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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

| A Fo | r the | 2009 ca | lendar yea | r, or tax year beginning | g 06-01-2009 | and ending 05-31-20 | 10 | | | | | |
|--------------------------------|-----------------|--|---|---|--|-----------------------------|----------------|---------------------|------------------------------------|-----------|--------------------------|--|
| | | pplicable | Please | C Name of organization THOMAS MORE COLLEGE | | | | | D Employer | identii | fication number | |
| ☐ Ad | dress ch | nange | use IRS label or | Doing Business As | | | | | 61-0448 E Telephone | | er | |
| Name change | | | print or type. See | Doing Business As | | | | | - | | | |
| Ini | tıal retu | rn | Specific Instruc- | | | not delivered to street add | ress) Room | /suite | (859) 34 | | | |
| Те | mınate | d | tions. | 333 THOMAS MORE PARI | KWAY | | | ŀ | G Gloss lecei | JIS \$ 4. | 5,123,049 | |
| ☐ Am | nended | return | | City or town, state or co | | 4 | | | | | | |
| Гар | plication | n pending | | CRESTVIEW HILLS, KY | 110173428 | | | | | | | |
| | | | F Nan | ne and address of princ | ipal officer | | H(a) | Is this | a group ret | urn fo | r | |
| | | | _ | et stallmeyer cdp omas more parkway | | | | affiliat | es? | | ✓ Yes | |
| | | | | ew hills, KY 41017 | | | Н(Б) | Are all | affiliates incl | uded? | ✓ Yes | |
| | | | | | | | | | | | ee instructions) | |
| I Ta | ıx-exem | npt status | ▼ 501(c) | (3) ◄ (insert no) | 1947(a)(1) or | 527 | H(c) | Group | exemption | numb | er 🕨 0928 | |
| J W | ebsit e | e: 🕨 WW | /W THO MA | SMORE EDU | | | | | | | | |
| K For | m of or | ganızatıon | Corporat | ion Trust Association | Other 🕨 | | L Yea | ar of for | mation 1921 | M Sta | ate of legal domicile KY | |
| | rt I | Sum | | | | | | | | | | |
| Governance | 1 | To deve | elop and su | e organization's missio stain challenging unde the catholic intellectus | rgraduate, gra | | al progran | ns of s | tudy, marked | d by s | uperior teaching and | |
| Ē | | | | | | | | | | | | |
| Š | 2 | Check | this box 🛏 | if the organization dis | scontinued its | operations or dispose | d of more | than 2 | 25% of its ne | et ass | ets | |
| | 3 | Numbe | r of voting r | nembers of the governi | ng body (Part | VI, line 1a) | | | | з _ | 26 | |
| Activities & | 4 | Numbe | r of ındepen | dent voting members o | of the governir | ig body (Part VI, line 1 | 1b) | | | 4 _ | 14 | |
| Ĭ | 5 | Total n | umber of en | nployees (Part V, line 2 | 2a) | | | | | 5 _ | 686 | |
| PC | 6 | 5 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | 6 _ | 143 | |
| | | | | | | , ,, | | | | | 22,268 | |
| | ь | Net unr | elated busi | ness taxable income fr | om Form 990 | - I , IINE 34 | | Deles | Year | 7b | 22,683 | |
| | 8 | Contri | hutions and | d grants (Part VIII line | a 1 h) | | | Piloi | 2,337,896 | | 2,421,119 | |
| ₫ | 9 | | Contributions and grants (Part VIII, line 1h) | | | | | | 28,587,107 | _ | 30,241,551 | |
| Ravenu | 10 | | | ne (Part VIII, column (| | | | | 409,993 | _ | 285,272 | |
| 걆 | 11 | | | art VIII, column (A), lı | | • | | | 292,758 | + | 312,671 | |
| | 12 | _ , , , , , , , , , , , , , , , , , , , | | | | | | | 24 627 754 | | 22.260.612 | |
| | 13 | | | · · · · · · · · | | | | | 31,627,754 8,052,419 | + | 33,260,613 | |
| | 14 | | | , , | for members (Part IX, column (A), lines 1-3) for members (Part IX, column (A), line 4) | | | | | + | 9,453,807 | |
| | 15 | | | ompensation, employee | | | 5- | | | | | |
| 8 | | 10) | , | | (, ,, | , | | | 12,613,905 | | 13,138,876 | |
| Expenses | 16a | Profes | sional fund | raising fees (Part IX, c | olumn (A), lın | e 11e) | | | | | 0 | |
| ਬੁ | Ь | | | enses (Part IX, column (D), | | | | | <u> </u> | | | |
| | 17 | | | Part IX, column (A), lii | | • | | 10,365,931 10,508,8 | | | | |
| | 18 | | | Add lines 13-17 (must | | | | | 31,032,255 | + | 33,101,552 | |
| | 19 | Reven | ue less exp | enses Subtract line 1 | 8 from line 12 | | D | .: | 595,499 | | 159,061 | |
| වි කිරීම | | | | | | | вед | _ | of Current ear | | End of Year | |
| esse Basa | 20 | Total | assets (Par | t X, line 16) | | | | | 35,891,373 | | 36,721,335 | |
| Not Assets or Fund Balances | 21 | Total | ıabılıtıes (F | Part X, line 26) | | | | | 15,678,012 | | 14,984,196 | |
| | 22 | _ | | d balances Subtract lı | ne 21 from lın | e 20 | | | 20,213,361 | | 21,737,139 | |
| Pa | rt II | | ature Blo | | | | | | | | | |
| | | | | rjury, I declare that I have correct, and complete Declar | | | | | | | | |
| _ | Sign <u>***</u> | | | | | | | 2011-0 | 04-14 | | | |
| Here Sig | | Sign | ature of office | er | | | | Date | | | | |
| | | | garet stallmey e or print nam | er cdp president e and title | | | | | | | | |
| | | F | <u> </u> | | Т | Data | Charles | | Drong rows | n+1£ | , pumbor | |
| Da!- | | Preparer signatur | | | | Date | Check If self- | . — | Preparer's ide (see instruction | | , number | |
| Paid | | | | | | empolyed | | | | | | |
| Use ! | arer's Onlv | ıf self-er | ame (or yours nployed), | d), | | | | | | EIN ▶ | | |
| 200 | y | address, and ZIP + 4 | | | | | | | Phone no ▶ (859) 331-3300 | | | |
| | -1 - | <u> </u> | | Ft Mitchell, KY 41017 | | | | | | | | |
| May | the IR | S discus | s this retu | rn with the preparer sh | own above? (s | ee instructions) . | | | | ~ | Yes No | |

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To develop and sustain challenging undergraduate, graduate, and professional programs of study, marked by superior teaching and scholarship within the catholic intellectual tradition

| 2 | _ | • - | ant program services during the | - | ┌ Yes ┌ No |
|----|--------------------|--------------------------|--|----------------------------------|--------------|
| | If "Yes," describe | these new services on Sc | hedule O | | |
| 3 | _ | - ' | nake significant changes in how | , , , , | ┌ Yes ┌ No |
| | If "Yes," describe | these changes on Sched | ıle O | | |
| 4 | Section 501(c)(3) | and 501(c)(4) organizat | s for each of the organization's t ions and section 4947(a)(1) tru nd revenue, if any, for each prog | sts are required to report the a | • |
| 4a | (Code |) (Expenses \$ | 21,777,624 including grants of | \$)(Revenue \$ | 30,241,551) |
| | • | , , , , , , | TO THE FURTHERANCE OF THE COLLE | | , , , |
| | - | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
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| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program se | ervices (Describe in Sch | edule O) | | |
| | (Expenses \$ | ıncl | uding grants of \$ |) (Revenue \$ |) |
| 4e | Total program se | rvice expenses►\$ | 21,777,624 | | |
| | | | | | |

| Dart TV | Checklis | t of De | auired | Schadula | |
|---------|----------|---------|--------|----------|-----|
| allutv | CHECKIIS | LUIKE | uuneu | Scheuule | 318 |

| | | | 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 | 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 similar funds or 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 | 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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | ĺ | ĺ | |
| 13 | Is the organization a school 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 United States? | 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 United States? <i>If</i> " <i>Yes,"</i> 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 U S ? <i>If</i> " <i>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 U S ? If "Yes," complete Schedule F, Part III | 16 | | Νο |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | Yes | |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νo |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| С | 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 | | Νo |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 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 | | Νo |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Νο |
| 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏 | 29 | 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 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νο |
| 36 | Section 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% 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 | | Νο |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

| Form 990 (2009) | | | | | | | |
|-----------------|--|---|--|--|--|-----|----|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | 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 | 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 6 | | | |
| Ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 4 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | 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 | | | |
| b | If at least one is reported on line 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 (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3Ь | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | N o |
| 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 and Financial Accounts | | | |
| 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 transaction? | 5b | | Νο |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 contributions or gifts were not tax deductible? | 6Ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 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 personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit 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 file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0 | | |
| _ | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 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 | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

333 thomas more parkway crestview hills, KY 410173428

(859) 344-3513

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | | | |
|-----|---|---------|----------|-----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| _ | | | | | | |
| 1a | Enter the number of voting members of the governing body 1a 26 | | | | | |
| ь | Enter the number of voting members that are independent 14 | | | | | |
| 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 | Yes | | | |
| 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 | Yes | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νο | | |
| 6 | Does the organization have members or stockholders? | 6 | | Νο | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | | | |
| | governing body? | 7a | Yes | | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 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 | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | |
| 9 | | | | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal | 9 | | Νo | | |
| | venue Code.) | | | | | |
| | | | Yes | No | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | 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? | 10b | | | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | | | | |
| | | | | | | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 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 | | | |
| | Other officers or key employees of the organization | 15b | Yes | | | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | | | |
| 4 | | | | | | |
| | 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 | | Νο | | |
| 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 | | | | |
| Se | ction C. Disclosure | | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed ►KY | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. | | | | | |
| 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 | ie orga | nızatıor | n 🕨 | | |
| | DEBBIE RAPIER | | | | | |

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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

| Check this box if the organization did not compensate any current or former officer, director, trustee or key employee | | | | | | | | | | |
|--|-------------------------|--|--|--------|--|---|--|---|--|--|
| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Highest compensated employee Key employee Officer Institutional Trustee or director | | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | | | |
| See add'l data | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| 2 | Total number of individuals (including but not limited to those listed above) who received more than |
|---|--|
| | \$100,000 in reportable compensation from the organization▶3 |

| | | | 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 | Yes | | |
| 4 | For any individual listed on line 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 | | 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) | (B) | (C) |
|--|---|--------------|
| Name and business address | Description of services | Compensation |
| richard harrison bailey inc 121 south niles avenue south bend, IN 46617 | marketing and media planning | 237,149 |
| ashley construction 3005 dixie highway edgewood, KY 41017 | construction for school building, walkwa | 230,537 |
| Jenzabar inc po box 856919 boston, MA 022845939 | computer services | 189,328 |
| united support systems 1611 s eisenhower suite c wichita, KS 67209 | installation of college running track | 147,600 |
| holland roofing group 7450 industrial road florence, KY 41042 | roofing serives | 146,320 |
| 2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶9 |) who received more than | |

| Form 99 | • | <u> </u> | f D | | | | | Page 9 |
|--|----------|--------------------------------------|---|---------------|----------------------|--|---|---|
| | / | Statement o | or Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1a | Federated camp | · | | | | | |
| gra | Ь | | es 1b | | | | | |
| ts, a∓ | C | _ | ents 1c | 2,595 | | | | |
| <u> </u> | d | | ations 1d | | | | | |
| £ £ £ | e | Government grants | | 2.440.524 | | | | |
| Contributions, gifts, grants and other similar amounts | f g | sımılar amounts no Noncash contri | ons, gifts, grants, and 1f it included above butions included in 3,201 | 2,418,524 | | | | |
| and | h | IIIIes Ta-TI D | 3 1a-1f | ▶ | 2,421,119 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a | Student Tuition | | 611,710 | 27,687,798 | 27,687,798 | | |
| 186 187 | ь | Auxiliary | | 611,710 | 1,982,269 | 1,982,269 | | |
| 93 | c | Other | | 611,710 | 571,484 | 571,484 | | |
| er E | d | | | | | | | |
| € | e | | | | | | | |
| ٿ ھ | f | All other progra | ım service revenue | | | | | |
| ξ | g | Total. Add lines | s 2a – 2f | | 30,241,551 | | | |
| | 3 | Investment inc | ome (including dividend | ds, interest | | | | |
| | | | aramounts) | - | 202,440 | | | 202,440 |
| | 4 | | tment of tax-exempt bond p | proceeds 🕨 | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross Rents | (ı) Real 268,457 | (II) Personal | | | | |
| | ь | Less rental | | | | | | |
| | c | expenses Rental income | 268,457 | | | | | |
| | | or (loss) | | | 268,457 | | | 268,457 |
| | d | Net rental incor | me or (loss) (ı) Securities | (II) O ther | 200,437 | | | 200,437 |
| | 7a | Gross amount | 11,831,983 | 7,500 | | | | |
| | | from sales of assets other | | | | | | |
| | ь | than inventory Less cost or | 11,754,013 | 2,638 | | | | |
| | ້ | other basis and sales expenses | 12,7 0 1,020 | 2,555 | | | | |
| | c | Gain or (loss) | 77,970 | 4,862 | | | | |
| | d | Net gaın or (los | s) | ▶ | 82,832 | | | 82,832 |
| Other Revenue | 8a | · | luding ,595 reported on line 1c) | | | | | |
| ÷ α | | - , | а | 107,169 | | | | |
| ф | ь | | penses b | 85,223 | | | | |
| 0 | c | | loss) from fundraising (| events 📴 | 21,946 | | | 21,946 |
| | 9a | Gross income fi See Part IV, lin | rom gaming activities e 19 | | | | | |
| | | | а | 44,830 | | | | |
| | ь | | penses b | 22,562 | | | | |
| | С | | loss) from gaming activ | vities | 22,268 | | 22,268 | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ь | = | oods sold b | | | | | |
| | С | | loss) from sales of inve | · · | | | | |
| | 44. | Miscellaneous | s Kevenue | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | C C | Λ II α + h α · · · · | | | | | | |
| | d | All other revenu | | | | | | |
| | е | iotal. A dd lines | | · · · · • | | | | |
| | 12 | Total revenue. | See Instructions | ▶ | 22.262.51 | 20.244.55 | 22.25 | |
| |] | | | | 33,260,613 | 30,241,551 | 22,268 | 575,675 Form 990 (2009) |

| | 990 (2009) | | | | Page 10 |
|-------|---|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| Par | Statement of Functional Expenses | | -1 | | |
| А | Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to | | | (D). | |
| Do no | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 9,453,807 | 9,453,807 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 588,102 | 140,813 | 447,289 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 12,550,774 | 8,101,040 | 4,057,489 | 392,245 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | _ |
| а | Management | | | | |
| ь | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 189,074 | 13,271 | 175,753 | 50 |
| 13 | Office expenses | · | - | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 494,116 | 326,310 | 115,567 | 52,239 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | ,220 | 520,525 | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 598,289 | 378,135 | 205,768 | 14,386 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,383,662 | 929,463 | 429,076 | 25,123 |
| 23 | Insurance | 188,980 | 81,056 | 107,924 | |
| 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 | Services | 4,148,070 | 967,549 | 3,168,254 | 12,267 |
| b | Books and Periodicals | 792,232 | 26,431 | 765,605 | 196 |
| С | utilities | 642,033 | 400,703 | t | |
| d | supplies | 577,288 | 317,052 | 252,217 | 8,019 |
| e | Miscellaneous | 490,520 | 248,826 | 213,217 | 28,477 |
| f | All other expenses | 1,004,605 | 393,168 | 504,509 | 106,928 |
| 25 | Total functional expenses. Add lines 1 through 24f | 33,101,552 | 21,777,624 | 10,683,998 | 639,930 |
| 26 | Joint costs. Check here ► ☐ 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 | ,, | ,, | , 12,22 | ., |

| Pa | rt X | Balance Sheet | | | | | | |
|------------------|------|--|---|-----------------|--------------------------|-----|---------------------------|--|
| | | | | | (A) Beginning of year | | (B) End of year | |
| | 1 | Cash—non-interest-bearing | | | 946,826 | 1 | 460,295 | |
| | 2 | Savings and temporary cash investments | • | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | | 2,921,977 | 3 | 3,037,975 | |
| | 4 | Accounts receivable, net | | | 418,867 | 4 | 475,837 | |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of | s, key | employees, and | | | | |
| | | Schedule L | | | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of | | 4958(f)(1)) and | | | | |
| | | Schedule L | | 6 | | | | |
| Assets | 7 | Notes and loans receivable, net | | | 2,418,482 | 7 | 2,558,786 | |
| 8 | 8 | Inventories for sale or use | | | | 8 | _ | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 499,350 | 9 | 485,086 | |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 39,825,180 | | | | |
| | ь | Less accumulated depreciation | 10b | 22,580,967 | 16,374,795 | 10c | 17,244,213 | |
| | 11 | Investments—publicly traded securities | Investments—publicly traded securities | | | | | |
| | 12 | Investments—other securities See Part IV, line 11 | 12,311,076 | 12 | 12,459,143 | | | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | | | | |
| | 14 | Intangible assets | | 14 | | | | |
| | 15 | Other assets See Part IV, line 11 | | 15 | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 35,891,373 | 16 | 36,721,335 | |
| | 17 | Accounts payable and accrued expenses . | | | 3,233,899 | 17 | 3,569,434 | |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | | |
| _ | 20 | Tax-exempt bond liabilities | | | 10,443,702 | 20 | 9,076,848 | |
| es es | 21 | Escrow or custodial account liability Complete Part IV of Schedul | eD. | | | 21 | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | yables to current and former officers, directors, trustees, key | | | | | |
| 7 | | persons Complete Part II of Schedule L | | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 859,680 | 23 | 1,215,770 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 1,140,731 | 25 | 1,122,144 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 15,678,012 | 26 | 14,984,196 | |
| or Fund Balances | | Organizations that follow SFAS 117, check here ► $\overline{\lor}$ and comp through 29, and lines 33 and 34. | let e li | nes 27 | | | | |
| สม | 27 | Unrestricted net assets | | | 7,099,794 | 27 | 7,071,544 | |
| Ba | 28 | Temporarily restricted net assets | | | 1,425,657 | 28 | 2,769,562 | |
| рц | 29 | Permanently restricted net assets | | | 11,687,910 | 29 | 11,896,033 | |
| 큔 | | Organizations that do not follow SFAS 117, check here ▶ ┌ ar | d com | plete | | | | |
| - | | 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 fu | nds | | | 32 | | |
| Net | 33 | Total net assets or fund balances | | | 20,213,361 | 33 | 21,737,139 | |
| _ | 34 | Total liabilities and net assets/fund balances | 35,891,373 | 34 | 36,721,335 | | | |

| | | | 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | ▼ Separate basis | | | |
| 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

Form **990** (2009)

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

THOMAS MORE COLLEGE 61-0448560 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you no organizat col (i) of suppo | tify the ion in your | (vi Is th organiza col (i) org in the U | ne tion in ganized | (vii) A mount of support? |
|---|-------------|---|---|----|---|----------------------------|---|--------------------------|---------------------------------|
| | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

ınstructions

| P | Support Schedule (Complete only if yo | | | | | and 170(b) | (1)(A)(vi) |
|---------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S | ection A. Public Support | a checked tile | DOX OII IIIC 3, | ,, or o or rare. | ÷·/ | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2006 | (6) 2007 | (d) 2008 | (e) 2009 | (I) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual | | | | | | |
| _ | grants ") Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| _ | (f) Dublic Support Subtract line F from | | | | | | |
| 6 | Public Support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | | - | | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2000 | (6) 2007 | (d) 2008 | (e) 2009 | (1) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| 9 | sources Net income from unrelated | | | | | | |
| 9 | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income (Explain in Part | | | | | | |
| | IV) Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| 4.5 | through 10) | /5 | | | | | |
| 12 | Gross receipts from related activities | , | • | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organizati | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | inization, ▶□ |
| | check this box and stop here | | | | | | -1 |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2009 | | | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2008 | Schedule A . Pa | rt II. line 14 | | | 15 | |
| | 33 1/3% support test—2009. If the | • | , | v on line 13 and | line 14 is 33 1/30 | | k this hox |
| | and stop here. The organization qua | - | | · | IIIIC 14 13 33 1/3/ | o or more, ence | ▶ □ |
| ь | 33 1/3% support test—2008. If the | | | | 5a, and line 15 is | 33 1/3% or moi | |
| | box and stop here. The organization | | | | , | | ▶ |
| 17a | 10%-facts-and-circumstances test- | -2009. If the org | anızatıon dıd not | check a box on lı | ne 13, 16a, or 16 | b and line 14 | |
| | ıs 10% or more, and ıf the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts and | l cırcumstances" | test The organiz | ration qualifies as | a publicly supp | |
| L | organization | _2009 Ifthe c== | onization did net | chack a bay as li | no 12 165 164 | or 17a and line | ▶□ |
| D | 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ | _ | | | | | |
| | Explain in Part IV how the organizat | | | | | | clv |
| | supported organization | | | | | | ▶ ┌ |
| 10 | Deiveta Farmdation Ifthe averages | on did not obselv | a hay an line 12 | 16- 16- 17- | 17 | hay and cas | • |

▶□

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

| | (Complete only if you | cnecked the | box on line 9 o | r Part I.) | | | |
|---------|--|-------------------------|---------------------|--------------------|--------------------------|------------------------|------------------|
| | ction A. Public Support | | | <u> </u> | 1 | T | ı |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| _ | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| 3 | purpose Gross receipts from activities that | | | | + | | |
| 3 | 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 through 5 | | | | - | | |
| 7a | A mounts included on lines 1, 2, and 3 received from disqualified | | | | | | |
| | persons | | | | 1 | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public Support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ction B. Total Support | | 1 | | | 1 | Γ |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| | ıncome (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| _ | June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 11 | Net income from unrelated | | | | | | |
| | business activities not included | | | | | | |
| | ın lıne 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, | | | | | | |
| 14 | 11 and 12) First Five Years If the Form 990 is for | or the organizat | lon's first, second | L third fourth or | l fifth tax vear as a | 1 a 501(c)(3) organ | l uzation |
| | check this box and stop here | or the organizat | | ., 4, | men tax your as t | (c)(c) c.gu. | ▶ ┌ |
| | | | | | | | |
| | ction C. Computation of Publ | | | | | | |
| 15 | Public Support Percentage for 2009 | (line 8 column | (f) divided by line | 13 column (f)) | | 15 | |
| 16 | Public support percentage from 200 | 8 Schedule A , F | art III, line 15 | | | 16 | |
| | | | | | | | |
| Se | ction D. Computation of Inve | stment Inco | ome Percenta | ge | | | |
| 17 | Investment income percentage for 2 | 009 (line 10c c | olumn (f) dıvıded | by line 13 columi | n (f)) | 17 | |
| 18 | Investment income percentage from | 2008 Schedule | A, Part III, line 1 | L 7 | | 18 | |
| 19a | 33 1/3% support tests—2009. If the | organization di | d not check the b | ox on line 14, and | d line 15 is more | than 33 1/3% and | d line 17 is not |
| | more than 33 1/3%, check this box a | ind stop here. T | | | | | |
| L | organization 33 1/3% support tests—2008. If the | ► C | d not chastes here | on line 14 amilion | 100 and line 4 | 5 ic mara +ha= 22 | 1/20/2 and line |
| b | שר בו בע suppoit tests—zouo. If the | organization (I | и посепеска вох | OILLINE TH OLINE | = ⊥⊃a, anu nne 1(| us more man 33 | 1/370 and ine |

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493104007361

OMB No 1545-0047

Open to Public Inspection

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

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

- ◆ 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

| | me of the organization DMAS MORE COLLEGE | | | Employer iden | tification number |
|-----|---|--|-------------------------|--|---|
| | MAS MORE COLLEGE | | | 61-0448560 | |
| Par | t I-A Complete if the or | ganization is exempt und | er section 501(| c) or is a section 527 | organization. |
| 1 | Provide a description of the or | ganization's direct and indirect po | olitical campaign ac | tivities in Part IV | |
| 2 | Political expenditures | | | ▶ | \$ |
| 3 | Volunteer hours | | | | |
| Dar | t T-B Complete if the or | ganization is exempt und | er section 501 <i>(</i> | c)(3) | |
| 1 | • | e tax incurred by the organization | - | | ¢ |
| 2 | · | e tax incurred by organization ma | | | \$ |
| 3 | | section 4955 tax, did it file Form | | | |
| 4a | Was a correction made? | , | • | | ☐ Yes ☐ No |
| ь | If "Yes," describe in Part IV | | | | |
| Par | | ganization is exempt und | er section 501(| c) except section 501 | l(c)(3). |
| 1 | Enter the amount directly exp | ended by the filing organization fo | r section 527 exem | pt function activities 🕨 | \$ |
| 2 | Enter the amount of the filing of exempt funtion activities | organization's funds contributed to | o other organization | s for section 527 ▶ | \$ |
| 3 | Total exempt function expend | tures Add lines 1 and 2 Enter he | ere and on Form 112 | 20-POL, line 17b | \$ |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | ☐ Yes ☐ No |
| | contributions received that we | tion listed, enter the amount paid re promptly and directly delivered nittee (PAC) If additional space i | d to a separate polit | ıcal organızatıon, such as a | |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a |
| | | | | | separate political organization If none, enter -0- |
| | | | | | separate political organization If none, |
| | | | | | separate political organization If none, |
| | | | | | separate political organization If none, |
| | | | | | separate political organization If none, |
| | | | | | separate political organization If none, |
| | | | | | separate political organization If none, |
| | | | | | separate political organization If none, |
| | | | | | separate political organization If none, |

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

| Pa | rt II-A Complete if the organization under section 501(h)). | is exempt under | section 501(c |)(3) and file | d Form 5768 | (election |
|----------|--|--|------------------------------------|-----------------------------|------------------|-----------------------------------|
| | Check If the filing organization belongs to a Check If the filing organization checked box | | d" provisions apply | , | | |
| <u> </u> | Limits on Lobbying E (The term "expenditures" means ar | Expenditures | ditures | | | (b) Affiliated Group Totals |
| 1a | Total lobbying expenditures to influence public o | ppinion (grass roots lob | bying) | | | |
| b | Total lobbying expenditures to influence a legisla | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 18 | b) | | | | |
| d | Other exempt purpose expenditures | | | | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount f | from the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: Not over \$500,000 | The lobbying nontaxa 20% of the amount on lir | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,00 | 0 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000,0 | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,00 | 00 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| | | • | | | | |
| g | Grassroots nontaxable amount (enter 25% of lin | ne 1 f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter | er -0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either line section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file F | orm 4720 repoi | rtıng | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See the | he instructions fo | ection do not l r lines 2a thro | nave to com ugh 2f on pa | | ne five |
| | Lobbying Exp | enditures During | 4-Year Averag | ing Period | I | ı |
| | Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a | Lobbying non-taxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots non-taxable amount | | | | | |

| 01100010 0 (1 | om 550 or 550 EL/2005 | | ı age |
|---------------|--|--------------|---------|
| Part II-B | Complete if the organization is exempt under section $501(c)(3)$ and has | NOT filed Fo | rm 5768 |
| | (election under section 501(h)). | | |
| | | | |

| | | (a | a) | (b) |
|----|--|-----|----|---------|
| | | Yes | No | A mount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| а | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| С | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| е | 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 similar means? | | Νo | |
| i | Other activities? If "Yes," describe in Part IV | Yes | | 60,000 |
| j | Total lines 1c through 1i | | | 60,000 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| ь | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| 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 | |
| ь | 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 | |
| | · | 1 | |

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Taxable amount of lobbying and political expenditures (see instructions)

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 |
|---------------------------------------|------------------|--|
| · · · · · · · · · · · · · · · · · · · | Activities | thomas more paid a lobbyist group, the livingston group, a fee of \$60,000 to lobby congress on its behalf for funding in regards to an expansion for the science department |

1 1

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493104007361

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| erna | l Revenue Service | ► Attach to Fo | orm 990. ► See separate instructions. | | | Inspec | tion |
|------|---|---|---|----------|-----------------------|-------------|-----------|
| | me of the organi | | | Emp | loyer identifica | tion numbe | er |
| | | ·- | | 61-0 | 0448560 | | |
| Рa | | | dvised Funds or Other Similar Fu | unds | or Accounts | . Comple | te if the |
| | organiz | zation answered "Yes" to Form 99 | 0, Part IV, line 6. (a) Donor advised funds | | b) Funds and o | thoraccou | ntc |
| | Total number a | t and of year | (a) Donor advised funds | , | Fullus allu o | iller accou | 111.5 |
| | | tributions to (during year) | | | | | |
| | | nts from (during year) | | | | | |
| | 33 3 3 | le at end of year | | | | | |
| | Did the organiz | zation inform all donors and donor advi | sors in writing that the assets held in don organization's exclusive legal control? | or advi | sed | ☐ Yes | ┌ No |
| | Did the organiz | zation inform all grantees, donors, and | donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar | | | ☐ Yes | ┌ No |
| a | tt III Conse | rvation Easements. Complete | ıf the organızatıon answered "Yes" t | o Forn | า 990, Part IV | , line 7. | |
| | Preservation Protection Preservation Complete lines | conservation easements held by the or ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year | | certifie | nservation | cure | |
| | | | | | Held at the | End of the | Year |
| a | | of conservation easements | | 2a | | | |
| b | _ | restricted by conservation easements | • | 2b | | | |
| С | Number of con | servation easements on a certified his | toric structure included in (a) | 2c | | | |
| d | Number of con | servation easements included in (c) a | equired after 8/17/06 | 2d | | | |
| | the taxable yea | es where property subject to conserva | rred, released, extinguished, or terminate stion easement is located the periodic monitoring, inspection, hand | | | auring | |
| | enforcement of | fthe conservation easements it holds? | | | | ☐ Yes | ┌ No |
| | | 3, . | ecting and enforcing conservation easem | | , | | |
| | Does each con | | (d) above satisfy the requirements of sec | | - · · · · · | ┌ Yes | ┌ No |
| | balance sheet, | <u>-</u> | onservation easements in its revenue and he footnote to the organization's financial nents | • | • | | |
| a r | | | ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8. | or Otl | ner Similar <i>i</i> | Assets. | |
| a | art, historical t | reasures, or other similar assets held | 116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it | ch ın fu | | | e, |
| b | historical treas | · · | 116, to report in its revenue statement a public exhibition, education, or research ii | | | • | |
| | (i) Revenues i | ncluded in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | (ii) Assets inc | luded in Form 990, Part X | | | ► \$ | | 97,050 |
| | If the organiza | · | orical treasures, or other similar assets fo S 116 relating to these items | or finan | | | |
| а | Revenues incli | uded in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | | , , – | | | | | |

b Assets included in Form 990, Part X

| Part | •••• Organizations Maintaining Co | llections of Art | , His | tori | <u>cal Tre</u> | asu | res, or C | the | <u>r Simila</u> | r Asse | ets (co | ontinued) |
|------|---|------------------------|--------------|---------|---------------------------|--------|-----------------------------|--------|-----------------------|----------|------------------|------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any | y of th | ie foll | owing th | at are | a significa | ant u | ise of its c | ollectio | n | |
| а | Public exhibition | | d | Γ | Loan or | rexch | ange prog | rams | • | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | v they | y further | the o | rganızatıor | ı's e> | xempt purp | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | nılar | Г | Yes | ✓ No |
| Par | Escrow and Custodial Arrang Part IV, line 9, or reported an an | ements. Comple | ete ıf | the | organiza | atıon | | | es" to Fo | rm 99 | 0, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterme | dıary | for c | ontributi | ons o | rotherass | ets | not | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | follow | ıng ta | able | | Γ | | | A mo | unt | |
| С | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | F | 1d | | | | |
| e | Distributions during the year | | | | | | | 1e | | | | |
| f | Ending balance | | | | | | F | 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990. Part X. line | e 21? | | | | L | | | Г | Yes | ┌ No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | , | | , |
| | rt V Endowment Funds. Complete | | n ans | were | ed "Yes" | " to F | orm 990. | Par | rt IV. line | 10. | | |
| | | (a)Current Year | |)Prior | | | wo Years Bac | | | | ≘) Four Y | ears Back |
| 1a | Beginning of year balance | 11,687,910 | | 1: | 1,375,890 | | | | | | | |
| b | Contributions | 208,123 | | | 312,020 | | | | | | | |
| c | Investment earnings or losses | 928,650 | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities and programs | 741,606 | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | 12,083,077 | | 1: | 1,687,910 | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held a | as | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | 1500% % | | | | | | | | | | |
| ь | Permanent endowment > 98 500 % % | | | | | | | | | | | |
| c | Term endowment ► % | | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation | that a | are held a | and a | dmınıstere | d for | the | | | |
| | organization by | · · | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | • | | | | | | 3a(i) | | No |
| | (ii) related organizations | | | | | | | | | 3a(ii) | <u> </u> | No |
| | If "Yes" to 3a(II), are the related organizatio | • | | | | | | • | | 3b | | |
| 4 | Describe in Part XIV the intended uses of th | | | | | 0 0 | 1.37 1 | 10 | | | | |
| Par | t VI Investments—Land, Buildings | s, and Equipme | <u>nτ. 5</u> | | | | • | | | | | |
| | Description of investment | | | | Cost or ot s (investme | | (b)Cost or o basis (othe | | (c) Accum deprecia | | (d) Bo | ook value |
| 1a | Land | | | | | | 3,905 | ,994 | | | | 3,905,994 |
| b I | Buildings | | | | | | 25,419 | ,283 | 15,1 | .03,413 | 1 | .0,315,870 |
| c I | Leasehold improvements | | | | | | | | | | | |
| d I | Equipment | | | | | | 4,887 | ,439 | 4,2 | 244,668 | | 642,771 |
| e | Other | | | | | | 5,612 | ,464 | 3,2 | 232,886 | | 2,379,578 |
| Tota | I. Add lines 1a-1e <i>(Column (d) should equal Fo</i> | orm 990, Part X, colur | nn (B) | , line | 10(c).) | | | | ▶ | | 1 | .7,244,213 |
| | | | | | | | | | Sched | lule D (| Form 9 | 90) 2009 |

| Part VII Investments—Other Securities. See (a) Description of security or category | | d of valuation |
|--|-----------------------------------|---------------------|
| (including name of security) | (b)Book value | f-year market value |
| Financial derivatives Closely-held equity interests | | |
| Other | | |
| Securities and other investments | 12,459,143 | F |
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| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 12,459,143 | |
| Part VIII Investments—Program Related. See | , , | |
| | | d of valuation |
| (a) Description of investment type | (b) Book value | f-year market value |
| | | |
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| | | |
| Part IX Other Assets. See Form 990, Part X, col (B) line 13) | | |
| (a) Descrip | | (b) Book value |
| | | |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | , line 25. | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 33,260,613 |
|------|--|------|------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 33,101,552 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 159,061 |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,391,673 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -26,955 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 1,364,718 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 1,523,779 |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 24,554,619 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d 107,785 | | |
| e | Add lines 2a through 2d | 2e | 1,585,508 |
| 3 | Subtract line 2e from line 1 | 3 | 22,969,111 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 10,291,502 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 33,260,613 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial | 1 | 23,003,885 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 193,835 |
| 3 | Subtract line 2e from line 1 | 3 | 22,810,050 |
| 4 | A mounts included on Form 990, Part IX, line 25, 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 | 10,291,502 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 33,101,552 |

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 IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|---|--|---|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | The College is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, except on net income derived from unrelated business activities. The College believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The College's federal Exempt Organization Business Income Tax Returns (Form 990T) for 2010, 2009, and 2008 are subject to examination by the IRS, generally for three years after they were filed. |
| Part XI, Line 8 - Other Adjustments | | change in fmv of interest rate swap -26955 |
| Part XII, Line 2d - Other Adjustments | | Bingo Direct Expenses 22562 fundraising direct expenses 85223 |
| Part XII, Line 4b - Other Adjustments | | Student Aid 10291502 |
| Part XIII, Line 2d - Other Adjustments | | Bingo Direct Expenses 22562 fundraising direct expenses 85223 |
| Part XIII, Line 4b - Other Adjustments | | Student Aid 10291502 |

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

THOMAS MORE COLLEGE

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

| | 61-0448560 | | | |
|--------|---|----------|------------|-----|
| | | | 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 NEWSPAPER ADVERTISEMENTS | 3 | Yes | |
| 4 | Does the organization maintain the following? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially 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, use Schedule O (Form 990) | | | |
| o a | Does the organization discriminate by race in any way with respect to Students' rights or privileges? | 5a | | No |
| - | Stadents rights of privileges | 54 | | 110 |
| b | Admissions policies? | 5b | | Νo |
| C | Employment of faculty or administrative staff? | 5с | | Νo |
| d | Scholarships or other financial assistance? | 5d | | Νo |
| e | Educational policies? | 5e | | Νo |
| f | Use of facilities? | 5f | | Νo |
| g | Athletic programs? | 5g | | Νo |
| h | Other extracurricular activities? | 5h | | No |
| | If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) | | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? | 6a 6b | Yes Yes | |
| | If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 | 35 | 163 | |
| | of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form | 7 | Yes | |

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DLN: 93493104007361

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

| | ne of the organization OMAS MORE COLLEGE | | | | | | Employer identification number | | | |
|---------|---|--|----------------------------|--------------------------|---|--------------------------|--|--|--|--|
| Pa | | ctivities. Complet | | | tion answered "Yes" is part. | | | | | |
| 1 | Indicate whether the orga | nızatıon raısed funds | through | any of the | following activities Ch | neck all tha | at apply | | | |
| а | Mail solicitations | | | | | | | | | |
| b | Internet and e-mail so | olicitations | | | Solicitation of go | _ | _ | | | |
| c | Phone solicitations | | | a | Special fundraisii | | 3 | | | |
| d | In-person solicitation | s | | J | · | J | | | | |
| 2a b | Did the organization have or key employees listed ii If "Yes," list the ten highe to be compensated at lea | n Form 990, Part VII est paid individuals o | :) or entity r entities | / in conne (fundraise | ection with professional ers) pursuant to agreem | fundraisin nents unde | g activities? r which the fur | | | |
| | (i) Name of individual or entity (fundraiser) | (ii) Activity | fundrais custo | dy or rol of | (iv) Gross receipts from activity | (or re | ount paid to tained by) ser listed in ol (i) | (vi) A mount paid to (or retained by) organization | | |
| | | | Yes | No | | | | | | |
| | | | | | | | | | | |
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| —— | al | | | <u> </u> | | | | | | |

| Pai | rt II | Fundraising Events. Commore than \$15,000 on Form | | | | | report | ted |
|-----------------|-------|---|--|--|--------------------------------------|---------------------------|--------|-------|
| | | , , | (a) Event #1 golf outing (event type) | (b) Event #2 bishop hughes (event type) | (c) O ther Events 18 (total number) | (d) Tot (Add col | | |
| φ | 1 | Gross receipts | 39,304 | 47,346 | 23,114 | | 10 | 9,764 |
| Reveilue | 2 | Less Charitable | | 2,595 | ; | | | 2,595 |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | 39,304 | 44,751 | . 23,114 | | 10 | 7,169 |
| | 4 | Cash prizes | | | | | | |
| မှာ | 5 | Non-cash prizes | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | 6,250 | 1,500 | 6,617 | | 1 | 4,367 |
| ă | 7 | Food and beverages | | | | | | |
| <u>8</u> | 8 | Entertainment | | | | | | |
| Δ | 9 | Other direct expenses . | 23,734 | 32,079 | 15,043 | | 7 | 0,856 |
| | 10 | Direct expense summary Add lin | es 4 through 9 ın column | ı(d) | • | | 8 | 5,223 |
| | 11 | Net income summary Combine li | <u> </u> | | | | | 1,946 |
| Par | t III | Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | rted mor | e thar | 1 |
| Revenue | | | (a) Bıngo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) Tot (Add col co | | |
| ш. | 1 | Gross revenue | 44,830 | | | | 4 | 4,830 |
| မှ | 2 | Cash prizes | | | | | | |
| Expenses | 3 | Non-cash prizes | | | | | | |
| | 4 | Rent/facility costs | 2,883 | | | | , | 2,883 |
| Direct | 5 | Other direct expenses | 19,679 | | | | 19 | 9,679 |
| | 6 | Volunteer labor | Yes% No | │ Yes% │ No | | | | |
| | 7 | Direct expense summary Add line | s 2 through 5 ın column (| (d) | | | | 2,562 |
| | 8 | Net gaming income summary Com | ibine lines 1, column d, a | nd line 7 | | | | 2,268 |
| 9 a b | Ist | er the state(s) in which the organiza he organization licensed to operate No," Explain | | | | · 9a | Yes | No |
| 10a b | If" | re any of the organization's gaming Yes," Explain bingo program was terminated in O | • | nded or terminated during | the tax year? | 10a | Yes | |
| 11 12 | Is t | es the organization operate gaming he organization a grantor, beneficia ned to administer charitable gaming | ry or trustee of a trust or | a member of a partners h | ip or other entity | 11 | Yes | No |
| | | | | | Schedule G (Form 9 | 90 or 990- | EZ) 20 | 09 |

| | | | Yes | No |
|----|---|-----|-----|-----|
| L3 | Indicate the percentage of gaming activity operated in | | | |
| а | The organization's facility | | | |
| b | An outside facility | . | | |
| .4 | e organization's facility | | | |
| | | | | |
| | Name debbie rapier |] | | |
| | | | | |
| | Address 📂 333 thomas more parkway | | | |
| | crestview hills, KY 41017 | - | | |
| 5a | Does the organization have a contract with a third party from whom the organization receives gaming | | | |
| - | revenue? | 15a | | Νo |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the | | | 110 |
| | amount of gaming revenue retained by the third party 🟲 \$ | | | |
| c | If "Yes," enter name and address | | | |
| | | | | |
| | Name 🟲 | 1 | | |
| | | | | |
| | Address F | | | |
| .6 | | 1 | | |
| 0 | Gaming manager miormation | | | |
| | | | | |
| | Name 🟲 | | | |
| | Gaming manager compensation 🟲 \$ | | | |
| | | | | |
| | Description of services provided 🕨 |] | | |
| | Director/officer Employee Independent contractor | | | |
| 7 | Mandatory distributions | | | |
| a | | | | |
| - | retain the state gaming license? | 17a | | Νo |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | | |

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DLN: 93493104007361 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Employer identification number

THOMAS MORE COLLEGE 61-0448560 Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

| | IV, line 21 for ai | ny recipient that receive 990) if additional space | d more than \$5,000 | . Check this box if n | o one recipient receiv | ed more than \$5,00 | 0. Use |
|--|--------------------|---|--------------------------------------|---|---|--|--------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 gran or assistance |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of sec | | d government organizations | | | | | |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part | t 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 and scholarships | 1145 | 9,453,807 | | | |
| See Addıtıonal Data Table | | | | | |
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Ident if ier | Return Reference | Explanation |
|---|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 All student aid and scholarships are used for tuition and related expenses at the college |
| | | |
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DLN: 93493104007361

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| THC | MAS MORE COLLEGE | | . , | | | |
|-----|--|-------|---|----|-----|----|
| | | | 61-0448560 | | | |
| Pa | rt I Questions Regarding Compensation | | <u> </u> | | | |
| | | | | | Yes | Νο |
| 1a | Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to | | | | | |
| | First-class or charter travel | · | Housing allowance or residence for personal use | | | |
| | Travel for companions | Ī | - | | | |
| | Tax idemnification and gross-up payments | Ī | | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant | | y Written employment contract | | | |
| | Form 990 of other organizations | ~ | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Par or a related organization Receive a severance payment or change-of-control par | | I, Section A, line 1a with respect to the filing organization | 4a | Yes | |
| a | • | | | | 162 | N. |
| | Participate in, or receive payment from, a supplementa | | | 4b | | No |
| С | . , , , , , , , , , , , , , , , , , , , | | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provi | de tr | ne applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must | com | plete lines 5-9. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of | e 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, lin compensation contingent on the net earnings of | e 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des | | | 7 | Yes | |
| 8 | Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Ro in Part III | | • | 8 | | No |
| 9 | If "Yes" to line 8 did the organization also follow the re | hutt | able presumption procedure described in Regulations | | | |

section 53 4958-6(c)?

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 (i) Base compensation | W-2 and/or 1099-MI (ii) Bonus & Incentive | (iii) Other reportable | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | reported in prior Form 990 or | |
|----------------------------|-------------|---|---|---------------------------|--|---------------------------------------|------------------------------------|----------------------------------|--|
| | | соттренвации | compensation | compensation | | | | Form 990-EZ | |
| margaret stallmeyer cdp | (I) (II) | 120,353 0 | 18,000 0 | | | l ' | 164,658 0 | 158,913 0 | |
| Peg Bradner Hancock | (ı) (ıı) | 104,595 0 | 0 0 | 0 | 0 | · · · · · · · · · · · · · · · · · · · | 110,598 0 | 108,640 0 | |
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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 |
|--------------|-----------------------|--|
| F | Part I, Line 7 | The organization awarded a bonus to one key employee |

Schedule J (Form 990) 2009

DLN: 93493104007361

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THOMAS MORE COLLEGE

Bond Issues

Department of the Treasury

Internal Revenue Service

Employer identification number

61-0448560

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date | Issued | (e) Issue | Price | (f) Des | cription of F | Purpose | (g) De | | Beha Iss | On alf of uer |
|-------|---|-------------------------|-----------------|------------|-----------|-------------------------------------|----------|-------------------------------|---------------|---------|----------------|----|-------------|---------------------|
| | | | | | | | | | | | Yes | No | Yes | No |
| A | city of crestview hills ky | 61-1018215 | | 09-25- | 2007 | 4,000,000 build an athletic complex | | × | | × | | × | | |
| В | city of crestview hills ky | 61-1018215 | | 12-17-2008 | | 7,: | | current refui and series 2 | | | | х | | х |
| Pa | Part II Proceeds | | | | | | | | | T | | 1 | | |
| | | | | | 4 | | В | | С | | | | E | |
| 1 | Total proceeds of issue | | | | 4,000,000 | | 7,180,00 | 0 | | | | | | |
| _2 | Gross proceeds in reserve funds | | | | | | | | | | | | | |
| 3 | Proceeds in refunding or defeasan | nce escrows | | | | | | | | | | | | |
| 4 | Other unspent proceeds | | | | 642,303 | | | | | | | | | |
| 5 | Issuance costs from proceeds | | | | 12,250 | | | | | | | | | |
| 6 | Working capital expenditures from | n proceeds | | | | | | | | | | | | |
| 7 | Capital expenditures from proceed | ds | | | 3,324,672 | | | | | | | | | |
| 8 | Year of substantial completion | | | 20 | 10 | | | | | | | | | |
| - | | | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | s | No |
| 9 | Were the bonds issued as part of a | a current refunding iss | sue? | | х | х | | | | | | | | |
| 10 | Were the bonds issued as part of a | an advance refunding | ıssue? | | х | | × | | | | | | | |
| 11 | Has the final allocation of proceed | ds been made? | | | х | | Х | | | | | | | |
| 12 | Does the organization maintain ad the final allocation of proceeds? | dequate books and rec | ords to support | | х | | х | | | | | | | |
| Pai | rt IIII Private Business Use | | | | • | _ | | | • | | | | • | |
| | | | | | A | | В | | <u>c</u> | D | | | E | |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | :s | No |
| 1 | Was the organization a partner in a which owned property financed by | | mber of an LLC, | | Х | | х | | | | | | | |
| 2 | Are there any lease arrangements which may result in private busine | | nanced property | | х | | X | | | | | | | |
| For F | Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009 | | | | | | | | | | | | | |

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

| | | , <i>I</i> | A | 1 | В | | 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? | | х | | х | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | х | | х | | | | | | |
| 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? | | х | | х | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 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 section 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? | | Х | | х | | | | | | |

| | | | 4 | В | | С | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | x | | х | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | Х | | Х | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | х | | Х | | | | | | |
| ь | Name of provider | | | | | | | | | | |
| С | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | | | | | |
| 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? | | × | | х | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | Х | | х | | | | | | |

DLN: 93493104007361

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization

THOMAS MORE COLLEGE

61-0448560 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original (d)Balance due default? by board or agreement? organization? principal amount purpose committee? Τо From Yes Yes Yes Nο

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c)A mount of grant or type of assistance |
|-------------------------------|--|---|
| jacob powers | board member | room grant and tuition grant |
| marıa garrıga | child of board member | tuition grant |
| | | |
| | | |
| | | |
| | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization 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 | organiz | aring of ration's nues? |
|-------------------------------|---|----------------------------|--------------------------------|---------|-------------------------------|
| | organization | | | Yes | No |
| none over threshold | | | | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DLN: 93493104007361

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization THOMAS MORE COLLEGE

Employer identification number

| | | | | | 51-0448560 | | | |
|---------|--|----------------------------------|--------------------------------|---|-----------------------------------|--------|------|----|
| Pa | rt I Types of Property | | <u></u> | т | | | | |
| | | (a) Check If applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d Method of d reven | etermı | nıng | |
| 1 | Art—Works of art | аррпсавіс | | 1 19 | | | | |
| | Art—Historical treasures | | | | | | | |
| | Art—Fractional interests | | | | | | | |
| | Books and publications | | | | | | | |
| | Clothing and household | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | Х | 10 | 40,927 | faır market value | | | |
| | Securities—Closely held stock | | | , | | | | |
| | Securities—Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| | sport medical | | | | | | | |
| | Other ► (supplies) | X | 1 | <u>'</u> | faır market value | | | |
| 26 | Other \blacktriangleright (miscellaneous) | Х | 9 | 11,774 | faır market value | | | |
| 27 | O ther ►() | | | | | | | |
| 28 | O ther ▶ () | | | | T | | | |
| 29 | Number of Forms 8283 received | | | | 29 | | | |
| | for which the organization compl | etea Form t | 3283, Part IV, Donee Ackn | iowieagement | | | v | |
| 20- | During the year did the eventure | . t. a. n. n. a. a | a hu aantrihiitian anu nrana | why reported in Dort I. lines | 1 20 +6-+ + | | Yes | No |
| Sua | During the year, did the organiza | | | | | | | |
| | must hold for at least three year | | | on, and which is not require | d to be used | | | |
| | for exempt purposes for the enti | | | | | 30a | | No |
| Ь | If "Yes," describe the arrangem | | | | | | | |
| 31 | Does the organization have a gif | t acceptano | ce policy that requires the r | review of any non-standard | contributions? | 31 | | No |
| 32a | Does the organization hire or us contributions? | e third parti | es or related organizations | to solicit, process, or sell i | non-cash | 32a | Yes | |
| ь 33 | If "Yes," describe in Part II If the organization did not report describe in Part II | revenues i | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |

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.

| Ident if ier | Ret urn Reference | Explanation | | | |
|-----------------|-------------------|--|--|--|--|
| Third Party Use | , | ALL DONATED SECURITIES ARE TRANSFERRED DIRECTLY TO THE BANK, WHO THEN SELLS THE SECURITIES FOR THE COLLEGE | | | |

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 61-0448560

Name: THOMAS MORE COLLEGE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493104007361 OMB No 1545-0047

2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization THOMAS MORE COLLEGE

Employer identification number

61-0448560

| ldentifier | Return Explanation Reference | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|--|
| Form 990, Part VI, Section A, Ine 2 | | Anthony depenbrock was the previous cfo under bishop foys for the diocese of covington. Kathy dye provides consulting for acue in which srint a brink is the executive director, board members marc neitner and marna zalla are family members. Board member garren colvin is the VP & Coo of stielizabeth's hospital which provides services to the time nursing school, board member maria garriga has a daughter who recieves a tuition scholarship from time and her husband works for dressman, benzinger, lavelle who does work for time the husband of board member jeanne-marie tapke is an officer at the bank of kentucky which does business with time. | | | | | | |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 3 | | 4th street serves as the investment advisor for thomas more for their endow ment |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|---------------------|--|
| Form 990, Part VI, Section A, line 7a | | New trustees are elected by the board of trustees, and then approved by the bishop, rev roger j foys |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|---------------------|--|
| Form 990, Part VI, Section A, line 7b | | New trustees are elected by the Board of Trustees, and then approved by The bishop, rev_roger_j_foys |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section B, line 11 | | The 990 is presented to the board of directors for review and approval by vonlehman and company who addresses any questions or concerns before it is filed |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 12c | | Thomas More College receives an updated conflict of interest form from the entire board |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 15 | | the vice presidents each prepare an assessment of their performance based on goals set the prior year this assessment is provided to the president the president prepares her assessment these assessments are discussed with the board committee chairs with whom each vice president interacts as well as the board chair compensation is then determined. The president's compensation is determined by the board after a similar process, the college routinely monitors how thomas more college salaries compare to peer institutions, this information is kept as a target to insure that the salaries remain competitive with peer institutions. |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section C, line 19 | | the organization makes it governing documents, conflict of interest policy, and financial statements available to the public upon request |

| Identifier Return Reference | | Explanation | | | | | | |
|-------------------------------|---|--|--|--|--|--|--|--|
| FORM 990, PART XI, LINE 2C | OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS | THE COLLEGE'S FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR | | | | | | |

Software ID: Software Version:

EIN: 61-0448560

Name: THOMAS MORE COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per | Posi t | tion (hat a | (che | ') | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| margaret stallmeyer cdp PRESIDENT | 37 50 | Х | | х | | Х | | 138,353 | 0 | 26,305 |
| rev roger j foys chancellor | | Х | | х | | | | 0 | 0 | 0 |
| mary brown trustee | | Х | | x | | | | 0 | 0 | 0 |
| kathy dye trustee | 40 00 | Х | | | | | | 57,858 | 0 | 6,894 |
| marıa garrıga trustee | 40 00 | Х | | | | | | 60,379 | 0 | 15,682 |
| sr rita brink osb trustee | | Х | | | | | | 0 | 0 | 0 |
| joseph caruso trustee | | Х | | | | | | 0 | 0 | 0 |
| robert g cooper trustee | | Х | | | | | | 0 | 0 | 0 |
| garren colvin trustee | | Х | | | | | | 0 | 0 | 0 |
| john hodge III trustee | | Х | | | | | | 0 | 0 | 0 |
| anthony g depenbrock CHAIRPERSON | | Х | | | | | | 0 | 0 | 0 |
| joseph detzel trustee | | Х | | | | | | 0 | 0 | 0 |
| melvın gravely trustee | | Х | | | | | | 0 | 0 | 0 |
| thomas hoffman trustee | | Х | | | | | | 0 | 0 | 0 |
| marc neltner trustee | | Х | | | | | | 0 | 0 | 0 |
| lynn meyers trustee | | Х | | | | | | 0 | 0 | 0 |
| sarah giolando trustee | | Х | | | | | | 0 | 0 | 0 |
| jacob powers trustee | | Х | | | | | | 0 | 0 | 0 |
| kenney shields trustee | | Х | | | | | | 0 | 0 | 0 |
| christopher wilson trustee | | Х | | | | | | 0 | 0 | 0 |
| franklın klıng jr trustee | | Х | | | | | | 0 | 0 | 0 |
| jeanne-marie tapkE chairPERSON-elect | | Х | | | | | | 0 | 0 | 0 |
| gregory stofko trustee | | Х | | | | | | 0 | 0 | 0 |
| sharon elliston trustee | | Х | | | | | | 0 | 0 | 0 |
| marna zalla trustee | | Х | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|---|-------------------------|-------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| george thelan trustee | | х | | | | | | 0 | 0 | 0 |
| charlene barlow SECRETARY | 37 50 | | | х | | | | 42,287 | 0 | 7,078 |
| Bradley a Bielski VP academic | 37 50 | | | | | Х | | 103,657 | 0 | 19,011 |
| Peg Bradner Hancock former TREASURER | 37 50 | | | | | | х | 104,595 | 0 | 6,003 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| Services | 4,148,070 | 967,549 | 3,168,254 | 12,267 |
| Books and Periodicals | 792,232 | 26,431 | 765,605 | 196 |
| utilities | 642,033 | 400,703 | 241,330 | |
| supplies | 577,288 | 317,052 | 252,217 | 8,019 |
| Miscellaneous | 490,520 | 248,826 | 213,217 | 28,477 |