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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Open to Public

For the 2	2008 cal	endar vea	r, or tax year beginning (07-01-2008 and ending 0	6-30-2009			
Check if a		Please	C Name of organization	-	0 00 2003		D Employer ider	ntification number
Address ch	nange	use IRS	College of Mount St Joseph	1			23-7179567	7
- Name chai		label or print or	Doing Business As				E Telephone nui	mber
_ Initial retui		type. See Specific	Normalian and attract (an D.O.	h		VI D = = == /=+=	(513) 244-4	200
Terminatio		Instruc- tions.	5701 Delhi Road	box if mail is not delivered to s	treet address) Room/suite	G Gross receipts	s \$ 56,647,121
Amended i			City or town, state or coun Cincinnati, OH 45233	try, and ZIP + 4				
	L	E Nan	L ne and address of Princip	al Officer		11/->		
		Tony A		ar o meer		n(a) Is this	s a group return i tes?	TYes ▼No
			Delhi Road nati, OH 45233					
Tax-exem	npt status) (3) 4 (insert no)	——————————————————————————————————————		• •	affiliates included	
	<u> </u>		, (, , , (, , , , , , , , , , , , , ,				o," attach a list p Exemption Nun	See instructions)
web site	e: ► msj (eau				H(C) GIOG	p Exemption Wan	inder P
Type of org	ganization	▽ Corporat	ion trust association	other ►		L Year of For	mation 1972 M S	State of legal domicile OF
Part I	Summ	narv						
			e organization's mission	or most significant activiti				
			_	liberal arts and profession		a emphasızıı	ng values, integri	ity, and social
2	responsi			·		·	, ,	.,
2	Check th	iis box 🦵	if the organization discor	ntinued its operations or di	sposed of r	more than 2		
		_		g body (Part VI, line 1a)				24
4 5 6	Number	of indepen	dent voting members of	the governing body (Part V	'I, line 1b)		. 4 _	23
5	Total nur	mber of en	nployees (Part V , line 2a)			5 _	1,254
6	Total nur	mber of vo	lunteers (estimate if nec	essary)			6 _	18
7a	Total gro	ss unrela	ted business revenue fro	m Part VIII, line 12, colur	nn(C) .	•	7a	52,716
ь	Net unre	lated busi	ness taxable income fror	n Form 990-T, line 34 .			7b	0
						Prio	r Year	Current Year
8	Contrib	utions and	d grants (Part VIII, line 1	lh)			3,935,619	3,530,21
9	Progran	n service	revenue (Part VIII, line :	2g)			42,644,598	41,557,78
9 10	Investn	nent incor	ne (Part VIII, column (A		3,201,311	-1,786,10		
11	O ther re	evenue (P	art VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and	11e)		866,419	664,35
12	Total re 12)	venue—a	dd lines 8 through 11 (m	ust equal Part VIII, colum	ın (A), lıne		50,647,947	43,966,24
13		and simila	ar amounts paid (Part IX,	column (A), lines 1-3)			10,785,340	10,619,26
14			or for members (Part IX, o				0	
15		•	, ,	enefits (Part IX, column (A	A). lines 5-			
16a 16a b	10)	,		chants (r art 177) coranni (r	.,,		22,686,860	22,860,436
16a	Profess	ıonal fund	raising fees (Part IX, col	umn (A), line 11e)			0	(
<u> </u>	(Total fur	ndraising ex	penses, Part IX, column (D), lı	ne 25 <u>785,183</u>)			
17	Othere	xpenses ((Part IX, column (A), line	s 11a-11d, 11f-24f)			14,124,048	13,001,234
18	Total ex	kpenses—	add lines 13–17 (must e	equal Part IX, line 25, colu	mn (A))		47,596,248	46,480,93
19	Revenu	e less exp	enses Subtract line 18	from line 12			3,051,699	-2,514,689
8						Beginni	ng of Year	End of Year
20	Total as	ssets (Par	t X, line 16)				74,463,922	67,005,413
21		•	Part X, line 26)				25,273,940	25,188,347
표				21 from line 20			, ,	· · ·
巴 22 Part II	_		d balances Subtract line	ZI HOIM HINE ZU			49,189,982	41,817,066
artII	_	ture Blo		amined this return, including acc	om no numa e	shadulas and si	tatamanta and to th	a host of my knowledge
lease ign	and belief	f, it is true, of	correct, and complete Declara	tion of preparer (other than offic	cer) is based o	on all informat I	on of which prepare	r has any knowledge
ere		<u>MARIE WAGN</u> or print nam						
ere	Type of			D-t-	Ch	eck if	Preparer's PTIN (S	See Gen Inst \
ere	 							
	Preparer's signature			Date	sel	f	Treparer 31 Till (s	see cen mot ,
aid	Preparer's signature	<u> </u>		Date	sel		Treparer 3 F TIN (
aid reparer's	Preparer's signature	me (or yours	ERNST & YOUNG US LLP	Date	sel	f	EIN Þ	ace can hat,
aid	Preparer's signature Firm's nam if self-em	me (or yours	ERNST & YOUNG US LLP 5451 LAKEVIEW PARKWA		sel	f	EIN Þ	
aid reparer's	Preparer's signature Firm's nam if self-em	me (or yours	P	Y S DR	sel	f	<u> </u>	

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

1 See A	Briefly describe the organization's mission ional Data Table
2	d the organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-EZ?
3	"Yes," describe these new services on Schedule O d the organization cease conducting or make significant changes in how it conducts any program rvices?
4	"Yes," describe these changes on Schedule O escribe the exempt purpose achievements for each of the organization's three largest program services by expenses ection 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to hers, the total expenses, and revenue, if any, for each program service reported
4a	Code) (Expenses \$ 25,928,968 including grants of \$ 10,619,262) (Revenue \$ 33,737,743) Undergraduate Education - The Mount's undergraduate academic programs inspire excellence, intellectual challenge, and real life experiences. We offer majors in business, Behavioral and Natural Sciences, Education, Health Sciences, and Arts and Humanities. In addition, students have the opportunity to expand learning reyond the classroom through study abroad, cooperative education, and service learning. The Mount offers programs tailored to traditional, adult, and part-time tudents.
4b	Code) (Expenses \$ 10,837,400 including grants of \$) (Revenue \$ 3,279,413) it is it is tudent and Residence Life - Includes admission and enrollment of students, as well as personal and career support. Also included are various campus activities and it athletic programs. Residence life is committed to providing quality housing for full-time single students that enhances experience of each resident while upporting academic achievement and the mission of the college.
4c	Code) (Expenses \$ 1,600,163 including grants of \$) (Revenue \$ 4,575,642) Graduate Education - Instructing and providing academic support to students and offering Masters and Doctoral programs Degree programs include Education, lealth Sciences, and Organizational Leadership
4d	Other program services (Describe in Schedule O) Expenses \$ Including grants of \$) (Revenue \$)
<u></u>	Total program service expenses \$ 38.366.531 Must equal Part IX Line 25. column (B)

Part IV	Chec	klist o	f Reauire	d S	chedule	5

			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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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		Νο
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		Νο
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		No
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		Νο
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		Νο
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		Νο
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
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	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		No
4	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	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns . Enter -0- if not applicable			
	1a	81		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	О		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and repo			
	gaming (gambling) winnings to prize winners?	<u>1c</u>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	1,254		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?. Note:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered return?	by this	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зь	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank Financial Accounts.	and		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$.	. 5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion? 5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Pi	rohibited 5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	ns 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 contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was i	required to		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?	rsonal 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	:t? 7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?	as 7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organizations business holdings at any time during the year?			
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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 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			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section	Α.	Gover	ning Boo	dy and	Manag	lement	

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 24								
b	Enter the number of voting members that are independent 1b 23								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	5		Νo					
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes						
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		No					
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
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Anne Marie Wagner CFO 5701 Delhi Road Cincinnati, OH 45233 (513) 244-4711

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

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

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

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

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

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

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

Part VIII Continued

	(B) Average hours per week		() Ition that a			Ш			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
	-		-							
			-	$\vdash\vdash$	$\vdash\vdash$		\vdash			
				\vdash						
1b Total							•	431,646	5	48,502
2 Total number of individuals (including	those in 1	a) who	recei	ved	more	e thar	า \$1	00,000 ın reportabl	е	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶4

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo			
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		Νo			
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		Νo			

Section B. Independent Contractors

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
Sanese Services Inc 6465 Busch Blvd Columbus, OH 43229	Food Service	1,195,714
Imbus Roofing Company 5 Charlin Dr Wilder, KY 41076	Roofing	306,858
Jenzabar 4000 Executive Park Rd Cincinnati, OH 452414009	Software Maintenance	215,001
Ernst Young 1900 Scripps Center Cincinnati, OH 452024024	Auditing	129,982
2 Total number of independent contractors (including those in 1) who reco	eived more than \$100,000 in compensation	

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 campaigns 1	La				, 515, 51 514
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
gra	С	fundraising events	. b 124,092				
fts, ran		1	lc —				
, gi ìÌai	d	Related organizations					
ons sin	e	, , , , , , , , , , , , , , , , , , ,			ļ	-	
美丽	f	All other contributions, gifts, grants, and similar amounts not included above					
itrik I ot	g	Noncash contributions included	L f In				
20 20 20 20 20 20 20 20 20 20 20 20 20 2		lines 1a-1f \$110,12	2				
	h	Total (Add lines 1a-1f)		3,530,213			
ou.			Business Code				
euri	2a	Undergraduate Education	611,310		33,737,743		
Program Serwce Revenue	Ь	Graduate Education	611,310		4,575,642		
93	С.	Student and Residence Life	611,310	3,244,396	3,244,396		
<u>*</u>	d		_				
Ē	e f	A II a b b a m m = = = = =	_				
Sabe	'	All other program service revenu					
Ğ	g	Total. Add lines 2a-2f					
	3	Investment income (including di	vidends, interest				
		other similar amounts)	·	730,500		39	730,461
	4	Income from investment of tax-exempt	bond proceeds	0			
	5	Royalties	▶	0			
		(i) Real	(II) Personal	_			
	6a	Gross Rents	(,				
	ь	Less rental expenses					
	с	Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 10,133,276					
		from sales of assets other					
	ь	than inventory Less cost or 12,649,882	2				
		other basis and sales expenses					
	С	Gain or (loss) -2,516,600	5				
	d	Net gain or (loss)	. ▶	-2,516,606			-2,516,606
	8a	Gross income from fundraising					
		events (not including \$ 66,013					
ıne		of contributions reported on line					
₩		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
. Re		\$15,000	a 124,092				
Other Revenue	ь	Less direct expenses		35,017	35,017		
ŏ	С	Net income or (loss) from fundra	ising events	33,017	35,017		
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
			a				
	ь	Less direct expenses	ь				
	С	Net income or (loss) from gaming	g activities ▶-	0			
	10a	Gross sales of inventory, less					
		returns and allowances .	a				
	ь	Less cost of goods sold	_				
	c	Net income or (loss) from sales		0			
		Miscellaneous Revenue	Business Code				
	11a	FACILITIES RENTAL	532,000			52,677	
	b	FOOD COURT	900,099				109,426
	С	OTHER REVENUE	900,099	289,375			289,375
	d	All other revenue	- [
	e	Total. Add lines 11a-11d	\$ 629,338				
	12	Total Revenue. Add lines 1h, 2g,		43,966,243	41,592,798	52,716	-1,209,484
		8c, 9c,10c, and 11e					
-	J	JC, 10C, and 11e					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		plete columns		
Do 1	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	10,619,262	10,619,262		
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	245,843		245,843	
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	18,466,934	15,562,869		491,701
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	528,990	449,751	66,365	12,874
9	Other employee benefits	2,314,398	1,900,740	357,333	56,325
10	Payroll taxes	1,304,271	1,070,724	201,805	31,742
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	45,147		45,147	
c	Accounting	129,982		129,982	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	142,377		142,377	
g	Other	713,540	165,976	533,318	14,246
12	Advertising and promotion	264,967	257,252	7,715	
13	Office expenses	3,308,953	2,900,223	343,916	64,814
14	Information technology	240,321	240,321		
15	Royalties	0			
16	Occupancy	1,474,654	1,474,654		
17	Travel	443,755	431,739	5,504	6,512
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	153,285	126,979	17,230	9,076
20	Interest	750,802		750,802	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,693,728	2,071,630	1,622,098	
23	Insurance	293,650	293,650		
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	Hospitality	434,779	352,819	14,632	67,328
ь	Bad Debts	200,000		200,000	
c	Equipment	156,838	156,838		
d	LETTER OF CREDIT FEE	154,777		154,777	
e	FOOD COURT EXPENSE	150,173	150,173		
f	All other expenses	249,506	140,931	78,010	30,565
25	Total functional expenses. Add lines 1 through 24f	46,480,932	38,366,531	7,329,218	785,183
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				818,767	1	933,652
	2	Savings and temporary cash investments				1,411,381	2	2,827,993
	3	Pledges and grants receivable, net				679,315	3	721,680
	4	Accounts receivable, net		1,295,518	4	1,057,233		
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			ees or	144,942	5	645,000
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(1			6	
	7	Notes and loans receivable, net				1,470,280	7	1,450,258
	8	Inventories for sale or use				1,418	8	0
\$	9	Prepaid expenses and deferred charges				925,759	9	840,226
Assets	10a	Land, buildings, and equipment cost basis	_{10a}		67,017,584			
•	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		34,524,973	34,379,728	10c	32,492,611
	11	Investments—publicly traded securities				32,630,279	11	25,437,317
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	art VII	of			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		706,535	15	599,443		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				74,463,922	16	67,005,413
	17	Accounts payable and accrued expenses .				1,908,218	17	1,728,387
	18	Grants payable				1,485,169	18	1,510,614
	19	Deferred revenue				3,333,273	19	3,749,429
	20	Tax-exempt bond liabilities				17,500,000	20	16,995,000
<u>.a</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					1	
Ξ		persons Complete Part II of Schedule L		•			22	
	23	Secured mortgages and notes payable to unrelated third parties	•	•			23	
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D		1,047,280	25	1,204,917		
	26	Total liabilities. Add lines 17 through 25				25,273,940	26	25,188,347
φ		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	let e li	nes 27				
Balance	27	Unrestricted net assets				34,551,933	27	24,226,073
88	28	Temporarily restricted net assets				2,053,108	28	4,861,455
귤	29	Permanently restricted net assets		12,584,941	29	12,729,538		
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	plete				
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•		31			
	32	Retained earnings, endowment, accumulated income, or other fu			32			
Ř	33	Total net assets or fund balances				49,189,982	33	41,817,066
_	34	Total liabilities and net assets/fund balances				74,463,922	34	67,005,413
Pa	rt XI	Financial Statements and Reporting						

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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?	2c	Yes	
3а	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	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

		ne organizat i ount St Joseph	on					Em	ployer ide	nt if icat io	n number		
colleg	e or me	Julit St Joseph						23	-717956	7			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo						
				ation because it is (Please	•	-							
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)	(A)(i).				
2	<u>~</u>	A school de	escribed in Sec t	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)							
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	t ion 170(l	b)(1)(A)(i	i ii). (Attac	h Schedu	le H)		
4	Γ	A medical i	esearch organi	zatıon operated ın conjunctı	on with a l	hospital de	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	nter the		
		hospital's r	name, city, and	state									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın		
		Section 170	Section 170(b)(1)(A)(iv). (Complete Part II)										
6	\vdash	A federal, s	tate, or local g	overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ı	ınıt or fron	n the gene	eral public	:	
		described i	n Sect ion 170(l))(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	rship fees	s, and gro	ss	
		receipts fro	m activities re	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 busines	ss taxable	ıncome (l	ess section	on 511 tax	x) from bu	sınesses		
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10				and operated exclusively to									
11	Г			and operated exclusively fo									
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check	
		a T				- Function			'' d	Гтуре	III - Ot	her	
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or mor	re disqual	ıfıed pers	ons	
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons	described	ın sectior	n 509(a)(1) or	
e		section 50		d a written determination fro	m the IDS	S that it is	a Tuna I	TypeIIo	r Tuna III	cupportu	a oranni	.ation	
f		check this		u a wiitteii ueteiiiiiiatioii iio	illi tile 1K3	o tilat it is	а гуре 1,	Type II o	i iype iii	Supportin	ig Organiz		
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>			,	
		following pe											
			•	r indirectly controls, either a		-	th persons	describe	d in (ii)		Yes	No	
			· -	ng body of the the supported	_	tion				11g		 	
				erson described in (i) above		h 2				11g(
L		• •		ty of a person described in (11g(· III)	<u> </u>	
h		Provide the	lonowing inform	nation about the organizatio	ns the org	janization	supports						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) An	nount of	
		orted	(11) 2111	(described on lines 1- 9		ation in		nızatıon		ation in	supp		
	O rgan	nization		above or IRC section		listed in		i) of your		rganızed			
(See Instructions)) your governing support? in the U.S.?													
							Vac	No.	Vaa	l Na	_		
					Yes	No	Yes	No	Yes	No			
								 		 			
						-				-			
						 		-		 			

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 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, 100, 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

Software ID: Software Version:

EIN: 23-7179567

Name: College of Mount St Joseph

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada	-							· · · · · · · · · · · · · · · · · · ·		
		Posit t	(C non (d hat a	chec		I			(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
Kathy Kelly , Chair, Board of Trustees	1 0	Х						0	0	0
Donald B Bush , Trustee	1 0	Х						0	0	0
David W Clark , Trustee	1 0	Х						0	0	0
Mary Ann Flannery SC , Trustee	1 0	X						0	0	0
Victor Garcia , Trustee	1 0	Х						0	0	0
Joseph W Gross , Trustee	1 0	Х						0	0	0
Lında R Holthaus , Trustee	1 0	Х						0	0	0
Bro Joseph Kamıs SM , Trustee	1 0	Х						0	0	0
Mary Denise Kuprionis , Vice-Chair, Board of Trustees	1 0	Х						0	0	0
William Ledwin , Trustee	1 0	Х						0	0	0
Patrıcıa Mary Malarkey SC , Trustee	1 0	Х						0	0	0
Kathryn Merchant , Trustee	1 0	Х						0	0	0
Judith Metz SC , Trustee	1 0	Х						0	0	0
E Rıchard O berschmıdt Esq , Trustee	1 0	Х						0	0	0
David P Osborn , Trustee	1 0	Х						0	0	0
Carole T Rigaud , Trustee	1 0	Х						0	0	0
Lısa Sanger , Trustee	1 0	Х						0	0	0
Joan Carole Schaffner SC , Trustee	1 0	Х						0	0	0
Thomas J Schiller , Trustee	1 0	Х						0	0	0
Wayne J Shircliff , Trustee	1 0	Х						0	0	0
Bernard P Suer , Trustee	1 0	Х						0	0	0
Mark Weadick , Trustee	1 0	Х						0	0	0
Georgine B Wolohan , Trustee	1 0	Х						0	0	0
Tony Aretz , President, also a Board member	48 0	Х		х				113,574	0	12,198
Anne Marie Wagner , Chief Financial Officer	48 0			х				109,553	0	10,518
Alan deCourcy , Chief Academic Officer	48 0					Х		105,950	0	19,796
Mary Kishman , Associate Professor - Nursing	48 0					х		102,569	0	5,990

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

The College of Mount St. Joseph is a Catholic academic community grounded in the spiritual values and the vision of its founders, the Sisters of Charity. The College educates its students through interdisciplinary liberal arts and professional curricula emphasizing values, integrity, and social responsibility. Members of the Mount community embrace: excellence in academic endeavors; integration of life and learning; respect and concern for all persons; diversity of cultures and beliefs; service to others.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Employer identification number Name of the organization College of Mount St Joseph

			23-7179567
Part	Organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete if
	organization anomered Teo to Form 9.	(a) Donor advised funds	(b) Funds and other accounts
Т	otal number at end of year		
Δ	aggregate Contributions to (during year)		
Δ	aggregate Grants from (during year)		
Δ	aggregate value at end of year		
	Old the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes T
ι	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the bein mpermissible private benefit?		
art	Conservation Easements. Complete	of the organization answered "Yes" t	o Form 990, Part IV, line 7.
Γ Γ	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space	cion or pleasure) Preservation of ar Preservation of ce	n historically importantly land area ertified historic structure
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the form	
			Held at the End of the
	Total number of conservation easements		2a
	Total acreage restricted by conservation easement		2b
	Number of conservation easements on a certified h		2c
	Number of conservation easements included in (c)	acquired after 8/17/06	2d
	Number of conservation easements modified, transf	erred, released, extinguished, or terminate	ed by the organization during
t	he taxable year ►		
1	Number of states where property subject to conserv	ation easement is located 🕨	
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ations, and
9	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year 🗠
A	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing easements during the y	ear ►\$
	Does each conservation easement reported on line : 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction Yes F
t	In Part XIV, describe how the organization reports of palance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	the footnote to the organization's financia	
ırt	Organizations Maintaining Collection Complete of the organization answered		or Other Similar Assets.
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	d for public exhibition, education or resear	ch in furtherance of public service,
ŀ	If the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	
((i) Revenues included in Form 990, Part VIII, line 1	1	► \$
((ii) Assets included in Form 990, Part X		► \$
Ι	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
ı F	Revenues included in Form 990, Part VIII, line 1		► \$
			- т

Cat No 52283D

b Assets included in Form 990, Part X

3	Using the organization's accession and othe									ntinued)
	items (check all that apply)	,		_	-	•				
а	Public exhibition		d	Г	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	organization's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	ΓY	'es	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes	' to For	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	or other assets	not	┌	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е					A moun		
_								A moun	ıτ	
C C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo		21?					┌ ¥	es	∏ No
ь	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year)Prior		Form 990, Par wo Years Back (d)			Four V	aare Back
1a	Beginning of year balance	24,872,334	(1)	PHOL	real (c)	wo rears back (u)	illiee reals b	ack (e)i	Our 10	cais back
ь	Contributions	333,038								
c	Investment earnings or losses	-3,579,564								
d	Grants or scholarships	606,124								
e	Other expenditures for facilities	1,635,643								
_	and programs									
f	Administrative expenses									
g	End of year balance	19,384,041								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	21 %								
b	Permanent endowment 🕨 63 %									
c	Term endowment ► 16 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held and a	admınıstered for	the	_		
	organization by						г		Yes	No
	(i) unrelated organizations			•				3a(i)		No
	(ii) related organizations							3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					[3b		<u> </u>
	t VI Investments—Land, Buildings					art V line 10				
шч	to 1 investments Land, building.	s, and Equipmen	16. 0		Cost or other	(b)Cost or other				
	Description of investment				is (investment)	basis (other)	(c) Deprecia	ation ((d) Bo	ok value
1a	Land					1,937,404				1,937,404
ь	Buildings					14,850,533	4,09	5,844	1	0,754,689
c	Leasehold improvements					29,260,940	16,49	0,345	1	2,770,595
d	Equipment					12,435,150	10,10	5,097		2,330,053
е	Other					8,533,557		3,687		4,699,870
	I. Add lines 1a-1e (Column (d) should equal Fo		nn (B)), line	10(c).)					2,492,611
	•	·			<u> </u>			ıle D (Fo		90) 200

Part VIII Investments—Other Securities. See	e Form 990, Part X, line 1		d after leading to
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products			•
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Down Will Investments Dressen Belated Co	as Form 000 Dort V line	12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		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, I			
(a) Descri			(b) Book value
Deferred Financing Fees			421,118
Beneficial Int in Perpetual Tr			178,325
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			
Student Deposits	462,283		
Financial Instrument Liability	742,634		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,204,917		
	1 1,204,517	l	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,966,243
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,480,932
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,514,689
4	Net unrealized gains (losses) on investments	4	-4,451,001
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-407,226
9	Total adjustments (net) Add lines 4 - 8	9	-4,858,227
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-7,372,916
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	39,108,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-4,858,227
3	Subtract line 2e from line 1	3	43,966,243
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 .		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,966,243
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	46,480,932
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	2e	
е 3	Subtract line 2e from line 1	3	46,480,932
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	40,480,932
a h	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b		
b	Add lines 4a and 4b	4c	
C E	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4C 5	46,480,932
5	t XIV Supplemental Information	3	40,400,932

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

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

Ident if ier	Ret urn Reference	Explanation
Organization's intended use of Endowment Fund	Schedule D, Part V, Line 4	The College's endowment is primarily used to fund scholarships/aid for students. Other uses include plant operations, instructional, and academic support.
Reconciliation of Change in Net Assets	Schedule D, Part XI, Line 8	Unrealized Loss on Investments (4,451,001) Loss on financial instruments (326,421) Change in annuities payable (80,805) Total (4,858,227)
Fin 48 footnote	Schedule D, Part XIV	The College applies the provisions of FASB interpretation No 48, Accounting for Uncertainty in Income Taxes-an Interpretation of FASB Statement No 109 (FIN No 48) The College completed an analysis of its tax positions at June 30, 2009 and 2008, and determined that no amounts were required to be recognized under FIN No 48 in the financial statements

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Name of the organization College of Mount St Joseph

Employer identification number

23-7179567

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Vaa	
,	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 College of Mount St Joseph is committed to providing an educational and employment environment free from discrimination or harrassment on the basis of race, color, national origin, religion, sex, age, disability, or other minority or protected status. This committeent extends to the College's administration of its admission, financial aid,			
	employment, and academic policies, as well as the College's athletic programs and other college-administered programs, services and activities - As Published on front page of the College's Website as well as our College Catalog			
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		Νο
С	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
		Ju		110
е	Educational policies?	5e		No
f	Use of facilities?	5f		N.o.
)i		N o
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	<u> </u>		110
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 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: 93493116000050

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Nevende Corvice						Inspection	
Name of the organization					Employer ider	tification number	
College of Mount St Joseph					22 7470567		
					23-7179567		
Part I Fundraising Ac	tivities. Complet	e if the or	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.	
1 Indicate whether the orga	nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply		
a Mail solicitations				e Solicitation of r	non-government grants		
b Email solicitations				f Solicitation of	government grants		
c Phone solicitations				g Special fundrais	sing events		
d In-person solicitations	5						
2a Did the organization have or key employees listed in	•		•	,		Γ _{Yes} Γ _{No}	
b If "Yes," list the ten higher to be compensated at leas							
		(iii)			(a) A mount noid to		
(i) Name of individual	(ii) Activity	fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to	
or entity (fundraiser)						(or retained by)	
						organization	
		Yes	No				
 Total			in.				

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	t II	Fundraising Events. Comp more than \$15,000 on Form					report	:ed
			(a) Event #1 Spring Jubilee	(b) Event #2 FTBLL GLF OTING (event type)	(c) O ther Events	(d) To (Add col co		
Ф	1		(event type) 156,844		(total number)		10	0,105
皇	•	Gross receipts			12,100			
Revenue	2	Less Charitable contributions	124,092				12	4,092
	3	Gross revenue (line 1 minus line 2)	32,752	21,155	12,106		6	6,013
	4	Cash Prizes						
Direct Expenses	5	Non-cash Prizes		2,270				3,010
pe,	6	Rent/Facility costs		6,835	4,180		1	1,015
Δ.	7	Other direct expenses	14,343	853	1,775		1	6,971
₽	8	Direct expense summary Add line	es 4 through 7 in column	(d)			3	0,996
	9	Net income summary Combine lin	_				3	5,017
Par	t II	I Gaming. Complete if the org	ganızatıon answered '		art IV, line 19, or repo	rted mor		
		\$15,000 on Form 990-EZ, lin	e 6a.			<u> </u>		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
ses	2	Cash prizes						
xper	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
۵	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	│ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (d)				
9 a		er the state(s) in which the organizat					Yes	No
b		No," Explain		, or these states		· 9a		
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	, the tax year?	10a		
11		es the organization operate gaming a	ctivities with normambo	rs?		—		
12		es the organization operate gaming a the organization a grantor, beneficiar				11		
		med to administer charitable gaming?		=	or order office,			

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

OMB No 1545-0047

2008

DLN: 93493116000050

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

College of Mount St Joseph

Schedule I

(Form 990)

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

Inspect ion

Employer identification number

23-7179567

Part I General Infor	mation on Gra	nts and Assistance	e				
 Does the organization mathe selection criteria use Describe in Part IV the organization 	d to award the gra	nts or assistance?					F Yes Γ I
Form 990, Part Part IV and Sch	IV, line 21 for ai edule I-1 if addi	ny recipient that rece	eived more than \$5,0		tes. Complete if the confirmation one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Enter total number of seconganizations Enter total number of oth							•
For Paperwork Reduction Act Not	ice, see the Instruc	tions for Form 990.		Cat No 500551	Р	Sci	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete	te if the organization answered "Yes" on Form 990, I	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
STUDENT AID	2039	10,619,262			

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

DLN: 93493116000050

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

Open to Public Inspect ion Employer identification number

23-7179567

Name of the organization College of Mount St Joseph

P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	: Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	STATE OF OHIO HIGHER EDUC FACILITIES COMMISSION	34-6849674	67756BLX6	04-01-	-2004	22,	860,000	REVENUE E CONSTRUC		J		x		x
В	STATE OF OHIO HIGHER EDUC FACILITIES COMMISSION	34-6849674	67756BMW7	07-22-	-2004	2,	290,000	ENERGY CO	CONSERVATION S			х		х
Pa	art III Proceeds (Optional for	2008)		1								1		1
1				A		В		С		E				
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fron	n Proceeds												
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion							l						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ls been made?												
12	Does the organization maintain ad final allocation of proceeds?	lequate books and red	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	3)											
				<u> </u>	A		B T	_	<u>C</u>	<u> </u>	D 		E	
	Was the sussessment of the sussessment			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in a which owned property financed by	• • • • • • • • • • • • • • • • • • • •	emper of an LLC,											

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Schedule K	(Form 990)	2008		
Part III	Private I	Business	Use	(Continued)

			A	E	3	(С	I	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	<u> </u>	E	3	(<u> </u>	ı	<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	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?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

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DLN: 93493116000050

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

Name of the organization

Employer identification number College of Mount St Joseph

						3-717					
Part I Excess Benefit Trans	actions	s (section 501(c)(3) and section 50:	1 (c)(²) organiz	zatıor	ns on	ily).			
To be completed by organiz	ations th	nat answered "Ye	s" on Form 990, Part IV	/, line 2	25a or 25b	o, or F	orm 9	90-E <i>Z</i>	, Part	V , line	40b
(a) Name of diagonal	. 6								(4	c) Corre	ected?
1 (a) Name of disqual	ified per	son	(b) Des	Description of transaction						Yes No	
		L							-+		110
									-+	+	
									$-\!\!+$		
2 Enter the amount of tax imposed							nder •••	+			
section 4958								> —			
3 Enter the amount of tax, If any, o	ı lıne 2,	above, reimburse	d by the organization.					\$			
Part II Loans to and/or Fro	om Int	erested Pers	ons								
To be completed by organ	nizations	that answered "	Yes" on Form 990, Part	IV, lın	e 26, or Fo	orm 9	90-E	Z, Part	V , line	38a	
	/h\	Loan to or						(f	i)		
(a) Name of interested person and	1 2 2		(c)O riginal principal				Ιn	Appr		(g) Wi	
purpose	ı	anization?	amount	(d)Balance due		defa	ult?	by bo		agreer	ment?
purpose			amount				committe		ittee?	↓	
	Т	o From				Yes	No	Yes	No	Yes	No
								\vdash			
								 		 	
	-							+	1	+	
			b. .						Ь		
Total											
Part III Grants or Assistance											
To be completed by or	ganızat				art IV, lin	ie 27					
(a) Name of interested person			p between interested pe	rson	(c)∆ m	ount d	of arai	nt or tv	ne of a	assistai	nce
(a) Nume of interested person		and	the organization		(0)/(111		or gru				

Business Transactions Involving Interested Persons Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
FROST BROWN TODD LLC	E OBERSCHMIDT, BD MEMBER	144,503	SEE SCHEDULE O		Νο
FIFTH THIRD BANK	T SCHILLER, BD MEMBER	729,664	SEE SCHEDULE O		Νο
US BANK RETIRED	W J SHIRCLIFF, BD MEMBER	239,099	SEE SCHEDULE O		Νο

DLN: 93493116000050

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Non-Cash Contributions

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

Open to Public Inspection

Name of the organization **Employer identification number** College of Mount St Joseph 23-7179567 Part I Types of Property (b) (d) (a) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . . 2 Art—Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property . . Securities—Publicly traded . Х 85,807 FMV OF DONATED PROP 10 Securities-Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) . . . 15 Real estate—Residential . 16 Real estate—Commercial . . Real estate—Other . . . 18 Collectibles Food inventory . . . 19 20 Drugs and medical supplies . Taxidermy Historical artifacts 23 Scientific specimens . Archeological artifacts . . . 24 GIFTS IN Other (describe KIND 24,315 FMV OF DONATED PROP Other (describe ____ 27 Other (describe ____ 28 Other (describe _____ Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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 30a No **b** If "Yes", describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Νo 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

200

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

Open to Public Inspection

Name of the organization College of Mount St Joseph Employer identification number

23-7179567

ldentifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Question 2	The College is aware of relationships between members of the Board of Trustees, their companies, and other Board members and their companies but considers these relationships focused on services considered normal in the course of business. Description of Classes of Members or Stockholders Form 990, Part VI, Question 6 The members of the College corporation are the members of the Corporation Board for Sponsored Ministries appointed by the Sisters of Charity of Cincinnat, Ohio Description of Classes of Persons and the Nature of Their Rights Form 990, Part VI, Question 7a The Board of Trustees of the College are elected by the members of the Corporation Board for Sponsored Ministries of the Sisters of Charity of Cincinnat, Ohio Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights Form 990, Part VI, Question 7b The Sisters of Charity of Cincinnat, Ohio is the Sponsoring Order of the College Certain recommendations from the Board of Trustees (such as the election or removal of the CEO) must be approved by the Sisters of Charity Corporation Board There are other approval powers vested in the Sisters of Charity Leadership Council Describe the Process used by Management &/or Governing Body to Review 990 Form 990, Part VI, Question 10 Draft copies of the Form 990 are presented to the Audit/Finance Committee and the Executive Committee of the Board of Trustees for review and discussion Open items after this discussion will be taken back to the Executive Committee of the Board of Trustees before filing Description of Process to Monitor Transactions for Conflicts of Interest Form 990, Part VI, Question 12c The Audit/Finance Committee, in the presence of the College President and CFO discussed the 30 submitted/signed conflict of interest statements for our 24 trustees and 6 members of the President's Cabinet There were 11 individuals who checked a yes answer at least once (creating a possible conflict of interest) Conflicts or potential conflicts are managed by those board members abstaining from votin

DLN: 93493116000050

OMB No 1545-0047 2008

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Name of the organization **Employer identification number** College of Mount St Joseph 23-7179567 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity Sisters of Charity of Cincinnati 5900 Delhi Road Religious Com OH 501(C)(3) Cincinnati, OH45051 31-0537158

(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		

(6)

Part V	Transactions with Related Organizations
	i i alibactiono miti iteratea organizationo

Pa	rt V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	rity		1a		No
Ь	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes	
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 of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k		No
ı	Performance of services or membership or fundraising solicitations by other orga	anızatıon(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n	Yes	
0	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
(2)						
(3)						
(4)						
(5)		1	1			

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)	partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(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		
			•	•		•		Cabadul	D / Form			