saint Joseph College is committed to fostering the growth of an inclusive community that welcomes differences among community members and benefits from them.

ldentifier	Return Reference	Explanation
organızatıon's members	form 990, part vi, question 6	the conference for mercy higher education, inc. acts as a corporate member of saint joseph college

ldentifier	Return Reference	Explanation
role of sisters of mercy	form 990, part vi, question 7a	Election to the Board of Trustees is by majority vote of the Unicameral Body, which consists of the Board of Trustees and one person designated by the Member of the Corporation (The Conference for Mercy Higher Education, Inc., a Maryland nonstock, not-for-profit corporation, acting by and through its duly constituted and authorized officers)

ldentifier	Return Reference	Explanation
role of sisters of mercy	form 990, part vi, question 7b	The following actions require an affirmative vote by the Member of the Corporation (The Conference for Mercy Higher Education, Inc.) in order to be valid - Dissolution of the Corporation, or cessation of operation as a college and institution of higher education, - Sale of land, - Sale, lease, exchange, mortgage, pledge or any other disposition of other assets or property of the Corporation, in other than the ordinary course of business Appointment or removal of the President of the College is by majority vote of the Unicameral Body, which consists of the Board of Trustees and one person designated by the Member of the Corporation (The Conference for Mercy Higher Education, Inc.)

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS		The 990 is reviewed in draft form by the Audit Committee of the Board of Trustees. The final version is distributed to the Board of Trustees in advance of filing.

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	Form 990, Part VI, Question 12	The President's Office sends annual Conflict of Interest questionnaires to members of the Board of Trustees. The Vice President for Finance and Administration reviews the completed questionnaires, and presents the results to the Board's Audit Committee.

ldentifier	Return Reference	Explanation
COMPENSATION POLICY	Form 990 Part	Compensation for the College's President is set by the Executive Committee of the Board of Trustees. The process includes the engagement of a consulting firm specializing in the hiring and compensation of college presidents, the comparison with compensation of college presidents of comparable institutions, by means of industry surveys and review of Form 990's, and contemporaneous documentation of deliberations and decisions regarding the compensation agreement. The President's compensation agreement is a written document. This full process was most recently undertaken in the fall of 2007.

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, QUESTION 19	The organization's Form 990, governing documents and Audited Financial Statements are available upon request. In addition, the Form 990 and the Audited Financial Statements are available on the College's wiebsite. The Form 990 is also posted on www guidestar org

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization SAINT JOSEPH COLLEGE		Employer identification number				
Part I Identification of Disregarded Entities				06-0646829		
(A)  Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organiza	tions	_		_		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	( <b>E)</b> Public chanty state (if section 501(c)	atus Direct controlling entity	
CONFERENCE FOR MERCY HIGHER EDUCATION						
8380 COLESVILLE ROAD SUITE 300 SILVER SPRING, MD20910	EDUCATION	MD	501(C)(3)	1	NA	

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

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

Pel	τν	Transactions with Related Organizations						
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No		
<b>1</b> Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		<b>T</b>		
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No		
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No		
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No		
d	Loans	or loan guarantees to or for other organization(s)			1d	No		
e	Loans	or loan guarantees by other organization(s)			1e	No		
f	Sale o	f assets to other organization(s)			1f	No		
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No		
h	Excha	nge of assets		<u> </u>	1h	No		
i 1	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No		
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No		
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No		
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No		
m	m Sharing of facilities, equipment, mailing lists, or other assets							
n	Sharır	ng of paid employees		<u>:</u>	1n	No		
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No		
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No		
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No		
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No		
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds				
		(A)	<b>(B)</b> Transaction	(C)				
		Name of other organization(s)	type(a-r)	Amount Involved				
(1)								
(2)								
<u> </u>								
(3)								
(4)								
(+)								
(5)								
(6)					· · · · · ·			

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	organizations <sup>1</sup>		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes No			Yes	No
			•	•		•		Cabadul	D / Form	

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DLN: 93493133034390

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

Attachment

► See separate instructions.

► Attach to your tax return.

Sequence No 67 Business or activity to which this form relates Identifying number

Name(s) show		_		Business or a	ctivity to whic	h this 1	orm re	late	s I	den	tifyin	g number
SAINT JOSEF	'H COLLEGE	:		GENERAL DE	PRECIATION				۱ ,	06-0646829		
Part I		To Expense (										
		ou have any li					ou coi	mpi	ete Part I			350,000
		the instructions				s .	•	•			1	250,000
		79 property plac		•	·	• . •	•	•		•	2	
		ion 179 property			•	ructioi	ns)	•			3	800,000
		Subtract line 3			•		•			•	4	
		year Subtract	line 4 from	iline 1 Ifzero	or less, enter	-0- If	marrie	d fili	ng		_	
separately	, see instruc	tions				•	• •	•		•	5	
					(b) Cost	(busır	ness us	e T				
	<b>(a)</b> D	escription of pro	perty		(2)	only)			<b>(c)</b> Elect	ed	cost	
6												
								$\dashv$				-
•		the amount from				•	7				ı	
		ection 179 prop	•		ımn (c), lines (	5 and 7	•	•		•	8	
		nter the <b>smaller</b>				•				•	9	
•		d deduction from		•		•		•		•	10	
<b>11</b> Business inco	ome limitation	Enter the smaller of	business inc	ome (not less that	n zero) or line 5 (	see insti	uctions)				11	
<b>12</b> Section 17	79 expense o	deduction Add li	nes 9 and	10, but do not	enter more th	an line	11				12	
<b>13</b> Carryover	of disallowed	d deduction to 2	009 Add	lines 9 and 10,	less line 12	. ▶	13					
		II or Part III b										
											roperty I	y <b>)</b> (See instructions )
•	preclation al see instruction	llowance for qual ons)	ified prope	erty (otner than	ilistea propert	y) piac	eains	ervi	ice during t	ne	14	
		ction 168(f)(1) e	election								15	
• •	-	cluding ACRS)				_					16	49,581
		preciation (I	Do not in	nclude listed p	property. <b>)</b> (S	ee ins	structi	ons	.)			1
					ction A							
17 MACRS de	eductions for	assets placed ı	n service	ın tax years be	ginning before	2008		•			17	
•	_	o group any a	-	ced in service	e during the	tax ye	ear int	0 0	ne or mo	re		
		nts, check her		· · · ·					▶1		<u> </u>	
Section	on B—Asse	ets Placed in			)8 Tax Yea	r Usir	ig the	Ge	eneral De	ер	<u>recia</u>	tion System
(a) Classif prope		(b) Month and year placed in service	dep (busines	Basis for reciation s/investment use instructions)	( <b>d)</b> Recovery period	(e)	Convention (f) Method (g)		(g)Depreciation deduction			
<b>19a</b> 3-year pro	operty											
<b>b</b> 5-year pro	operty											
<b>c</b> 7 - year pro												
d 10-year p												
f 20-year p												
<b>g</b> 25-year p					25 yrs				S/L			
h Residentia					27 5 yrs		ММ		S/L			
property	ar remedi				27 5 yrs		MM		S/L			
i Nonreside	ntıal real				39 yrs		ММ		S/L			
property							ММ		S/L			
	Sect io	n C—Assets Plac	ed in Serv	vice During 2008	3 Tax Year Usi	ng the	Altern	at iv			Syste	em
20a Class life									S/L			
<b>b</b> 12-year					12 yrs	-	N4 N4		S/L			
c 40-year Part IV	Summar	 : <b>y</b> (See instrud	tions)		40 yrs		ММ		S/L	-		
		<b>y</b> (See IIIsti uc amount from line									21	
22 Total. Add		m line 12, lines lines of your ret	14 throug					ne 2	1 Enterhe	ere	22	52,218
23 For assets	shown abov	e and placed in ributable to sect	service du	ring the curren	·		23		<u> </u>	•	1	<u>'</u>
POLITION OF	riie nasis all	indianie to sect	LIUII ZUJA			•	<u>.</u>					

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes Vo 24b If "Yes," is the evidence written? 
☐ Yes 
No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis period use use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c)

#### (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

**EIN:** 06-0646829

Name: SAINT JOSEPH COLLEGE

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	<b>(C</b> tion ( hat a	chec		I			(5)	(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	
LAURA BERRY , TRUSTEE	10	Х						0	0	0	
DIANE F BROWN , TRUSTEE	1 0	Χ						0	0	0	
GERALD J BOISVERT , TRUSTEE	1 0	X						0	0	0	
JOSEPH T BROPHY , TRUSTEE	1 0	Х						0	0	0	
MADELYN COLON , TRUSTEE	10	Х						0	0	0	
JANICE B DESHAIS JD , TRUSTEE	10	Х						0	0	0	
TRUDY A DICKNEIDER PHD , TRUSTEE	10	Х						0	0	0	
IRENE HOLOWESKO RSM , TRUSTEE	10	Х						0	0	0	
ANN ISELEY , TRUSTEE	1 0	Х						0	0	0	
ROSEMARY E JEFFRIES RSM PHD , TRUSTEE	1 0	Х						0	0	0	
WILLIAM T KOSTURKO , TRUSTEE	10	Х						0	0	0	
LOIS F LEWIS , TRUSTEE	10	Х						0	0	0	
JEANNE B MEROLA , TRUSTEE	10	Х						0	0	0	
FAY M OBRIEN RSM PHD , TRUSTEE	10	Х						0	0	0	
PHILIP J SCHULZ , TRUSTEE	10	Х						0	0	0	
BREWSTER PERKINS , TRUSTEE	1 0	Х						0	0	0	
EDWARD G SULLIVAN CPA , TRUSTEE	10	Х						0	0	0	
Roselee B Fanelli , Trustee	1 0	Х						0	0	0	
Candida Flores , Trustee	1 0	Х						0	0	0	
Suzanne Gallagher RSM PhD , Trustee	1 0	Х						0	0	0	
Martin J Gavin , Trustee	1 0	Х						0	0	0	
E Clayton Gengras Jr , TRUSTEE	1 0	Х						0	0	0	
Sheila W Horan , Trustee	1 0	Х						0	0	0	
Edmund M Ted See JD , Trustee	1 0	Х						0	0	0	
PAMELA TROTMAN REID PHD , PRESIDENT, TRUSTEE	38 0	Х		х				239,136	0	79,371	
PATRICIA J ROONEY RSM , TRUSTEE	1 0	Х						0	0	0	
GEORGE F LYNN , TRUSTEE	1 0	Х						0	0	0	
MARY MCCARTHY , TRUSTEE	1 0	Х						0	0	0	
SHELAGH H O'NEILL , TRUSTEE	1 0	Х						0	0	0	
CHARLES G MANN , VP FINANCE & ADMIN/TREASURER	38 0			Х				145,372	0	28,393	

Form 990, Part VII - Section Aaa

- Common of the control of the contr										
	(B)	l I	hat a	chec	)			<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount of other
(A) Name and Title	Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BILLYE AUCLAIR , VP ACADEMIC AFFAIRS	38 0			х				140,070	0	16,038
JANET FAUDE , VP INSTITUTIONAL ADVANCEMENT	38 0					Х		149,660	0	28,683
DALIA GIEDRIMIENE , PROFESSOR, BIOLOGY	38 0					Х		124,245	0	25,998
STEVEN JARETT , ASSOC PROFESSOR BUSINESS ADMIN	38 0					Х		115,688	0	21,665
BERNARD LINDAUER , DIRECTOR, GENGRAS CENTER	38 0					Х		111,966	0	25,029
DANIEL NUSSBAUM , DEAN, GRADUATE STUDIES	38 0					Х		107,457	0	12,859

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 AND FEES	611,710	30,041,000	30,041,000		
<b>b</b> RESIDENCE & DINING	721,310	4,275,000	4,275,000		
c SALES & SERVICES	611,710	8,912,656	8,912,656		
d CATERING REVENUE	722,320	44,258		44,258	
e FITNESS CENTER REVENUE	713,940	161,344		161,344	