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DLN: 93493137031410

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 2	2008 ca	lendar yea	· · · · · ·	7-01-2008 and ending 06-30-20	09		
_		pplicable	Please	C Name of organization SAINT PETER'S COLLEGE				ntification number
_	dress ch	_	use IRS label or	Doing Business As			22-1508627 E Telephone nu	
_ Nar	me char	nge	print or type. See	Downg Business vis			·	
Inıt	tial retur	rn	Specific Instruc-		box if mail is not delivered to street add	ress) Room/suite	(201) 915-9 G Gross receipts	
Ter	mınatıo	n	tions.	2641 KENNEDY BOULEVARD			C Cross receipts	φ 30,032,031
– Am	ended r	return		City or town, state or count JERSEY CITY, NJ 07306594		•		
App	olication	pending		JERSET CITT, NJ 0730039	1 3			
				me and address of Princip	al Officer	H(a) Is thu	s a group return i	 for
				NE J CORNACCHIA KENNEDY BOULEVARD		affilia	tes?	ΓYes Γ Nο
				Y CITY, NJ 07306		H(b) Are all	affiliates included	d?
Та	x-exem	pt status	▽ 501(c	() (3) ◄ (insert no)	7(a)(1) or			See instructions)
W	eb site	e: 🕨 WW	W SPC ED	U		H(c) Grou	p Exemption Nun	nber ►
С Тур	e of org	anızatıon	Corporat	tion trust association	other ►	L Year of For	mation 1872 M S	State of legal domicile NJ
Pa	rt I	Sumi	marv					
				ie organization's mission (or most significant activities			
aovemance		PREPAI	RATION F	OR A LIFETIME OF LEAF	LL, LIBERAL ARTS COLLEGE WH RNING, LEADERSHIP AND SERV tinued its operations or disposed	ICE IN A DIVE	ERSE AND GLOE	BAL SOCIETY
5			,		body (Part VI, line 1a)			30
			_		he governing body (Part VI, line 1			29
ACIIVIIIES Q	5	Total nu	umber of er	mployees (Part V, line 2a))		5 _	1,386
Ę	6	Total nu	umber of vo	olunteers (estimate if nec	essary)		6 _	0
ŧ	7a	Total gr	oss unrela	ited business revenue fro	m Part VIII, line 12, column (C)		7a	31,216
	ь	Net unr	elated bus	iness taxable income fron	n Form 990-T, line 34		7b	0
						Prio	r Year	Current Year
a)	8			d grants (Part VIII, line 1		11,969,793	7,792,526	
enu	9	_		revenue (Part VIII, line 2	•	67,530,281	73,798,390	
Revenue	10			me (Part VIII, column (A)	•	1,402,034	-4,134,662	
	11 12		•	, , , , , , , , , , , , , , , , , , , ,	s 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), li	ne	820,636	1,062,816
	12	12)	evenue u	da ililos o tillodgii 11 (lilo	, se equal (are v 111, estation (xx), ii		81,722,744	78,519,070
	13	Grants	and simil	ar amounts paid (Part IX,	column (A), lines 1-3)		23,372,573	25,817,246
	14		•	or for members (Part IX, c				0
82	15	Salarıe 10)	es, other c	ompensation, employee b	enefits (Part IX, column (A), lines	5-	24,858,098	28,601,913
Expenses	16a	•	sional fund	draising fees (Part IX, col	umn (A), line 11e)		, ,	75,209
¥ De	ь			penses, Part IX, column (D), lir				,
ш	17	•	-	(Part IX, column (A), line:	·		27,908,183	26,719,486
	18		•		qual Part IX, line 25, column (A))		76,138,854	81,213,854
	19	Reven	ue less ex	penses Subtract line 18 1	rom line 12		5,583,890	-2,694,784
263						Beginni	ng of Year	End of Year
a eee	20	Totala	assets (Pa	rt X, line 16)			110,668,742	100,963,022
ner Assers or Fund Balances	21	Totall	iabilities (Part X, line 26)			59,859,820	71,160,332
	22	Netas	sets or fur	nd balances Subtract line	21 from line 20		50,808,922	29,802,690
Pai	rt II	Sign	ature Bl	ock			<u> </u>	
Plea Sign Here	1	and beli **** Signa MAR	ef, it is true, *** ature of office Y RICKEY AS	correct, and complete Declarater er SST VP OF FINANCE & CONTROL	amined this return, including accompanyir tion of preparer (other than officer) is bas LER	sed on all informati I		
		F iype	e or print nam	ie anu title		I	T	
		Preparer signature			Date	Check if self-	Preparer's PTIN (S	See Gen Inst)
Paid						empolyed 🕨 🦳		
•	arer's Only		ame (or your nployed),	P			EIN Þ	
, 3 C (Unity		and ZIP + 4	666 THIRD AVENUE			Dhone ve k (a)	3) 500 0100
				NEW YORK, NY 1001740			Phone no 🕨 (21	<u> </u>
/avi	tha TD	C dicciic	c this ratio	irn with the propercy chow	n above? (See instructions)			Vas INO

Cat No 11282Y

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

1 See A	Briefly describe the organization's mission dditional Data Table				
2	Did the organization undertake any sit the prior Form 990 or 990-EZ?		vices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?		changes in how it cor	iducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) tr	usts are required to r	eport the amount of grants	
4a	(Code) (Expenses \$ Instruction and Academic Support - The Colle evening sessions, for full-time or part-time u achievements, athletic ability, and need	ege provides accredited co			
4b	(Code) (Expenses \$ Student Services - Includes Enrollment Servic Intercollegiate and intramural sports and acti	ces, Registrar, Health and		0) (Revenue \$ ancıal Aıd, Campus Mınıstry, Stud	7,893,577) ent Clubs and Organizations,
4c	(Code) (Expenses \$ Sponsored Programs - Includes various priva various endowed scholarships	·	including grants of \$ it of the student body, suc	0) (Revenue \$ ch as academic enrichment, acad	0) emic chairs, capital campaign, and
4d	Other program services (Describe ii	n Schedule O)			
	(Expenses \$	including grants of	\$) (Revenue \$)
4e	Total program service expenses \$	65,993,195	Must equal Part IX,	Line 25, column (B).	

27111V Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	<u> </u>
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	
	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "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	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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 IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
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		No
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		Νο
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	Yes	
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	Yes	
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 organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax 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	4,132			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4	V	
2-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this return	2a	1,386			
b	If at least one is reported in 2a, did the organization file all required federal employer Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this		ax returns?	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				103	
Tu	over, a financial account in a foreign country (such as a bank account, securities ac account)?	-	•	4a		Νo
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time 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?	itributi	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	Lau		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	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 excess business holdings at any time during the			0		
	year ²			8	<u> </u>	
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	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter					
а	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					
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management	
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			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 30							
b	Enter the number of voting members that are independent 1b 29							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

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

KENNETH PAYNE
2641 KENNEDY BOULEVARD
JERSEY CITY, NJ 073065943
(201) 761-7425

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

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

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

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

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

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(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
							-			

Part VII Continued

							(C) Position (che that apply								(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations						
			1													
							<u> </u>									
		-					\vdash									
				\vdash			\vdash									
1b Total							-	1,400,374		78,906						

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶14

			Yes	No
3	Did the organization list any former 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			
	ındıvıdual	4	Yes	
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		Νο

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
SUNGARD COLLEGIS INC 2300 MAITLAND CENTER PARKWAY SUITE MAITLAND, FL 32751	INFORMATION TECH	1,657,215
SUMMIT SECURITY SERVICES 390 REXCORP PLAZA UNIONDALE, NY 11556	SECURITY	1,133,720
COLLINS BUILDING SERVICES INC 24-01 44TH ROAD LONG ISLAND CITY, NY 11101	CUSTODIAL	992,605
INKWELL COMMUNICATIONS INC 216 8TH STREET PROVIDENCE, RI 20906	COPYWRITING	859,654
SHEPLEY BULFINCH RICHARDSON 2 SEAPORT LANE BOSTON, MA 02210	ARCHITECTURAL	524,383
Total number of independent contractors (including those in 1) who rec from the organization	. ,	• 49

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	npaigns 1a					, ,
nts mit	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b vents	270,935				
ج <u>ا</u> ھ			1c					
<u></u>	d	Related organi						
ar Sim	е	Government gran			ļ			
真真	f		ions, gifts, grants, and not included above	5,583,671				
きき	_	Noncach contr	1f ributions included in					
<u> </u>	g	lines 1a-1f \$						
O #	h		es 1a-1f)		7,792,526			
				Business Code				
TILE .	2a	TUITION & FEES		900,099	65,934,813	65,934,813		
evel	ь	AUXILIARY ENTER	PRISES	900,099	7,863,577	5,146,741		2,716,836
ক	с							
7 45	d							
<u> 33</u>	e							
13 1	f	All other progr	am service revenue					
Program Service Revenue	g		es 2a-2f					
	3	► \$ 73,798,390 Investment in	o come (including divi	dends. interest				
			mounts)	·	678,740			678,740
	4		estment of tax-exempt be	▶	0			
				. · · · · ·	30,000			30,000
	5	Royalties .	(1) Dool	(u) Danaanal	30,000			30,000
	6a	Gross Rents	(ı) Real 139,988	(II) Personal				
	ь	Less rental	9,619					
	c	expenses Rental income	130,369					
	d	or (loss)	ome or (loss)		130,369		31,216	99,153
		Net rentar inco		▶	130,303		31,210	33,133
	7a	Gross amount	(ı) Securities 13,465,830	(II) O ther				
	/a	from sales of assets other	15,405,030	Ŭ				
	_	than inventory	47.275.247	002.005				
	ь	Less cost or other basis and	17,375,347	903,885				
	c	sales expenses Gaın or (loss)	-3,909,517	-903,885				
	d	ı Net gaın or (lo	ss)		-4,813,402			-4,813,402
	8a			. ▶				
	oa	events (not inc	from fundraising cluding					
Φ		Ψ	1,630					
듄		1c) See Part I						
ě		Attach Schedule \$15,000	e G ıf total exceeds					
<u>.</u>	ь		a xpensesb	270,935 44,113				
Other Revenue	c		(loss) from fundrais		17,517			17,517
0	9a	Gross income		<u> </u>				
		activities See	part IV , line 19					
		Complete Schedexceeds \$15,00						
			а					
	ь		xpensesb					
	С	Net income or	(loss) from gaming a	activities F	0			
	10a		fınventory, less					
		returns and all						
	ь	Less cost of g	a goods sold b	 				
	c	_	goods sold b (loss) from sales of	Inventory	o			
		Miscellaneou	· · ·	Business Code				
	11a	ATHLETICS		900,099	256,854	256,854		
	ь	FEES		900,099	194,688	194,688		
	С	RECREATION	AL LIFE CENTER	900,099	51,182			51,182
	d	All other rever	nue		382,206			382,206
	e	Total. Add line						
	12	Tatal Day	م حد ما المام	\$ 884,930	78,519,070	71,533,096	31,216	-837,768
	12	8c,	. Add lines 1h, 2g, 3		70,313,070	, 1,333,030	31,210	337,700
	j	9c, 10c, and 1	1e	. ►				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	25,817,246	25,817,246		
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	1,130,548		966,227	164,321
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	22,055,832	18,509,576		1,193,480
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	484,367	384,758	73,115	26,494
9	Other employee benefits	3,120,344	1,761,982	1,267,321	91,041
10	Payroll taxes	1,810,822	1,271,863	455,599	83,360
11	Fees for services (non-employees)				
а	Management	1,076,061	371,164	651,792	53,105
b	Legal	172,607		172,607	
c	Accounting	327,745		327,745	_
d	Lobbying	92,227		92,227	_
e	Professional fundraising See Part IV, line 17	75,209			75,209
f	Investment management fees	178,618		178,618	_
g	Other	0			
12	Advertising and promotion	1,399,201	1,174,525	76,775	147,901
13	Office expenses	1,370,108	841,853	231,877	296,378
14	Information technology	1,935,809		1,935,809	
15	Royalties	0			
16	Occupancy	6,431,623	5,065,024	1,351,287	15,312
17	Travel	773,810	667,374	79,279	27,157
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	926,061	699,285	83,936	142,840
20	Interest	2,065,536	1,822,129	243,407	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,637,400	2,882,534	754,866	
23	Insurance	434,790	161,765	273,025	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	STUDENT MEAL PLAN	2,104,927	2,104,927		
ь	BAD DEBT	669,418	, ,	669,418	
с	ATHLETICS EXPENSE	376,208	376,208	·	-
d	CREDIT CARD PROCESSING FEES	283,262	·	283,262	
e	DATABASES, PERIODICALS, ECT	240,930	240,930	·	
f	All other expenses	2,223,145	1,840,052	333,923	49,170
25	Total functional expenses. Add lines 1 through 24f	81,213,854	65,993,195	12,854,891	2,365,768
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , -		200 (2008)

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				3,208,417	1	7,641,920
	2	Savings and temporary cash investments		3,094,314	2	5,466,546		
	3	Pledges and grants receivable, net				4,856,809	3	5,418,850
	4	Accounts receivable, net	2,184,293	4	1,724,485			
	5	Receivables from current and former officers, directors, truste other related parties Complete Part II of Schedule L			ees or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of the complete Part II of t	section	n 4958(f			6	
	7	Notes and loans receivable, net				50,289	7	49,395
	8	Inventories for sale or use					8	
92	9	Prepaid expenses and deferred charges				8,086,343	9	853,491
Assets	10a	Land, buildings, and equipment cost basis	مدا	1	10E 002 EE 1			
⋖	١.		10a	1	105,092,554			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b		45,682,734	57,424,694	10c	59,409,820
	11	Investments—publicly traded securities		٠		21,789,540	11	15,011,145
	12	Investments—other securities See Part IV, line 11 Complete Schedule D	Part VI	I of		8,762,013	12	4,053,529
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedul		1,212,030	15	1,333,841		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				110,668,742		100,963,022
	17	Accounts payable and accrued expenses .				7,913,776	17	12,666,635
	18	Grants payable		173,878	18	144,502		
	19	Deferred revenue				1,596,761	19	1,189,853
	20	Tax-exempt bond liabilities				41,722,049	20	45,936,780
တ္	21	Escrow account liability Complete Part IV of Schedule D		_		, ,	21	, ,
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u></u>		persons Complete Part II of Schedule L			22			
_	23	Secured mortgages and notes payable to unrelated third partic		6,347,145	23	5,133,607		
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		2,106,211	25	6,088,955		
	26	Total liabilities. Add lines 17 through 25				59,859,820	26	71,160,332
		Organizations that follow SFAS 117, check here ► ✓ and conthrough 29, and lines 33 and 34.	nplet e l	lines 27				
Balance	27	Unrestricted net assets				23,978,714	27	-3,737,420
<u>8</u>	28	Temporarily restricted net assets				8,653,622	28	14,555,852
포	29	Permanently restricted net assets		18,176,586	29	18,984,258		
Fund		Organizations that do not follow SFAS 117, check here ► [and con	nplet e				
5		lines 30 through 34.						
	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	funds				32	
Ŋĕţ	33	Total net assets or fund balances				50,808,922	33	29,802,690
_	34	Total liabilities and net assets/fund balances	•			110,668,742	34	100,963,022
Pa	rt XI	Financial Statements and Reporting						

Dart YT	Financial	Statements	and Reporting

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	
c	c 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?			
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	_

Employer identification number

9349313/031410

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.

2008

Open to Public
Inspection

SAINT	PETER	'S COLLEGE											
									-150862				
	rt I			harity Status (to be co					Instruct	ions)			
	organı			ation because it is (Please									
1	<u> </u>	•		iurches, or association of ch			Section :	170(b)(1)((A)(i).				
2	<u> </u>	A school de	escribed in Sect	: ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)							
3	Г	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)											
4	Г	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the											
		hospital's name, city, and state											
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)									
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ct ion 170	(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publ	ıc	
		described i	n Sect ion 170(b))(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)						
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ıs, membe	rship fees	, and gr	oss	
		receipts fro	m activities rel	ated to its exempt functions	s—subject	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	() from bu	sinesse	5	
		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 S e	ection 509((a)(4). (Se	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 purpo	ses of	
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check											
		the box that describes the type of supporting organization and complete lines 11e through 11h a											
_	_	•		rtify that the organization is				_					
e	,	•		agers and other than one or			•			•	•		
		section 50				,					()	(= / = :	
f		_		d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportin	ng organ	ızatıo <u>n,</u>	
		check this			J c r							ļ	
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the					
				r indirectly controls, either a	alone or to	ogether wi	th person:	s describe	d ın (ıı)		Yes	No	
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	ition?				11g	(i)	No	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(No	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(No	
h				nation about the organizatio			supports				-1		
			_	-		-							
	(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	
		oorted		(described on lines 1-9		ation in	_	anızatıon		ation in	sup	port?	
	Orgar	nization		above or IRC section		listed in		i) of your		rganized			
				(See Instructions))		verning ment?	Sup	port?	In the	US?			
					Yes	No	Yes	No	Yes	No	†		
						1.10	1.03				<u> </u>		
							-				+		
							 						
											<u> </u>		

Total

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C

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

- ◆ 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

Name of the organization SAINT PETER'S COLLEGE Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount directly expended by the filing organization for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organizations own internal funds or were segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organizations expearate political enter organizations as separate political.		e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (P zations complete Part III	roxy Tax)				
To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) I. Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Ves	Na	me of the organization	,					
Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 4b If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization If none, enter-0. enter-0.	Par							
Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes \$ 4a Was a correction made? Yes \$ b If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes \$ 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds If none, enter-0- separate political organization from 5 contributions rece separate political organization in Part IV	1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV			
To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds If none, enter-0- and promptly and directly delivered to a separate political organization, such as a separate organization if find organization I find and promptly and directly delivered to a separate political organization if organization I find and promptly and directly delivered to a separate political organization if find and promptly and directly delivered to a separate political organization if find	2	Political expenditures				\$		
for Schedule C for details.) I Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Ves Tyes Tyes Tyes Tyes To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization if none, enter -0- and promptly a directly delivered separate political organization in an application organization in filing organization.	3	Volunteer hours						
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Was a correction made? b If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 52 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization, such as a separate political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's internal funds If none, enter -0- and promptly and directly delivered to a separate political organization is organization. If no organization If n	2	Enter the amount of any excise	e tax incurred by organization manag	gers under section	n 4955	\$		
Describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1	3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	?	┌ Yes		
To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's internal funds If none, enter -0- and promptly ard directly delivered separate politic organization If no o	4a	Was a correction made?				┌ Yes ┌ No		
(See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds If none, enter -0- and promptly and directly delivered separate political organization.	Ь	If "Yes," describe in Part IV						
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1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's internal funds If none, enter -0- and promptly and directly delivered separate political organization If no organization If no	2		organization's internal funds contribu	ited to other orga	nizations for section	\$		
State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's internal funds. If none, enter -0- and promptly and directly delivered separate political organization. If no organization. If no organization.	3		mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$		
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filing organization's internal funds. If none, enter -0- contributions rece and promptly are directly delivered separate politic.	were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate							
		(a) Name	(b) Address	(c) EIN	filing organization's internal funds If none,	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

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

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

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

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

	• • • • • • • • • • • • • • • • • • • •	(a)		(b)	
		Yes	No	A mount	
•	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV	Yes		92,227	
j	Total lines 1c through			92,227	
			- 1		
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νο		
b	If "Yes" enter the amount of any tax incurred under section 4912		ļ		
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo		
ar	t III-A To be completed by all organizations exempt under section $501(c)(4)$, so	ection	501(c)(5), or	

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
	B, LINE 1	Cornerstone Government Affairs, LLC is retained by Saint Peter's College as the lobbying/advocacy firm on behalf of the College to seek Federal funding from Congress for equipment, education and research purposes

1 \$

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

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

Name of the organization **Employer identification number** SAINT PETER'S COLLEGE 22-1508627 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

Part III Organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

- \$

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- \$

► \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

L A

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	stori	cal Tr	eası	ıres, or Oth	<u>er</u>	<u> Similar</u>	Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing t	hat ar	re a sıgnıfıcant	us	e of its col	lectio	n	
а	Public exhibition		d	Γ	Loan	rexc	hange progran	ns				
ь	Scholarly research		e	\vdash	Other							
c	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın ho	w the	y furthe	r the •	organızatıon's	exe	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ımı	ılar	г	Yes	√ No
Par	t IV Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the	orga		we	ered "Yes			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forc	ontribut	tions	or other asset	s n	ot	Γ	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е									
										A mou	ınt	
c	Beginning balance						10	+				
d	Additions during the year						10	+				
е	Distributions during the year						16	-				
f	Ending balance						1f	'				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete										\	
4_	Darwing of warmhalance	(a)Current Year 31,402,328	(E)Prior	Year	(c) I	wo Years Back (d)I	hree Years B	аск (е	Hour Y	ears Back
1a L	Beginning of year balance	1,088,129										
b	Contributions	-7,148,030										
C	Investment earnings or losses	1,576,855										
d	Grants or scholarships Other expenditures for facilities	1,225,487										
е	and programs	1,223,107										
f	Administrative expenses											
g	End of year balance	22,540,085										
2	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment 🕨	11 39 %										
ь	Permanent endowment > 88 61 %											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	and a	administered fo	or t	:he			
	organization by	-							-		Yes	No
	(i) unrelated organizations					•				3a(i)		No
_	(ii) related organizations							•	[3a(ii)	<u> </u>	l No
	If "Yes" to 3a(II), are the related organizatio	•						•	[3b		<u> </u>
4	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings) D	art V line 10					
Pal	t VI Investments—Land, Buildings	s, and Equipme	III. S					Т		Т		
	Description of investment				Cost or cost o		(b)Cost or othe basis (other)	r	(c) Deprecia	ation	(d) Bo	ok value
1a	Land						7,906,09	90_		L		7,906,090
b	Buildings						79,516,14	16	34,24	7,717	4	5,268,429
c	Leasehold improvements						1,149,74	16	1,04	3,778		105,968
d	Equipment						14,286,37	71	9,94	6,606		4,339,765
	Other						2,234,20)1	44	4,633		1,789,568
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B), line	10(c).)			•			5	9,409,820
									Schedu	ıle D (I	Form 9	90) 2008

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	4,053,529	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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,		1 222
OF INSURANCE POLICIES	ription	(b) Book value
DEFERRED BOND ISSUANCE COSTS		288,141 1,045,700
BELLINES BOILD 1999 WILL GOOTS		1,013,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line	. 15)	
Part X Other Liabilities. See Form 990, Part		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
ANNUITY PAYMENT OBLIGATIONS	1,156,781	
CONDITIONAL ASSET RETIREMENT	1,989,297	
INTEREST RATE SWAP AGREEMENT	2,942,877	
	+	
	+	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	6,088,955	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	78,519,070
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,213,854
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,694,784
4	Net unrealized gains (losses) on investments	4	-3,974,094
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,337,354
9	Total adjustments (net) Add lines 4 - 8	9	-18,311,448
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-21,006,232
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	46,539,420
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -2,063,424		
e	Add lines 2a through 2d	2e	-6,037,518
3	Subtract line 2e from line 1	3	52,576,938
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	25,942,132
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	78,519,070
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	67,545,652
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
С.	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	12,327,662
3	Subtract line 2e from line 1	3	55,217,990
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
с -	Add lines 4a and 4b	4c	25,995,864
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	81,213,854
Ра	rt 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,

Ident if ier	Return Reference	Explanation
COLLECTIONS OF ART	FORM 990, SCHEDULE D, PART III	LINE 1 - Works of art in the College's collection are not recognized as assets on the statement of financial position Purchases of artworks are recorded as decreases in unrestricted net assets in the year in which the items are acquired, or as temporarily restricted net assets if a donor makes a contribution intended to fund the subsequent purchase of artwork. Contributions of works of art are not reflected on the College's financial statements. LINE 3 - The Library and archives do at times purchase, collect and receive donated literary materials for public exhibition, scholarly research and communication and for preservation. Materials include historical records of the College, rare books and other materials focusing on curricular areas of the institution, and/or community interest. This includes archival collections, first edition publications, and books donated to the library which are centuries old that mainly focus on religion, philosophy, fine arts, literature and general studies.
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	The organization's endowment funds will be used for scholarships, construction of facilities, and to fund chairs and college operations
INCOME TAXES	Form 990, Schedule D, Part X	As a tax-exempt organization, no provision for income taxes has been reflected in the accompanying financial statements, except to the extent of unrelated business taxable income, if any. In June 2006, the FASB issued Interpretation No. 48, Accounting for Uncertainty in Income Taxes, an Interpretation of FASB Statement No. 109 (FIN 48). FIN 48 addresses the accounting for uncertainty in income taxes recognized in an entitys financial statements and prescribes a threshold of more-likely-than not for recognition and derecognition of tax provisions taken or expected to be taken in a tax return. FIN 48 also provides guidance on measurement, classification, interest and penalties and disclosures. The College adopted FIN 48 on July 1, 2007, as required, and it had no material impact on the Colleges financial statements.
RECONCILIATION OF CHANGES IN NET ASSETS	LINE 8	PENSION EXPENSES OTHER THAN NET PERIODIC PENSION EXPENSE (13,091,399) ADJUSTMENT TO EQUPMENT ACCUMULATED DEPRECIATION 817,469 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 148,527 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT (2,211,951) TOTAL LINE 8 (14,337,354) ===========
RECONCILIATION OF REVENUE	FORM 990, SCHEDULE D, PART XII	LINE 2 - OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN CHANGE IN VALUE OF INTEREST RATE SWAP AGRMNTS (2,211,951) CHANGE IN VALUE OF SPLITINTEREST AGREEMENTS 148,527
RECONCILIATION OF EXPENSES	FORM 990, SCHEDULE D, PART XIII	LINE 2 - OTHER EXPENSES INCLUDED ON BOOKS BUT NOT ON RETURN ADJUSTMENT TO EQUIPMENT ACCUM DEPRECIATION (817,469) PENSION EXPENSES OTHER THAN NET PERIODIC PENSION COST 13,091,399 RENTAL ACTIVITY EXPENSES 9,619 SPECIAL EVENTS EXPENSES 44,113

OMB No 1545-0047

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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

SAINT PETER'S COLLEGE

Name of the organization

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.

Schools

Inspection
Employer identification number

Employer identification number

	22-1508627			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	THE POLICY IS DESCRIBED IN ALL LITERATURE PUBLISHED FOR GENERAL PUBLIC DISTRIBUTION, WITHIN THE STUDENT HANDBOOK AND ON THE COLLEGE'S WEB-SIT		163	
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 nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
	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		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
6a	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
Ь	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 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493137031410

Employer identification number

22-1508627

OMB No 1545-0047

2008

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SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

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

Name of the organization SAINT PETER'S COLLEGE

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- d 🔽 In-person solicitations

- e 🔽 Solicitation of non-government grants
- f Solicitation of government grants
- g 🔽 Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization																		
		Yes	No																																							
Graham-Pelton Associates inc	fundraising		No	0	75,209	0																																				
Total	1	1	-																																							

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ed
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			ALUMNI DINNER (event type)	(event type)	(total number)	col	(c))	
Ф	1		144,675		,		33:	2,565
<u>=</u>	-	Gross receipts	·	·	· ·			
Revenue	2	Less Charitable contributions	121,375	·	,			0,935
	3	Gross revenue (line 1 minus line 2)	23,300	15,655	22,675		61	1,630
	4	Cash Prizes						
Jses	5	Non-cash Prizes						
g	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	11,768	28,566	3,779			4,113
ద	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	•			4,113
	9	Net income summary Combine li	nes 3 and 8 ın column (d)				17	7,517
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repoi	rted more	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
~	1	Gross revenue						
မှ မွ	2	Cash prizes						
:beus	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ P	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌────────────────────────────────────	┌ Yes <u> </u>			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
9							Yes	No
a		er the state(s) in which the organiza he organization licensed to operate		•		- 9a		
b	If"	No," Explain						
10a	—— Wer	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax vear?	10a		
b		Yes," Explain			,	104		
	_			_				
11 12		es the organization operate gaming a he organization a grantor, beneficial				11		
		ned to administer charitable gaming				12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493137031410 OMB No 1545-0047

2008

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

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SAINT PETER'S COLLEGE						22-1508627	
Does the organization mathe selection criteria use	aintain records to s ed to award the gran	nts or assistance?	of the grants or assista				F Yes □ I
Form 990, Part Part IV and Sch	her Assistance IV, line 21 for ar ledule I-1 if addi	to Governments on recipient that receptional space is	and Organizations eved more than \$5,0	in the United Star 00. Check this box	tes. Complete if the o	eived 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations3 Enter total number of others.							<u> </u>
For Paperwork Reduction Act Not	tice. see the Instruct	ions for Form 990.		Cat No 50055	P	Sc	nedule I (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	2916	25,817,246			

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
SCHEDULE I, PART I, LINE 2		The University provides scholarships to students matriculating at the University, therefore, all funds granted are used to defray the cost of tuition and no further monitoring of the grants is required

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DLN: 93493137031410

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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Department of the Treasury Internal Revenue Service

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

Attach to Form 990. To be completed by organizations

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

Name of the organization
SAINT PETER'S COLLEGE

Employer identification number
22-1508627

Part I Questions Regarding Compensation

					res	INO
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•			
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to in officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		•			
	✓ Compensation committee	<u> </u>	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	•	•	8		N o

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	SC compensation	(C) Deferred		(E) Total of columns	(F) Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
EUGENE J (1)	182,152	0	25,643	10,150	343	218,288	109,144	
CORNACCHIA (II)	0	0	0	0	0		0	
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanat ion
Compensation	Schedule J, Part I	Line 1 - The President, Eugene J Cornacchia, resides in a College-owned property, Guarini House, 2633 Kennedy Boulevard, Jersey City, NJ 07306, that is in close proximity to the College, as a condition of employment and for the convenience of the College. The College, likewise, pays a small amount in social club dues for the President LINE 7 - The Executive Performance Incentive Plan establishes the individual annual objectives that reflect accomplishment beyond what would be regarded as competent performance of the duties that are set out in a job pact sheet for that position. The objectives are established by the President. For the year ending June 30, 2009, the organization only issued one small bonus to an individual listed on Part VII.
Schedule J, Compensation		Father Braden is a Jesuit priest who is an Officer of the College, but he is not issued a W-2 for the salary he derives. For calendar year 2008, Father Braden was paid \$24,615, however, he receives no benefits from the College and his entire salary is deposited directly into the Jesuit Province bank account. Per the instructions to the Form 990, his salary is not required to be reported in Schedule J
	-	

DLN: 93493137031410

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

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Name of the organization Employer identification number SAINT PETER'S COLLEGE 22-1508627 Bond Issues (Required for 2008) (h) O n (q) Defeased Behalf of (c) CUSIP # (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price Issuer Yes No Yes No **NEW JERSEY EDUCATIONAL** FACILITIES AUTHORITY 21-1829511 12-28-2007 36,053,466 Refund prior issues Χ Χ NEW JERSEY EDUCATIONAL Χ **FACILITIES AUTHORITY** 22-1829511 12-28-2007 3,728,462 Refund prior issues Χ NEW JERSEY EDUCATIONAL Χ FACILITIES AUTHORITY 22-1829511 07-10-2008 5,000,000 Fund Capital Projects Χ Proceeds (Optional for 2008) Α В C D Е Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes Yes No Yes No Yes Yes No No No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property

which may result in private business use?

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

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

DLN: 93493137031410

OMB No 1545-0047

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SCHEDULE M (Form 990)

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

Non-Cash Contributions

Department of the Treasury Attach to Form 990 Internal Revenue Service

Employer identification number Name of the organization SAINT PETER'S COLLEGE 22-1508627 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g Art-Works of art . . . 2 Art—Historical treasures 3 Art-Fractional interests Books and publications Clothing and household aoods Cars and other vehicles Boats and planes . . . Intellectual property . . Securities—Publicly traded . 18 840,039 Fair Market Value 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests Securities—Miscellaneous . . Qualified conservation contribution (historic structures) Qualified conservation contribution (other) . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . Χ 1 6,500 opinion of experts 18 Collectibles **19** Food inventory 20 Drugs and medical supplies . **21** Taxidermy Historical artifacts . . . Scientific specimens . . 23 24 Archeological artifacts . . . 2 16,950 other Other (describe furniture Χ donated items for 10 1,163 COST OR SALE PRICE Other (describe <u>raffle</u> supplies donated for college 27 Other (describe events 11 12,793 COST OR SALE PRICE Χ 6 43,706 COST OR SALE PRICE 28 Other (describe OTHER Χ 1 1,000 COST OR SALE PRICE Other (describe plants Number of Forms 8283 received by the organization during the tax year for contributions for 0 29 which the organization completed Form 8283, Part IV, Donee No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? $\dots \dots \dots \dots \dots \dots \dots \dots \dots$ No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

b If "Yes", describe in Part II

checked, describe in Part II

32a

Yes

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation NON-CASH CONTRIBUTIONS FORM 990, SCHEDULE M, PART I LINE 32 - Wells Fargo Advisors, LLC and Morgan Stanley Smith Barney maintain stock accounts for the college LINE 33 - The College receives some gifts-in-kind that it offers as prizes at its special events that are not reported as revenue

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008

Open to Public Inspection

Name of the organization SAINT PETER'S COLLEGE

Employer identification number

22-1508627

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 1		Five trustees emeriti attend and participate in Board of Trustee meetings but have no voting rights. All other trustees, including the President ex officio, take part in Board discussions and vote, provided there is no conflict of interest. All Board members except the President are independent voting members.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10		The Form 990 was prepared by a nationally renowned accounting firm in conjunction with the organization's financial department. A copy of the draft Form 990 was circulated to the audit committee for discussion and comment. Each Board Member was provided a copy of the Form 990 prior to its filing with the Internal Revenue Service.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12		Each officer, director, trustee and key employee of the College is required to annually disclose any conflicts of interest that arise by virtue of their employment, board service, or position with the College. The College monitors compliance with its conflict of interest policy through an annual questionnaire/disclosure statement that is distributed to these individuals. Potential conflicts are investigated immediately.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15		The College undertakes a thorough process to ensure that the executive compensation it pays to its top management official and all of its officers and key employees of organization is reasonable given the market in which the College operates. In relevant part, the Board of Directors has established a Compensation Committee of independent persons that have no personal interest in the proposed compensation agreement. The Compensation committee reviews executive salary surveys of peer groups (AJUC Annual Administrative Salary Survey, CUPA Survey) and market conditions to determine compensation for the College's top executives. The compensation committee of the Board of Trustees will then set the compensation for the relevant executive and document the decision in board minutes.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		The organization makes its Form 990 available to the public by retaining a copy at its place of business. The Form 990 is likewise published on the internet at www guidestar org. The organization's financial statements, governing documents and conflict of interest policy will be available to the public upon request and at management's discretion.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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.

SAINT PETER'S COLLEGE 22-1508627 Part I **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity (D) Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity SPJC Management LLC 2641 Kennedy Blvd saint peters real estate NJ 0 Jersey City, NJ 073065942 20-1447046 **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity or foreign country) (if section 501(c)(3)) entity

St Peters College Realty Holding Corp na 2641 Kennedy Blvd Real Estate 501(c)(2) n/a NJ Jersey City, NJ073065942 20-1412644 Cat No 50135Y Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) 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)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

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

126	τV	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?		
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		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	fassets to other organization(s)		<u></u>	1f	No
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No
h	Excha	inge of assets		<u>.</u>	1h	No
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[11	No
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No
n	Sharır	ng of paid employees		<u>[</u>	1n	No
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		-	1q	No
r	Other	transfer of cash or property from other organization(s)		[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 relations	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
(2)						
(3)						
(4)						
(+)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 22-1508627

Name: SAINT PETER'S COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<u> </u>									,
	(C) Position (check all that apply)								(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DAVID D BENDER , TRUSTEE	1 0	Х						0	0	0
SUSAN U BREDEHOFT , TRUSTEE	1 0	Х						0	0	0
THOMAS D CARVER ESQ , TRUSTEE	1 0	Х						0	0	0
BERNARD W CICIRELLI JR , TRUSTEE	1 0	Х						0	0	0
EUGENE J CORNACCHIA , PRESIDENT, TRUSTEE	1 0	Х		х				207,795	0	10,493
WILLIAM J COZINE , TRUSTEE	1 0	X						0	0	0
JAMES J DALY , TRUSTEE	1 0	X						0	0	0
JOSEPH V DORIA , TRUSTEE	1 0	X						0	0	0
THOMAS W DUNCAN , TRUSTEE	1 0	Х						0	0	0
MESFIN FEKADU , TRUSTEE	1 0	Х						0	0	0
EDWARD J HEAVEY SJ , TRUSTEE	1 0	Х						0	0	0
JAMES F KEENAN SJ , TRUSTEE	1 0	Х						0	0	0
ROBERT G LAHITA MD , TRUSTEE	1 0	Х						0	0	0
THOMAS P MACMAHON , TRUSTEE	1 0	X						0	0	0
RAYMOND C MAGUIRE MD , TRUSTEE	1 0	X						0	0	0
M BRIAN MAHER , TRUSTEE	1 0	Х						0	0	0
WILLIAM J MARINO , TRUSTEE	1 0	Х						0	0	0
KATHLEEN M MCKENNA ESQ , TRUSTEE, BOARD CHAIR	1 0	Х						0	0	0
CECILIA A MICHALIK , TRUSTEE	10	Х						0	0	0
JOHN MURRAY , TRUSTEE EMERITUS	10	Х						0	0	0
JOSEPH A O'HARE SJ , TRUSTEE	10	Х						0	0	0
JOSEPH A PANEPINTO ESQ , TRUSTEE	1 0	Х						0	0	0
JOSEPH P PARKES SJ , TRUSTEE, BOARD VICE CHAIR	1 0	Х						0	0	0
SHARON A PASTORE , TRUSTEE	10	X						0	0	0
ROBERT E REISER , TRUSTEE	1 0	X			<u> </u>			0	0	0
MADELINE ROMEU OD FAAO , TRUSTEE	1 0	Х						0	0	0
RALPH R RUSSO , TRUSTEE	10	X						0	0	0
PATRICK E SCURA , TRUSTEE	1 0	Х						0	0	0
PATRICIA Q SHEEHAN , TRUSTEE EMERITA	1 0	Х						0	0	0
PETER D SHERIDAN USDJ , TRUSTEE	10	X						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(5)	(F)
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
PETER G STEWART ESQ , TRUSTEE	1 0	Х						0	0	0
JOHN T SULLIVAN ESQ , TRUSTEE	1 0	Х						0	0	0
TONI ANN TURCO , TRUSTEE	1 0	Х						0	0	0
ELNARDO WEBSTER EDD , TRUSTEE	1 0	Χ						0	0	0
FRANCIS G ZIEGLER , TRUSTEE EMERITUS	1 0	Х						0	0	0
VIRGINIA BENDER , BD SECY, SP ASST TO PRES	35 0			х				108,246	0	5,439
MICHAEL BRADEN SJ, VP/MISSION AND MINISTRY	35 0			х				0	0	0
MICHAEL A FAZIO , V P ADVANCEMENT	35 0			х				135,757	0	6,161
KENNETH L PAYNE , VP/FINANCE AND BUSINESS	35 0			х				68,592	0	1,398
TERENCE L PEAVY , VP/ENROLLMT MGT & MKTG	35 0			х				0	0	0
EILEEN L POIANI , VP/STUDENT AFFAIRS	35 0			х				137,672	0	5,096
MARYLOU YAM , VP ACADEMIC AFFAIRS	35 0			х				117,251	0	10,905
FREDERICK P BONATO , PROF OF PSYCHOLOGY	35 0					Х		118,716	0	10,492
JOHN J HAMPTON , KPMG PROF OF BUSINESS	35 0					Х		128,001	0	13,319
JAMES P JACOBSON , ASSOC PROF OF EDUCATION	35 0					Х		119,229	0	5,096
GERARD PROTOMASTRO , PROF OF MATHEMATICS	35 0					Х		131,691	0	4,696
LEONARD J SCIORRA , SCHUH PROFESSOR	35 0					Х		127,424	0	5,811

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

SAINT PETERS COLLEGE, FOUNDED IN 1872, IS A JESUIT, CATHOLIC, CO-EDUCATIONAL, LIBERAL ARTS COLLEGE IN AN URBAN SETTING WHICH SEEKS TO DEVELOP THE WHOLE PERSON IN PREPARATION FOR A LIFETIME OF LEARNING, LEADERSHIP AND SERVICE IN A DIVERSE AND GLOBAL SOCIETY. COMMITTED TO ACADEMIC EXCELLENCE AND INDIVIDUAL ATTENTION, SAINT PETER'S COLLEGE PROVIDES EDUCATION, INFORMED BY VALUES, PRIMARILY IN DEGREE-GRANTING PROGRAMS IN THE ARTS, SCIENCES, AND BUSINESS, TO RESIDENT AND COMMUTING STUDENTS FROM A VARIETY OF BACKGROUNDS.