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Form **990** 

Department of the Treasury

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

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

2009

OMB No 1545-0047

Open to Public

| pplicable nange use IRS label or print or type. See Specific Instructions.           | C Name of organization New England College  Doing Business As  Number and street (or P O be 98 Bridge St | -01-2009 and ending 06-30-2                 |                        | D Employer iden<br>02-0223955<br>E Telephone num   |  |
|--|--|---|------------------------|--|--|
| nange use IRS label or print or type. See Specific Instructions.                     | Doing Business As  Number and street (or P O be  |   |                        |  |  |
| nge print or type. See specific Instructions.  | Number and street (or P O be   |   |                        | E Telephone nun  | nber   |
| rn Specific Instructions.  |  |   | -                      |  |  |
| d tions.   |  | ox if mail is not delivered to street ad-   | dress) Room/suite      | (603) 428-2  | 211  |
| return   |  | ox ii illali is not delivered to street adi | uress) Room, suite     | <b>G</b> Gross receipts \$   | 43,864,411                                   |
|  | City or town, state or country<br>Henniker, NH 03242   | , and ZIP + 4                               |                        |  |  |
| n pending  | ·  |   |                        |  |  |
|  | ne and address of principal  | officer                                     |                        | s a group return   |  |
|  |  |   | affilia                | tes?   | ⊤Yes ▼ No                                    |
| Hennik   | er, NH 03242   |   | H(b) Are al            | l affiliates include   | d?   |
| npt status 🔽 501(c   |  | (a)(1) or                                   |                        |  |  |
| e: ► WWW NEC ED  | U  |   |                        | p exemperen num  |  |
| ganization 🔽 Cornoral  | tion C Trust C Association C C   | )ther ▶                                     | l Year of fo           | rmation 1946 M   | State of legal domicile 1                    |
| Summary  | ,, resociation; o  |   | 1 = 1 = 1 = 1 = 1      | 2515   |  |
| •  | <del>-</del>   | <del>-</del>                                | ofessional progra      | ms   |  |
| Check this box 📭   |  | ntinued its operations or dispos            | ed of more than        | 25% of its net as  | sets   |
| Number of voting i   | members of the governing t   | oody (Part VI, line 1a)                     |                        | 3  |  |
| Number of indeper  | ident voting members of th   | e governing body (Part VI, line             | 1b)                    | . 4  |  |
| Total number of er   | nployees (Part V , line 2a)  |   |                        | 5  | 8  |
| Total number of vo   | olunteers (estimate if neces   | ssary)                                      |                        | 6  |  |
| Total gross unrela   | ted business revenue from  | Part VIII, column (C), line 12              |                        | 7a   | 56,3   |
| Net unrelated bus  | iness taxable income from  | Form 990-T, line 34                         |                        | 7b   | -22,0  |
|  |  |   | Prio                   | r Year   | Current Year                                 |
| Contributions and  | d grants (Part VIII, line 1h   | -   | 1,450,002              | 3,118,87   |  |
| Program service  | revenue (Part VIII, line 2g  |   | 38,047,194             | 39,701,46  |  |
| Investment inco  | me (Part VIII, column (A),   |   | 90,463                 | 188,05   |  |
| Other revenue (P   | art VIII, column (A), lines  |   | 138,826                | 119,95   |  |
|  |  |   |                        | 39.726.485   | 43,128,34                                    |
|  |  |   |                        |  | 11,836,07                                    |
|  | . , ,  | ,   |                        |  |  |
|  |  |   | s 5-                   |  |  |
| 10)  |  |   |                        | 16,259,652   | 17,801,78                                    |
|  | - '  |   |                        |  |  |
|  |  |   | -                      |  |  |
|  |  |   |                        |  | 11,163,39                                    |
|  |  |   |                        | 38,747,017   | 40,801,25                                    |
| Revenue less exp   | penses Subtract line 18 fro  | om line 12                                  |                        |  | 2,327,09                                     |
|  |  |   |                        | ear  | End of Year                                  |
|  |  |   |                        | 26,029,186   | 30,077,72                                    |
| -  |  |   |                        | 10,639,225   | 11,661,19                                    |
|  |  | 21 from line 20                             |                        | 15,389,961   | 18,416,52                                    |
| _  |  | annual Abra astronomo and I                 | una pale - de          |  | has start                                    |
| and belief, it is true,  |  |   | ased on all informati  | on of which preparer   |  |
|  | ****** Signature of officer 2010-11-18 Date  |   |                        |  |  |
| Signature of office  |  |   |                        |  |  |
|  | President-Finance & Admin<br>ne and title  |   |                        |  |  |
| Paula Amato Vice<br>Type or print nam  |  | Date 2010-11-18                             | Check if self-empolyed | Preparer's identify<br>(see instructions)  | ıng number                                   |
| Paula Amato Vice Type or print nam  Preparer's signature Rache  Firm's name (or your | ne and title<br>el L Williamson CPA  | 2010-11-18                                  | self-                  | (see instructions)   | ing number                                   |
| Paula Amato Vice Type or print nam  Preparer's signature Rache                       | ne and title<br>Il L Williamson CPA<br>s Berry Dunn McNeil & Parker                                      | 2010-11-18<br>- LLC                         | self-                  |  | ing number                                   |
| g  | 98 Brick Hennik  19t status  | anization                                   | pt status              | 98 Bridge St Henniker, NH 03242  H(b) Area  If *Ni H(c) Grou  Programary  Briefly describe the organization's mission or most significant activities  An independent liberal arts college offering undergraduate, graduate and professional progra  An independent liberal arts college offering undergraduate, graduate and professional progra  Check this box ▶ if the organization discontinued its operations or disposed of more than Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of employees (Part V, line 2a)  Total of gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34  Prio  Contributions and grants (Part VIII, line 1h) | PS Bridge St Henniker, NH 03242    pristatus |

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

New England College emphasizes experiential learning as an essential component in the development of an enduring academic community Building upon a strong liberal arts foundation, we challenge our students to reach their full potential through informed discourse and the pursuit of excellence in a framework of academic freedom that reflects the following values imaginative, innovative, and creative approaches to all their endeavors, respect for self in the development of personal, social, physical and intellectual abilities, caring and collaborative relationships among members of our community, respect for the varied qualities of individuals, communities, and the world, an appreciation of beauty and elegance in the search for truth, inquiry into and the pursuit of social justice, ethical and responsible citizenship, including service to the community, the pursuit of ecological sustainability, continuous learning and a lifetime of personal achievement

| 2  | the prior Form 990 or 99                                  |   | ant program se                           | rvices during the year  |   | ┌ Yes ┌ No   |
|----|---|---|--|---|---|--|
|    | If "Yes," describe these                                  | new services on Sc  | hedule O                                 |   |   |  |
| 3  | Did the organization ceaservices?                         |   | nake significar                          | t changes in how it con   |   | ┌ Yes ┌ No   |
|    | If "Yes," describe these                                  | changes on Schedu   | ıle O                                    |   |   |  |
| 4  |   | 501(c)(4) organizati  | ons and section                          | on 4947(a)(1) trusts ar   | argest program services by<br>re required to report the amo<br>ervice reported  |  |
| 4a | (Code   | ) (Expenses \$  | 34,607,316                               | including grants of \$  | 11,836,071 ) (Revenue \$  | 39,615,184 )   |
|    | commitments, historical and respect for gender, ethnicity | d comparative understar<br>r, generational, racial an<br>ind College offers under | nding of the huma<br>d religious identit | nities, social sciences, and n<br>es, and an appreciation for i | communication skills, and responsib<br>latural sciences, responsiveness to<br>natural environments and world cu<br>is leading to the degrees of Bachelo | ethical and humane concerns,<br>ltures, and a foundation for |
| 4b | (Code   | ) (Expenses \$  |  | ıncludıng grants of \$  | ) (Revenue \$   | )  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   | _  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
| 4c | (Code   | ) (Expenses \$  |  | including grants of \$  | ) (Revenue \$   | )  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
|    |   |   |  |   |   |  |
| 4d | Other program service                                     |   |  | - A   |   | ,  |
|    | (Expenses \$  | Inch  | udıng grants o                           | 5   | ) (Revenue \$   | )  |

| Part IV | Check | dist of | Required | Schedules |
|---------|-------|---------|----------|-----------|
|         |       |         |          |           |

|     | •  |     | Yes  | No  |
|-----|--|-----|------|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | Yes  |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 😼   | 2   | Yes  |     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |      | No  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   | Yes  |     |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5   |      |     |
| 6   | Did the organization maintain any donor advised funds or any 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   |      | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.                                       | 7   |      | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |      | No  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9   |      | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-<br>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   | j    |     |
| 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 | , 03 | N o |
|     | 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? If "Yes," complete Schedule F, Part I                              | 14b |      | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II  | 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  |      | No  |
| 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? If "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? If "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  |      | No  |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20  |      | No  |

| 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  |                 | N o    |
| 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 |                 | No     |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |                 |        |
| 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 |                 |        |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |                 |        |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |                 | No     |
| b   | 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 |                 | N o    |
| 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  |                 | N o    |
| 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  |                 | Νο     |
| 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  |     |                 |        |
|     |   | 28a |                 | Νο     |
|     | A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV   | 28b |                 | N o    |
| 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 |                 | N o    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🖼  | 29  |                 | Νο     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | Yes             |        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |                 | No     |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   | 32  |                 | Νο     |
| 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? <i>If "Yes," complete Schedule R, Part I</i>   | 33  |                 | No     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  |                 | N o    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35  |                 | No     |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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  |                 | N o    |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes             |        |
|     |   | F   | orm <b>99</b> 0 | (2009) |

year

| orm | 990 (2009)   |     |     | Page |
|-----|--|-----|-----|------|
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance   |     |     |      |
|     |  |     | Yes | No   |
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal  |     |     |      |
|     | of U.S. Information Returns. Enter -0- if not applicable   |     |     |      |
| L   |  |     |     |      |
| D   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0  |     |     |      |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  |     |     |      |
|     | gaming (gambling) winnings to prize winners?   | 1c  | Yes |      |
| 2a  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> 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?   | 2b  | Yes |      |
|     | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   | 20  | 165 |      |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this   |     |     |      |
|     | return?  | 3a  | Yes |      |
| Ь   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b  | 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  |     | No   |
| ь   | If "Yes," enter the name of the foreign country ▶  |     |     |      |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and  |     |     |      |
|     | Financial Accounts   |     |     |      |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | No   |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | No   |
| 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   | 6a  |     | No   |
|     | organization solicit any contributions that were not tax deductible?   |     |     |      |
| Ь   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |      |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |     |     |      |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and  | 7a  |     | No   |
| _   | services provided to the payor?  |     |     |      |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |      |
| C   | file Form 8282?  | 7c  |     | No   |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |     |     |      |
| _   | Did the comment of dispute the comment of the design of th |     |     |      |
| е   | 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  |     | Νo   |
| 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  | 76  |     |      |
| 8   | required?  | 7h  |     |      |
| •   | 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.  |     |     |      |
|     | 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   |     |     |      |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b  |     |     |      |
|     | facilities   |     |     |      |
| 11  | Section 501(c)(12) organizations. Enter  |     |     |      |
| а   | Gross income from members or shareholders  |     |     |      |
| Ь   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   |     |     |      |
|     |  |     |     |      |
|     | 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 vear  |     |     |      |

98 Bridge Street

(603) 428-2461

Henniker, NH 032423293

**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 20   |         |          |     |
| ь        | Enter the number of voting members that are independent 19   |         |          |     |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2       |          | Νo  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3       |          | Νο  |
| 4        | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4       |          | Νο  |
| 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       |          | Νo  |
| 7a       | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  | 7a      |          | Νο  |
| b        | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b      |          | Νo  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |         |          |     |
| а        | The governing body?  | 8a      | Yes      |     |
| ь        | Each committee with authority to act on behalf of the governing body?  | 8b      | Yes      |     |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |         |          |     |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |          | Νo  |
|          | <b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)   |         |          |     |
| Re       | venue code.)   |         | Yes      | No  |
| 10a      | Does the organization have local chapters, branches, or affiliates?  | 10a     |          | No  |
|          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,  | 100     |          | 110 |
|          | 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?   | 11      | Yes      |     |
| 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      |     |
| b        | Other officers or key employees of the organization  | 15b     |          | Νο  |
|          | If "Yes" to line a or b, describe the process in Schedule O (See instructions )  |         |          |     |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a     |          | Νο  |
| Ь        | 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? | 164     |          |     |
| 6.       | ction C. Disclosure  | 16b     |          |     |
| <u> </u> | List the States with which a copy of this Form 990 is required to be filed NH  |         |          |     |
| 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 Upon request  |         |          |     |
| 19       | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table   |         |          |     |
| 20       | State the name, physical address, and telephone number of the person who possesses the books and records of the  | ne orga | nızatıor | n 🕨 |
|          | Paula A mato   |         |          |     |

# 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 i | not compen                                       | r, dırector, trustee              | or key employee       |         |              |                              |        |  |   |  |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| <b>(A)</b><br>Name and Title             | (B) (C) A verage Position (check all that apply) |                                   |                       |         |              | I                            |        | ( <b>D)</b><br>Reportable<br>compensation    | <b>(E)</b><br>Reportable<br>compensation              | <b>(F)</b><br>Estimated<br>amount of other                               |
|  | per<br>week                                      | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| See add'l data                           |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |
|  |  |                                   |                       |         |              |                              |        |  |   |  |

| 1b       | Total   | 0 |                 | 159,428 |
|----------|---|---|-----------------|---------|
| 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 10  |   |                 |         |
|          |   |   | Yes             | No      |
| 3        | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual       | 3 |                 | No      |
| 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 I for such person                          | 5 |                 | No      |
|          |   |   |                 |         |
| <u>S</u> | ection B. Independent Contractors   |   |                 |         |
| 1        | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization   |   |                 |         |
|          | (A) Name and business address  (B) Description of services  |   | (C<br>Comper    |         |
|          |   |   |                 |         |
|          |   |   |                 |         |
| 2        | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0   |   | ·               |         |
|          |   | F | orm <b>99</b> 0 | (2009)  |

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| Form 9   |             |   |   |                 |                      |  |   | Page <b>9</b>   |
|--|-------------|---|---|-----------------|----------------------|--|---|---|
| Part \   | <u>/###</u> | Statement o   | of Revenue                                  |                 | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| इस   | 1a          | Federated cam   | paigns 1a                                   |                 |                      |  |   |   |
| 필필   | ь           | Membership du   | es <b>1b</b>                                |                 |                      |  |   |   |
| s, g   | c           | Fundraising eve   | ents <b>1c</b>                              |                 |                      |  |   |   |
| # ₹  | d           | Related organiz   | rations 1d                                  |                 |                      |  |   |   |
| E, E   | e           | Government grants   | s (contributions) <b>1e</b>                 | 476,854         |                      |  |   |   |
| tio<br>sr s  | f           | All other contribution  | ons, gifts, grants, and <b>1f</b>           | 2,642,018       |                      |  |   |   |
| 章  | g           | Noncash contri  | butions included in                         |                 |                      |  |   |   |
| Contributions, gifts, grants and other similar amounts |             | lines 1a-1f\$   | ,000  |                 | 2 110 072            |  |   |   |
| ुं ख   | h           | Total. Add lines  | s 1a-1f                                     | •               | 3,118,872            |  |   |   |
| e<br>E   |             |   |   | Business Code   |                      |  |   |   |
| .ven   | 2a          | Tuition and Fees  |   | 611,710         | 33,043,919           | 33,043,919   |   |   |
| 2 <u>2</u>   | Ь .         | Auxiliary Services  |   | 713,990         | 5,777,292            | 5,720,932  | 56,360                                  |   |
| Š  | ر<br>د      | Various Other Incom   | me<br>                                      | 611,710         | 357,503              | 357,503  |   |   |
| Š  | d           | Student Services  Commencement Ir                               |   | 611,710         | 357,415              | 357,415  |   |   |
| Program Serwce Revenue                                 | e<br>f      |   | am service revenue                          | 611,710         | 94,970               | 94,970   |   | 20.020  |
| Ē<br>Ž   | '           |   |   |                 | 70,365               | 40,445   |   | 29,920  |
|  | g           |   | s 2a-2f                                     |                 | 39,701,464           |  |   |   |
|  | 3           |   | ome (including dividend                     | · . F           | 181,801              |  |   | 181,801   |
|  | 4           |   | ar amounts)<br>stment of tax-exempt bond p  | · · ·           | 101,001              |  |   | 101,001   |
|  | 5           |   |   | i i. <b>⊳</b> † | 1,616                |  |   | 1,616   |
|  |             | ·   | (ı) Real                                    | (II) Personal   |                      |  |   |   |
|  | 6a          | Gross Rents   |   |                 |                      |  |   |   |
|  | ь           | Less rental<br>expenses   |   |                 |                      |  |   |   |
|  | С           | Rental income or (loss)   |   |                 |                      |  |   |   |
|  | d           | , ,   | me or (loss)                                |                 |                      |  |   |   |
|  |             |   | (ı) Securities                              | (II) O ther     |                      |  |   |   |
|  | 7a          | Gross amount<br>from sales of<br>assets other<br>than inventory | 742,317                                     |                 |                      |  |   |   |
|  | ь           | Less cost or other basis and                                    | 736,068                                     |                 |                      |  |   |   |
|  |             | sales expenses<br>Gain or (loss)                                | 6,249                                       |                 |                      |  |   |   |
|  | d           |   | s)  | ▶               | 6,249                |  |   | 6,249   |
|  | 8a          | Gross income f  |   |                 |                      |  |   | •   |
| Other Revenue  |             |   | luding  reported on line 1c) le 18 a        | 118,341         |                      |  |   |   |
| ₫  | ь           |   | penses <b>b</b> [                           |                 |                      |  |   |   |
| 0  | С           |   | (loss) from fundraising e                   | events F        | 118,341              |  |   | 118,341   |
|  | 9a          |   | rom gaming activities<br>le 19<br>a         |                 |                      |  |   |   |
|  | b<br>c      |   | penses <b>b</b><br>(loss) from gaming activ | rities          |                      |  |   |   |
|  | 10a         | Gross sales of<br>returns and allo                              |   |                 |                      |  |   |   |
|  | b           | Less cost of g  | oods sold <b>b</b>                          |                 |                      |  |   |   |
|  | с           |   | (loss) from sales of inve                   | ntory 🗠         |                      |  |   |   |
|  |             | Miscellaneou  | s Revenue                                   | Business Code   |                      |  |   |   |
|  | 11a         |   |   |                 |                      |  |   |   |
|  | b           |   |   |                 |                      |  |   |   |
|  | c           |   |   |                 |                      |  |   |   |
|  | d           | All other reven   | L   |                 |                      |  |   |   |
|  | e           | iotal. Add lines  | s 11a-11d                                   | · · · · •       |                      |  |   |   |
|  | 12          | Total revenue.  | See Instructions                            | . ▶             | 43,128,343           | 39,615,184   | 56,360                                  | 337,927   |

|   | 990 (2009)  |                       |                             |  | Page <b>10</b>          |  |  |  |  |
|---|---|-----------------------|-----------------------------|--|-------------------------|--|--|--|--|
| Part  | Statement of Functional Expenses  |                       |                             |  |                         |  |  |  |  |
| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |   |                       |                             |  |                         |  |  |  |  |
|   |   | complete columi       | (B), (C), and (B)           | (D).   | (D)                     |  |  |  |  |
|   | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses                  | Fundraising<br>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   | 11,836,071            | 11,836,071                  |  |                         |  |  |  |  |
| 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  | 386,330               |                             | 386,330  |                         |  |  |  |  |
| 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  | 13,498,868            | 12,244,189                  | 906,550  | 348,129                 |  |  |  |  |
| 8   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 430,930               | 390,877                     | 28,940   | 11,113                  |  |  |  |  |
| 9   | Other employee benefits   | 2,517,347             | 2,283,367                   | 169,059  | 64,921                  |  |  |  |  |
| 10  | Payroll taxes   | 968,314               | 718,295                     |  | 26,632                  |  |  |  |  |
| 11  | Fees for services (non-employees)   | 500,514               | , 10,293                    | 223,307  | 20,032                  |  |  |  |  |
|   | Management  | 741,042               | 741,042                     |  |                         |  |  |  |  |
| a   | -   | ,                     | ,                           | <del>                                     </del> |                         |  |  |  |  |
|   | Legal   | 110,586               |                             | 110,586  |                         |  |  |  |  |
| с   | Accounting  | 81,928                |                             | 81,928   |                         |  |  |  |  |
| d   | Lobbying  | 54,075                |                             | 54,075   |                         |  |  |  |  |
| e   | Professional fundraising See Part IV, line 17   |                       |                             |  |                         |  |  |  |  |
| f   | Investment management fees  | 33,884                |                             | 33,884   |                         |  |  |  |  |
| g   | Other   | 267,747               | 184,694                     | <del>                                     </del> | 40,940                  |  |  |  |  |
| 12  | Advertising and promotion   | 422,505               | ,                           | <del>                                     </del> |                         |  |  |  |  |
| 13  | Office expenses   | 1,263,986             | •                           | · ·  | 41,175                  |  |  |  |  |
| 14  | Information technology  | 287,919               |                             | 287,919  |                         |  |  |  |  |
| 15  | Royalties   |                       |                             |  |                         |  |  |  |  |
| 16  | Occupancy   | 1,453,005             | 1,077,947                   | 375,058  |                         |  |  |  |  |
| 17  | Travel  | 217,414               | 167,553                     | 28,996   | 20,865                  |  |  |  |  |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                             |  |                         |  |  |  |  |
| 19  | Conferences, conventions, and meetings  | 8,301                 | 8,301                       |  |                         |  |  |  |  |
| 20  | Interest  | 318,999               |                             | 318,999  |                         |  |  |  |  |
| 21  | Payments to affiliates  |                       |                             |  |                         |  |  |  |  |
| 22  | Depreciation, depletion, and amortization   | 1,809,879             | 563,146                     | 1,246,733  |                         |  |  |  |  |
| 23  | Insurance   | 1,731                 |                             | 1,731  |                         |  |  |  |  |
| 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   | Other Organizational Op   | 2,012,223             | 1,510,926                   | 461,704  | 39,593                  |  |  |  |  |
| ь   | Food Service Operations   | 1,659,434             | 1,659,434                   |  |                         |  |  |  |  |
| c   | Equipment Purchases   | 164,268               | 164,268                     |  |                         |  |  |  |  |
| d   | Dues and Memberships  | 142,587               | 72,428                      | 68,779   | 1,380                   |  |  |  |  |
| e   | Athletics Fundraising   | 111,877               |                             |  | 111,877                 |  |  |  |  |
| f   | All other expenses  |                       |                             |  | <u> </u>                |  |  |  |  |
| 25  | Total functional expenses. Add lines 1 through 24f  | 40,801,250            | 34,607,316                  | 5,487,309  | 706,625                 |  |  |  |  |
| 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        | 10,001,230            | 31,007,310                  | 3,131,303  | ,00,023                 |  |  |  |  |
|   | campaign and fundraising solicitation   |                       |                             |  |                         |  |  |  |  |

| Pa            | rt X | Balance Sheet  |  |           |            |                                 |     |                           |
|---------------|------|--|--|-----------|------------|---------------------------------|-----|---------------------------|
|               |      |  |  |           |            | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
| '             | 1    | Cash—non-interest-bearing  |  |           |            | 2,007,924                       | 1   | 2,109,802                 |
|               | 2    | Savings and temporary cash investments   |  |           |            | 666,787                         | 2   | 50,963                    |
|               | 3    | Pledges and grants receivable, net   |  |           |            | 162,110                         | 3   | 99,766                    |
|               | 4    | Accounts receivable, net   |  |           |            | 1,094,876                       | 4   | 2,411,799                 |
|               | 5    | Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of              | rom current and former officers, directors, trustees, key employees, and<br>ensated employees  Complete Part II of |           |            |                                 |     |                           |
|               |      | Schedule L   |  |           | 5          |                                 |     |                           |
|               | 6    | Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of | (1)) and   |           |            |                                 |     |                           |
| 7.6           |      | Schedule L   |  |           |            |                                 | 6   |                           |
| ssets         | 7    | Notes and loans receivable, net  |  |           |            | 2,191,042                       | 7   | 2,353,678                 |
| SS            | 8    | Inventories for sale or use  |  |           |            | 116,093                         | 8   | 91,857                    |
| ٧             | 9    | Prepaid expenses and deferred charges  |  |           |            | 812,927                         | 9   | 1,249,465                 |
|               | 10a  | Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D   | 10a  |           | 36,102,060 |                                 |     | _                         |
|               | ь    | Less accumulated depreciation  | 10b  |           | 22,135,905 | 12,696,115                      | 10c | 13,966,155                |
|               | 11   | Investments—publicly traded securities   |  |           |            | 5,305,847                       | 11  | 6,738,297                 |
|               | 12   | Investments—other securities See Part IV, line 11  |  |           | 12         |                                 |     |                           |
|               | 13   | Investments—program-related See Part IV, line 11   |  | 13        |            |                                 |     |                           |
|               | 14   | Intangible assets  |  |           | 14         |                                 |     |                           |
|               | 15   | Other assets See Part IV, line 11  |  | 975,465   | 15         | 1,005,941                       |     |                           |
|               | 16   | Total assets. Add lines 1 through 15 (must equal line 34)  |  |           |            | 26,029,186                      | 16  | 30,077,723                |
|               | 17   | Accounts payable and accrued expenses .  |  | 1,816,534 | 17         | 2,625,479                       |     |                           |
|               | 18   | Grants payable   |  |           |            |                                 | 18  |                           |
|               | 19   | Deferred revenue   |  |           |            | 1,487,666                       | 19  | 2,074,400                 |
|               | 20   | Tax-exempt bond liabilities  |  |           |            | 4,000,000                       | 20  | 3,700,000                 |
| ès            | 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     |  |           |            |                                 |     |                           |
| ä             |      | persons Complete Part II of Schedule L   |  |           |            |                                 | 22  |                           |
|               | 23   | Secured mortgages and notes payable to unrelated third parties   |  |           |            | 2,299,813                       | 23  | 2,206,811                 |
|               | 24   | Unsecured notes and loans payable to unrelated third parties   |  |           |            |                                 | 24  |                           |
|               | 25   | Other liabilities Complete Part X of Schedule D  |  |           |            | 1,035,212                       | 25  | 1,054,508                 |
|               | 26   | <b>Total liabilities.</b> Add lines 17 through 25  |  |           |            | 10,639,225                      | 26  | 11,661,198                |
| Fund Balances |      | Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp<br>through 29, and lines 33 and 34.                          | lete li  | ines 27   |            |                                 |     |                           |
| ank           | 27   | Unrestricted net assets  |  |           |            | 8,863,893                       | 27  | 10,343,960                |
| Bal           | 28   | Temporarily restricted net assets  |  |           |            | 1,627,265                       | 28  | 2,895,196                 |
| 귤             | 29   | Permanently restricted net assets  |  |           |            | 4,898,803                       | 29  | 5,177,369                 |
| 풀             |      | Organizations that do not follow SFAS 117, check here ▶ ┌ an   |  |           |            |                                 |     |                           |
| or            |      | lines 30 through 34.   |  |           |            |                                 |     |                           |
| Ş             | 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  |  |           |            | 15,389,961                      | 33  | 18,416,525                |
|               | 34   | Total liabilities and net assets/fund balances   |  |           |            | 26,029,186                      | 34  | 30,077,723                |

| Part XI | Financial    | Statements | and I | Reporting |
|---------|--------------|------------|-------|-----------|
|         | i illaliciai | Statements | unu i |           |

|    |   |    | 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)

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

#### OMB No 1545-0047

# **Public Charity Status and Public Support**

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

**SCHEDULE A** 

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

Inspection

Name of the organization New England College

**Employer identification number** 

|        |                                |  |   |  |  |   |                                    |                               | 02-022395                        | 5                          |            |                           |
|--------|--------------------------------|--|---|--|--|---|------------------------------------|-------------------------------|----------------------------------|----------------------------|------------|---------------------------|
| Pa     | rt I                           | Reas   | on for Pul                                  | blic Charity Stat  | us (All orga   | anızatıons  | must comp                          | lete this p                   | art.) See ins                    | tructions                  |            |                           |
| The    | rganı                          |  |   | e foundation because   |  |   |                                    |                               |                                  |                            |            |                           |
| 1      | Г                              | A churc  | :h, conventio                               | on of churches, or as:   | sociation of o                                       | churches <b>s</b> e   | ection 170(b)                      | (1)(A)(i).                    |                                  |                            |            |                           |
| 2      | 굣                              | A scho   | ol described                                | ın <b>section 170(b)(1)</b>  | (A)(ii). (Att  | ach Schedu  | le E)                              |                               |                                  |                            |            |                           |
| 3      | Г                              | A hosp   | tal or a coop                               | perative hospital serv   | /ice organiza  | ition describ   | ed in <b>section</b>               | 170(b)(1)                     | (A)(iii).                        |                            |            |                           |
| 4      | Γ                              |  |   | organization operate<br>y, and state   | ed in conjunc  | tion with a h   | nospital desc                      | rıbed ın <b>sec</b> i         | tion 170(b)(1)                   | )( <b>A)(iii).</b> Ent     | er the     |                           |
| 5      | Г                              | An orga  | ınızatıon ope                               | erated for the benefit   | of a college   | or university   | y owned or op                      | perated by a                  | governmenta                      | l unıt descril             | <br>ped in |                           |
|        |                                | section  | 170(b)(1)(A                                 | <b>A)(iv).</b> (Complete Pa  | rt II )  |   |                                    |                               |                                  |                            |            |                           |
| 6      |                                | A feder  | al, state, or                               | local government or  | governmenta  | ıl unıt descr   | ıbed ın <b>sectic</b>              | on 170(b)(1                   | )(A)(v).                         |                            |            |                           |
| 7      | Γ                              | describ  | ed in                                       | t normally receives a<br><b>A)(vi)</b> (Complete Pa  |  | part of its s   | upport from a                      | a governme                    | ntal unit or fro                 | m the genera               | al public  | :                         |
| 8      | Г                              | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II ) |   |  |  |   |                                    |                               |                                  |                            |            |                           |
| 9      | $\Gamma$                       |  | •   | t normally receives  |  |   | •                                  | =                             | utions, memb                     | ership fees,               | and gro    | SS                        |
|        |                                | receipt  | s from activi                               | ties related to its ex   | empt functio   | ns—subject  | to certain ex                      | ceptions, a                   | nd (2) no more                   | than 331/39                | % of       |                           |
|        |                                | ıts supp   | ort from gro                                | ss investment incom  | ne and unrela  | ited busines  | s taxable inc                      | ome (less s                   | ection 511 ta                    | x) from busi               | nesses     |                           |
|        |                                | acquire  | d by the org                                | anızatıon after June 3   | 30,1975 Se   | e <b>section 5</b> 0  | <b>09(a)(2).</b> (Co               | mplete Part                   | tIII)                            |                            |            |                           |
| 10     | $\Gamma$                       | An orga  | nızatıon org                                | anızed and operated  | exclusively  | to test for p   | ublic safety                       | See <b>section</b>            | 509(a)(4).                       |                            |            |                           |
| 11     | Γ                              | one or i   | more publicly                               | anized and operated<br>y supported organiza<br>pes the type of suppo<br><b>b</b> Type II                                   | tions describ<br>rting organiz                       | oed in section  | on 509(a)(1)                       | or section 5<br>11e throug    | 509(a)(2) See<br>gh 11h          | ,                          | )(a)(3).   | Check                     |
| e<br>f | Γ                              | other th<br>section<br>If the o  | nan foundatio<br>509(a)(2)<br>rganization r | x, I certify that the o<br>on managers and oth<br>received a written de  | er than one c  | or more publ  | ıcly supporte                      | d organizati                  | ons described                    | l in section 5             | 509(a)(    | 1) or                     |
| g      |                                |  | ugust 17, 2                                 | 006, has the organız   | atıon accept   | ed any gift o   | or contributio                     | n from any                    | of the                           |                            |            | J                         |
| h      |                                | (i) a pe<br>and (III)<br>(ii) a fa<br>(iii) a 3                                    | below, the g<br>mily membe<br>5% controll   | ectly or indirectly co<br>governing body of the<br>r of a person describ<br>ed entity of a person<br>g information about t | the support<br>ed in (i) abov<br>described in        | ed organiza <sup>.</sup><br>/e <sup>?</sup><br>n (i) or (ii) al | tion?                              | ersons des                    | cribed in (ii)                   | 11g(ii<br>11g(ii<br>11g(ii | )          | No                        |
|        |                                |  |   |  |  | -   |                                    |                               |                                  |                            |            |                           |
|        | (i)<br>Name<br>suppo<br>rganiz | e of   | (ii)<br>EIN                                 | (iii) Type of organization (described on lines 1- 9 above or IRC section (see  | (iv) Is the organizati col (i) list your gove docume | e<br>ion in<br>ted in<br>rning                                  | (v) Did you no organizat col (i) o | tify the<br>tion in<br>f your | (vi) Is th organizat col (i) org | e<br>:ion in<br>anized     | Am         | vii)<br>ount of<br>oport? |
|        |                                |  |   | instructions))   | Yes  | No  | Yes                                | No                            | Yes                              | No                         |            |                           |
|        |                                |  |   |  |  |   |                                    |                               |                                  |                            |            |                           |
|        |                                |  |   |  |  |   |                                    |                               |                                  |                            |            |                           |
|        |                                |  |   |  |  |   |                                    |                               |                                  |                            |            |                           |
|        |                                |  |   |  |  |   |                                    |                               |                                  |                            | +          |                           |
| Tota   |                                |  |   |  |  |   |                                    | +                             | +                                | 1                          |            |                           |
| iuta   |                                |  | I   | 1  |  | 1   | 1                                  | 1                             | 1                                | i                          | 1          |                           |

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>(b)</b> 2006    | (c) 2007            | (d) 2008            | (e) 2009        | (f) Total        |
|         | ın)  | (a) 2005                 | ( <b>b)</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) <b>Dublic Support</b> Subtract line F from                           |                          |                    |                     |                     |                 |                  |
| 6       | <b>Public Support.</b> Subtract line 5 from line 4                       |                          |                    |                     |                     |                 |                  |
| S       | ection B. Total Support  | 1                        |                    | -                   |                     |                 |                  |
|         | endar year (or fiscal year beginning                                     | (a) 2005                 | <b>(b)</b> 2006    | (c) 2007            | (d) 2008            | (e) 2009        | (f) Total        |
|         | ın)  | (a) 2005                 | ( <b>b</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<br>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,<br>▶□ |
|         | check this box and <b>stop here</b>                                      |                          |                    |                     |                     |                 | -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       |
| <b></b> | and <b>stop here.</b> The organization qua                               | -                        |                    | ·                   | IIIIC 14 13 33 1/3/ | o or more, ence | <b>▶</b> □       |
| ь       | 33 1/3% support test—2008. If the  |                          |                    |                     | 5a, and line 15 is  | 33 1/3% or moi  |                  |
|         | box and <b>stop here.</b> The organization                               |                          |                    |                     | ,                   |                 | ▶                |
| 17a     | 10%-facts-and-circumstances test-  | <b>-2009.</b> 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-<br>15 is 10% or more, and if the organ | _                        |                    |                     |                     |                 |                  |
|         | Explain in Part IV how the organizat                                     |                          |                    |                     |                     |                 | clv              |
|         | supported organization   |                          |                    |                     |                     |                 | <b>▶</b> ┌       |
| 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   | T                    |                     |                      | 1                   | T                  | I                 |
| cale | ndar year (or fiscal year beginning in)                             | (a) 2005             | <b>(b)</b> 2006     | (c) 2007             | ( <b>d)</b> 2008    | (e) 2009           | (f) Total         |
| 1    | Gifts, grants, contributions, and                                   |                      |                     |                      |                     |                    |                   |
|      | membership fees received (Do not                                    |                      |                     |                      |                     |                    |                   |
|      | include any "unusual grants ")                                      |                      |                     |                      |                     |                    |                   |
| 2    | Gross receipts from admissions,<br>merchandise sold or services     |                      |                     |                      |                     |                    |                   |
|      | performed, or facilities furnished in                               |                      |                     |                      |                     |                    |                   |
|      | any activity that is related to the                                 |                      |                     |                      |                     |                    |                   |
|      | organization's tax-exempt   |                      |                     |                      |                     |                    |                   |
| _    | purpose<br>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<br>behalf                                |                      |                     |                      |                     |                    |                   |
| 5    | The value of services or facilities                                 |                      |                     |                      |                     |                    |                   |
|      | furnished by a governmental unit to                                 |                      |                     |                      |                     |                    |                   |
| _    | the organization without charge                                     |                      |                     |                      |                     |                    |                   |
| 6    | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, |                      |                     |                      |                     |                    |                   |
| /a   | and 3 received from disqualified                                    |                      |                     |                      | 1                   |                    |                   |
|      | persons   |                      |                     |                      |                     |                    |                   |
| b    | A mounts 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                                      |                      |                     |                      |                     |                    |                   |
| c    | Add lines 7a and 7b   |                      |                     |                      |                     |                    |                   |
| 8    | Public Support (Subtract line 7c                                    |                      |                     |                      |                     |                    |                   |
|      | rom line 6 ) ction B. Total Support                                 |                      |                     |                      |                     |                    |                   |
|      | ndar year (or fiscal year beginning                                 |                      |                     |                      |                     |                    |                   |
| cuic | in)   | (a) 2005             | <b>(b)</b> 2006     | (c) 2007             | <b>(d)</b> 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  |                      |                     |                      |                     |                    |                   |
|      | income (less section 511 taxes) from businesses acquired after      |                      |                     |                      |                     |                    |                   |
|      | June 30, 1975   |                      |                     |                      |                     |                    |                   |
| С    | Add lines 10a and 10b   |                      |                     |                      |                     |                    |                   |
| 11   | Net income from unrelated   |                      |                     |                      |                     |                    |                   |
|      | business activities not included                                    |                      |                     |                      |                     |                    |                   |
|      | in line 10b, whether or not the business is regularly carried on    |                      |                     |                      |                     |                    |                   |
| 12   | Other income Do not include   |                      |                     |                      |                     |                    |                   |
|      | gain or loss from the sale of                                       |                      |                     |                      |                     |                    |                   |
|      | capital assets (Explain in Part                                     |                      |                     |                      |                     |                    |                   |
| 13   | IV ) Total support (Add lines 9, 10c,                               |                      |                     |                      |                     |                    |                   |
| 13   | 11 and 12 )   |                      |                     |                      |                     |                    |                   |
| 14   | First Five Years If the Form 990 is for                             | or the organizat     | ion's first, second | l, thırd, fourth, or | fifth tax year as a | a 501(c)(3) orgar  |                   |
|      | check this box and <b>stop here</b>                                 |                      |                     |                      |                     |                    | <b>►</b> □        |
| Se   | ction C. Computation of Publ  | ic Support P         | ercentage           |                      |                     |                    |                   |
| 15   | Public Support Percentage for 2009                                  |                      |                     | 13 column (f))       |                     | 15                 |                   |
| 16   | Public support percentage from 200                                  | -                    |                     | .,,                  |                     | 16                 |                   |
|      | Table support personage nom 200                                     | o o o modulo / i / i | arc 111, mrs 15     |                      |                     | 10                 |                   |
| Se   | ction D. Computation of Inve  | stment Inco          | ome Percenta        | ae                   |                     |                    |                   |
| 17   | Investment income percentage for 2                                  |                      |                     |                      | n (f))              | 17                 |                   |
| 18   | Investment income percentage from                                   | •                    |                     | •                    |                     | 18                 |                   |
|      | 33 1/3% support tests—2009. If the                                  |                      | •                   |                      | d line 15 is more   |                    | line 17 is not    |
| 1.7a | more than 33 1/3%, check this box a                                 |                      |                     |                      |                     | u.ii 23 1/3/0 dill | . IIIC 17 13 110t |
|      | organization  | •厂                   |                     | •                    |                     |                    |                   |
| ь    | 33 1/3% support tests—2008. If the                                  | organization di      | d not check a box   | on line 14 or line   | e 19a, and line 16  | 5 is more than 33  | 1/3% and line     |

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

# Software ID: Software Version:

**EIN:** 02-0223955

Name: New England College

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

| (A)   | (B)               |                                   |                       | (D)     | (E)  | (F)                          |        |                                       |   |  |
|---|-------------------|-----------------------------------|-----------------------|---------|--|------------------------------|--------|---------------------------------------|---|--|
| Name and Title                                | A verage<br>hours | Posi                              |                       | che     |  | II                           |        | Reportable<br>compensation            | Reportable<br>compensation                            | Estimated<br>amount of other   |
|   | per<br>week       | Individual trustee<br>or director | Institutional Trustee | Officei |  | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| Edward Bond Jr<br>Trustee                     | 1 00              | X                                 |                       |         | <u>.                                    </u> |                              | 1      | 0                                     | 0   | 0  |
| John Maguire PhD<br>Trustee                   | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Edmund C Beebe Jr<br>Trustee                  | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Vırgınıa T Bell<br>Trustee                    | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| D Joseph Clement<br>Trustee                   | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Thomas W Farmen PhD<br>Trustee                | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Robert MacPherson<br>Trustee                  | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| James Murtha PhD<br>Chairman                  | 1 00              | X                                 |                       | Χ       |  |                              |        | 0                                     | 0   | 0  |
| Garrett E Pierce<br>Trustee                   | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| John A Samenfeld<br>Vice Chairman             | 1 00              | X                                 |                       | Х       |  |                              |        | 0                                     | 0   | 0  |
| Alexander Scourby<br>Secretary                | 1 00              | X                                 |                       | X       |  |                              |        | 0                                     | 0   | 0  |
| Barbara E Sherwin MD<br>Trustee               | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Karen A Storthz PhD<br>Trustee                | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Mary Simon Streep<br>Trustee                  | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Jeffrey K Towle<br>Trustee                    | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Katrına Lantos Swett<br>Trustee               | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Alison Pitman Giles<br>Trustee                | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Stephen A Geremia<br>Trustee                  | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Scott Sımpson<br>Trustee                      | 1 00              | X                                 |                       |         |  |                              |        | 0                                     | 0   | 0  |
| Michele D Perkins EdD<br>President            | 35 00             |                                   |                       | X       |  |                              |        | 226,937                               | 0   | 53,887   |
| Paula A Amato CMA<br>VP of Finance and Admini | 35 00             |                                   |                       | X       |  |                              |        | 117,658                               | 0   | 25,920   |
| Debra Nitschke-Shaw<br>Professor              | 35 00             |                                   |                       |         |  | X                            |        | 131,019                               | 0   | 22,295   |
| Don Melander VP of Academic Affairs           | 35 00             |                                   |                       |         |  | X                            |        | 114,231                               | 0   | 20,456   |
| Hilton V Hallock<br>VP of Enrollment & Stude  | 35 00             |                                   |                       |         |  | X                            |        | 128,354                               | 0   | 13,276   |
| Mıchelline Dufort-Shumsk<br>VP of Advancement | 35 00             |                                   |                       |         |  | Х                            |        | 115,000                               | 0   | 5,601  |

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

| <b>(A)</b><br>Name and Title | ( <b>B)</b><br>A verage<br>hours | Average Position (check all       |                       |        |              | <b>(D)</b><br>Reportable<br>compensation | <b>(E)</b><br>Reportable<br>compensation | <b>(F)</b><br>Estimated<br>amount of other   |   |  |
|------------------------------|----------------------------------|-----------------------------------|-----------------------|--------|--------------|--|--|--|---|--|
|                              | per<br>week                      | Individual trustee<br>or director | Institutional Trustee | Office | Key employee | Highest compensated employee             | Former                                   | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| Vaco C Worley<br>Professor   | 35 00                            |                                   |                       |        |              | Х  |  | 106,584                                      | 0   | 17,99  |

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

|                      | Business Code | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |
|----------------------|---------------|----------------------|--|---|--|
| Tuition and Fees     | 611,710       | 33,043,919           | 33,043,919   |   |  |
| Auxiliary Services   | 713,990       | 5,777,292            | 5,720,932  | 56,360                                  |  |
| Various Other Income | 611,710       | 357,503              | 357,503  |   |  |
| Student Services     | 611,710       | 357,415              | 357,415  |   |  |
| Commencement Income  | 611,710       | 94,970               | 94,970   |   |  |

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

| Do not include amounts reported on line<br>6b, 8b, 9b, and 10b of Part VIII. | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| Other Organizational Op  | 2,012,223             | 1,510,926                          | 461,704                                   | 39,593                         |
| Food Service Operations  | 1,659,434             | 1,659,434                          |   |                                |
| Equipment Purchases  | 164,268               | 164,268                            |   |                                |
| Dues and Memberships   | 142,587               | 72,428                             | 68,779                                    | 1,380                          |
| Athletics Fundraising  | 111,877               |                                    |   | 111,877                        |

DLN: 93493327004000

# OMB No 1545-0047

**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.

Open to Public Inspection

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

|     | ection 501(c)(4), (5), or (6) organiz                        | zations Complete Part III  |  | T- , ,   |         |                 |           |
|-----|--|--|--|--|---------|-----------------|-----------|
|     | nme of the organization<br>w England College                 |  |  | Employer ide   | ntifica | ition numbe     | er        |
|     |  |  |  | 02-0223955   |         |                 |           |
| Par | t 1-A Complete if the or                                     | ganization is exempt under s   | section 501(c)                             | or is a section 52                                     | 7 org   | <u>anizatio</u> | <u>n.</u> |
| 1   | Provide a description of the org                             | ganızatıon's dırect and ındırect politic   | al campaign activ                          | ities in Part IV                                       |         |                 |           |
| 2   | Political expenditures                                       |  |  | ▶  | \$      |                 |           |
| 3   | Volunteer hours  |  |  |  | _       |                 |           |
| Par | rt I-B Complete if the or                                    | ganization is exempt under s   | section 501(c)                             | )(3).  |         |                 |           |
| 1   | Enter the amount of any excise                               | e tax incurred by the organization und   | er section 4955                            | <b>•</b>   | \$      |                 |           |
| 2   | Enter the amount of any excise                               | e tax incurred by organization manage  | ers under section                          | 4955   | \$      |                 |           |
| 3   | If the organization incurred a s                             | ection 4955 tax, did it file Form 4720   | O for this year?                           |  |         | ☐ Yes           | ┌ No      |
| 4a  | Was a correction made?                                       |  |  |  |         | ☐ Yes           | ┌ No      |
| ь   | If "Yes," describe in Part IV                                |  |  |  |         |                 |           |
| Paı | tt I-C Complete if the or                                    | ganization is exempt under s   | section 501(c                              | except section 50                                      | 1(c)    | (3).            |           |
| 1   | Enter the amount directly expe                               | ended by the filing organization for sec   | tion 527 exempt                            | function activities 🕨                                  | \$      |                 |           |
| 2   | Enter the amount of the filing o exempt funtion activities   | rganization's funds contributed to oth   | ner organizations f                        | or section 527   | \$      |                 |           |
| 3   | Total exempt function expendi                                | tures Add lines 1 and 2 Enter here a   | nd on Form 1120                            | -POL, line 17b   | ¢       |                 |           |
| 4   | Did the filing organization file <b>F</b>                    | Form 1120-POL for this year?   |  |  | Ψ       | ┌ Yes           | Г№        |
| 5   | were made For each organizate contributions received that we | nd employer identification number (EI<br>ion listed, enter the amount paid from<br>re promptly and directly delivered to a<br>littee (PAC) If additional space is ne | the filing organiza<br>a separate politica | ation's funds Also enter<br>al organization, such as a | the ar  | nount of po     | litical   |
|     | (a) Name   | (b) Address  | (c) EIN                                    | (d) A mount paid from filing organization's            |         | A mount o       |           |

| (a) Name | ( <b>b)</b> Address | (c) EIN | (d) A mount paid from<br>filing organization's<br>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- |
|----------|---------------------|---------|--|---|
|          |                     |         |  |   |

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                                     |                                    |                             | (a) Filing<br>Organization's<br>Totals | (b) Affiliated<br>Group<br>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   |  |                                    |                             |  |                                   |
| f        | Lobbying nontaxable amount Enter the amount f  |  |                                    |                             |  |                                   |
|          | If the amount on line 1e, column (a) or (b) is:<br>Not over \$500,000                          | The lobbying nontaxa<br>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<br>r lines 2a thro | nave to com<br>ugh 2f on pa |  | ne five                           |
|          | Lobbying Exp   | enditures During                                 | 4-Year Averag                      | ing Period                  | I                                      | ı                                 |
|          | Calendar year (or fiscal year<br>beginning in)   | (a) 2006   | <b>(b)</b> 2007                    | <b>(c)</b> 2008             | ( <b>d)</b> 2009                       | <b>(e)</b> Total                  |
| 2a       | Lobbying non-taxable amount  |  |                                    |                             |  |                                   |
| b        | Lobbying ceiling amount<br>(150% of line 2a, column(e))  |  |                                    |                             |  |                                   |
| c        | Total lobbying expenditures  |  |                                    |                             |  |                                   |
| d        | Grassroots non-taxable amount  |  |                                    |                             |  |                                   |

|     | edule C (Form 990 or 990-EZ) 2009  |             |             |       |        | age <b>3</b> |     |  |  |
|-----|--|-------------|-------------|-------|--------|--------------|-----|--|--|
| Pa  | rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).  | IOT fi      | led F       | orm   | 5768   | 8            |     |  |  |
|     | _  | (a)         |             |       | (a)    |              | (b) |  |  |
|     |  | Yes         | No          | 1     | A mour | nt           |     |  |  |
| 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?  |             | Νo          |       |        |              |     |  |  |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |             | Νo          | 1     |        |              |     |  |  |
| c   | Media advertisements?  |             | Νo          | 1     |        |              |     |  |  |
| 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?  | Yes         |             |       | ŗ      | 54,075       |     |  |  |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |             | Νo          |       |        |              |     |  |  |
| i   | Other activities? If "Yes," describe in Part IV  |             | Νo          |       |        |              |     |  |  |
| j   | Total lines 1c through 1i  |             |             |       | į      | 54,075       |     |  |  |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |             | Νo          |       |        |              |     |  |  |
| b   | If "Yes," enter the amount of any tax incurred under section 4912  |             |             | 1     |        |              |     |  |  |
| 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?   |             |             |       |        |              |     |  |  |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 5  | <b>01(c</b> | )(5),       | or s  | ectio  | n            |     |  |  |
|     | 501(c)(6).   |             |             |       |        |              |     |  |  |
|     | W  |             |             | _     | 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?   | 04.         |             | 3     |        |              |     |  |  |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 5<br>501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II   |             |             |       | ectio  | n            |     |  |  |
|     | answered "Yes".  | LI-M,       | iiiie 3     | 15    |        |              |     |  |  |
| 1   | Dues, assessments and similar amounts from members   | 1           |             |       |        |              |     |  |  |
| 2   | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political   |             |             |       |        |              |     |  |  |
|     | expenses for which the section 527(f) tax was paid).   |             |             |       |        |              |     |  |  |
| а   | Current year   | 2a          |             |       |        |              |     |  |  |
| b   | Carryover from last year   | 2b          |             |       |        |              |     |  |  |
| c   | Total  | 2c          |             |       |        |              |     |  |  |
| 3   | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3           |             |       |        |              |     |  |  |
| 4   | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4           |             |       |        |              |     |  |  |
| 5   | Taxable amount of lobbying and political expenditures (see instructions)   | 5           |             |       |        |              |     |  |  |
|     | art IV Supplemental Information  |             |             |       |        |              |     |  |  |
|     | mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and  | l Dart      | II-B lin    | ر 1 م |        |              |     |  |  |
|     | on complete this part to provide the descriptions required for Part 1-A, fine 1, Part 1-B, fine 4, Part 1-C, fine 5, and   | 4 1 alt     | וווו ,ט־ווו | € 11  |        |              |     |  |  |
|     | Identifier Reference Explanat  | ion         |             |       |        |              |     |  |  |

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OMB No 1545-0047

2009

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Name of the organization
New England College

Description

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if

| organization answered "Yes" to Form 9   | (a) Donor advised funds  | (b) Funds and  | other accounts              |
|---|--|--|-----------------------------|
| Total number at end of year   |  |  |                             |
| Aggregate contributions to (during year)  |  |  |                             |
| Aggregate grants from (during year)   |  |  |                             |
| Aggregate value at end of year  |  |  |                             |
| Did the organization inform all donors and donor adfunds are the organization's property, subject to the  |  |  | ┌ Yes ┌ N                   |
| Did the organization inform all grantees, donors, an<br>used only for charitable purposes and not for the be<br>conferring impermissible private benefit  |  | •  | ┌ Yes ┌ N                   |
| rt III Conservation Easements. Complete   | e if the organization answered "Yes  | " to Form 990, Part  | IV, line 7.                 |
| Purpose(s) of conservation easements held by the  | organization (check all that apply)  |  |                             |
| Preservation of land for public use (e g , recrea   | <u> </u>   |  | · ·                         |
| Protection of natural habitat   | Preservation of  | a certified historic stru                                      | ıcture                      |
| Preservation of open space  |  |  |                             |
| Complete lines 2a-2d if the organization held a qua   | alified conservation contribution in the fo  | orm of a conservation  |                             |
| easement on the last day of the tax year  |  |  |                             |
| Tabal asserbance for a second transfer and the  |  |  | ne End of the Year          |
| Total number of conservation easements  Total acreage restricted by conservation easement   |  | 2a   |                             |
| Total acreage restricted by conservation easement   |  | 2b   |                             |
| Number of conservation easements on a certified h   | , ,  | 2c   |                             |
| Number of conservation easements included in (c)  | acquired after 8/17/06   | 2d   |                             |
| Number of conservation easements modified, trans  | ferred, released, extinguished, or termin  | ated by the organizatio  | n during                    |
| the taxable year 🛌  |  |  |                             |
| Number of states where property subject to conser   | vation easement is located be  |  |                             |
|   |  |  |                             |
| Does the organization have a written policy regardi<br>enforcement of the conservation easements it holds   |  | andling of violations, a                                       | <sup>∩a</sup>               |
| Chaff and wallington having days to day   |  |  | . No                        |
| Staff and volunteer hours devoted to monitoring, in   | specting and enforcing conservation eas  | ements during the year   |                             |
| A mount of expenses incurred in monitoring, inspec  | ting, and enforcing conservation easeme  | nts during the year 🟲 🕏  | ·                           |
| Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  | 2(d) above satisfy the requirements of   | section  | ┌ Yes ┌ N                   |
| In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.  | f the footnote to the organization's financ  |  |                             |
| rt III Organizations Maintaining Collecti<br>Complete if the organization answered  |  |  | r Assets.                   |
| If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel  |  |  |                             |
| provide, in Part XIV, the text of the footnote to its f   |  |  | oublic service,             |
| provide, in Part XIV, the text of the footnote to its f   | financial statements that describes thes<br>.S 116, to report in its revenue statemen<br>r public exhibition, education, or researc  | e items<br>nt and balance sheet wo                             | orks of art,                |
| provide, in Part XIV, the text of the footnote to its f<br>If the organization elected, as permitted under SFA<br>historical treasures, or other similar assets held fo   | financial statements that describes thes<br>.S 116, to report in its revenue statemer<br>r public exhibition, education, or researc<br>ns                                      | e items<br>nt and balance sheet wo<br>h in furtherance of publ | orks of art,                |
| provide, in Part XIV, the text of the footnote to its f<br>If the organization elected, as permitted under SFA<br>historical treasures, or other similar assets held fo<br>provide the following amounts relating to these item   | financial statements that describes thes<br>.S 116, to report in its revenue statemer<br>r public exhibition, education, or researc<br>ns                                      | e items  nt and balance sheet wo h in furtherance of publ      | orks of art,<br>ic service, |
| provide, in Part XIV, the text of the footnote to its for If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line  | financial statements that describes thes \$ 116, to report in its revenue statement r public exhibition, education, or research  1  storical treasures, or other similar asset | e items  nt and balance sheet wo h in furtherance of publ      | orks of art,<br>ic service, |
| provide, in Part XIV, the text of the footnote to its for If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item  (i) Revenues included in Form 990, Part VIII, line  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, his | financial statements that describes thes \$ 116, to report in its revenue statement r public exhibition, education, or research  1  storical treasures, or other similar asset | e items  nt and balance sheet wo h in furtherance of publ      | orks of art,<br>ic service, |

| Pari | <b>411</b> Organizations Maintaining Co  | <u>llections of Art</u>             | , His   | torical Tre                     | eası   | ires, or O                            | the    | <u>r Similar As</u>               | sets          | (cor    | <u>itinued)</u> |
|------|--|-------------------------------------|---------|---------------------------------|--------|---------------------------------------|--------|-----------------------------------|---------------|---------|-----------------|
| 3    | Using the organization's accession and othe items (check all that apply)                   | r records, check an                 | y of th | e following th                  | nat ai | e a significa                         | ant u  | se of its collec                  | tıon          |         |                 |
| а    | Public exhibition  |                                     | d       | ┌ Loan o                        | rexc   | hange progr                           | ams    |                                   |               |         |                 |
| b    | Scholarly research   |                                     | e       | C Other                         |        |                                       |        |                                   |               |         |                 |
| c    | Preservation for future generations  |                                     |         |                                 |        |                                       |        |                                   |               |         |                 |
| 4    | Provide a description of the organization's co<br>Part XIV                                 | ollections and expla                | ın hov  | v they further                  | the    | organızatıon                          | ı's ex | cempt purpose                     | ın            |         |                 |
| 5    | During the year, did the organization solicit assets to be sold to raise funds rather than |                                     |         | •                               |        |                                       |        | nılar                             | ┌ Ye          | s       | ┌ No            |
| Par  | t IV Escrow and Custodial Arrang   |                                     |         |                                 |        | n answere                             | d "Y   | es" to Form 9                     | 990,          |         |                 |
| _    | Part IV, line 9, or reported an ar   |                                     |         | •                               |        |                                       |        |                                   |               |         |                 |
| 1a   | Is the organization an agent, trustee, custod<br>included on Form 990, Part X?             |                                     |         |                                 | ions   | or other ass                          | ets    | not                               | ΓYe           | s       | ┌ No            |
| Ь    | If "Yes," explain the arrangement in Part XI   | V and complete the                  | follow  | ıng table                       |        | Г                                     |        |                                   |               |         |                 |
| _    |  |                                     |         |                                 |        | F                                     |        | Ar                                | nount         |         |                 |
| C    | Beginning balance  |                                     |         |                                 |        | F                                     | 1c     |                                   |               |         |                 |
| d    | Additions during the year  |                                     |         |                                 |        |                                       | 1d     |                                   |               |         |                 |
| e    | Distributions during the year  |                                     |         |                                 |        | -                                     | 1e     |                                   |               |         |                 |
| f    | Ending balance   |                                     |         |                                 |        | L                                     | 1f     |                                   |               |         |                 |
| 2a   | Did the organization include an amount on F  |                                     | e 21?   |                                 |        |                                       |        |                                   | ΓYe           | S       | No              |
|      | If "Yes," explain the arrangement in Part XI\  |                                     |         | 1 1134                          |        | F 000                                 | D-     | 1 7) ( ) 40                       |               |         |                 |
| Рα   | rt V Endowment Funds. Complete   | IF the organization (a)Current Year |         | <u>wered Yes</u><br>)Prior Year |        |                                       |        | TIV, IINE 1U.<br>Three Years Back | <b>(e)</b> Fo | ur Ye   | ars Back        |
| la   | Beginning of year balance  | 5,953,674                           |         | 7,046,385                       | +      |                                       | 1      | ,                                 | (-).          |         |                 |
| b    | Contributions  | 278,566                             |         | 251,114                         |        |                                       |        |                                   |               |         |                 |
| c    | Investment earnings or losses  | 851,043                             |         | -1,062,989                      |        |                                       |        |                                   |               |         |                 |
| d    | Grants or scholarships   |                                     |         |                                 |        |                                       |        |                                   |               |         |                 |
| e    | Other expenditures for facilities  | 278,565                             |         | 251,114                         |        |                                       |        |                                   |               |         |                 |
|      | and programs   | 33,894                              |         | 29,722                          |        |                                       | +      |                                   |               |         |                 |
| f    | Administrative expenses  | 6,770,824                           |         | 5,953,674                       |        |                                       | +      |                                   |               |         |                 |
| g    | End of year balance  | , ,                                 |         | 3,933,074                       |        |                                       |        |                                   |               |         |                 |
| 2    | Provide the estimated percentage of the year   | 467000                              | 35      |                                 |        |                                       |        |                                   |               |         |                 |
| а    | Board designated or quasi-endowment  | 70                                  |         |                                 |        |                                       |        |                                   |               |         |                 |
| b    | Permanent endowment - 74 360 % %   | •                                   |         |                                 |        |                                       |        |                                   |               |         |                 |
| c    | Term endowment ► 8910 % %  |                                     |         |                                 |        |                                       |        |                                   |               |         |                 |
| 3a   | Are there endowment funds not in the posse organization by                                 | ssion of the organiza               | ation t | that are held                   | and a  | administere                           | d for  | the                               | Г             | es      | No              |
|      | (i) unrelated organizations  |                                     |         |                                 |        |                                       |        | 3a                                |               | es      |                 |
|      | (ii) related organizations   |                                     |         |                                 |        |                                       |        | 3a(                               | (ii) Y        | es      |                 |
| b    | If "Yes" to 3a(II), are the related organization   |                                     |         |                                 |        |                                       |        | 3                                 | b             | $\perp$ |                 |
| 4    | Describe in Part XIV the intended uses of th   |                                     |         |                                 |        |                                       |        |                                   |               |         |                 |
| Par  | t VI Investments—Land, Building  | s, and Equipme                      | nt. S   |                                 |        | •                                     |        |                                   | Т             |         |                 |
|      | Description of investment  |                                     |         | (a) Cost or o<br>basis (investm |        | ( <b>b)</b> Cost or of<br>basis (othe |        | (c) Accumulated depreciation      | (d            | ) Bool  | k value         |
| 1a   | Land   |                                     | •       |                                 |        | 86                                    | ,855   |                                   | $\perp$       |         | 86,855          |
| b    | Buildings  |                                     | •       |                                 |        | 20,821                                | ,312   | 11,984,60                         | 7             | 8       | ,836,70         |
| c    | Leasehold improvements   |                                     | •       |                                 |        |                                       |        |                                   |               |         |                 |
|      | Equipment  |                                     | •       |                                 |        | 12,962                                | ,395   | 10,151,29                         | 8             | 2       | ,811,097        |
| e    | Other  |                                     |         |                                 |        | 2,231                                 | ,498   |                                   |               | 2       | ,231,498        |

13,966,155

| Part VII Investments—Other Securities. See  (a) Description of security or category                  | Form 990, Part X, line 12  | (c) Method of valuation          |
|--|----------------------------|----------------------------------|
| (including name of security)   | ( <b>b)</b> Book value     | Cost or end-of-year market value |
| Financial derivatives  |                            |                                  |
| Closely-held equity interests  |                            |                                  |
| Other  |                            |                                  |
|  |                            |                                  |
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|  |                            |                                  |
|  |                            |                                  |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)                                   |                            | 12                               |
| Part VIII Investments—Program Related. Se  |                            | (c) Method of valuation          |
| (a) Description of investment type   | (b) Book value             | Cost or end-of-year market value |
|  |                            |                                  |
|  |                            |                                  |
|  |                            |                                  |
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|  |                            |                                  |
|  |                            |                                  |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )                                  |                            |                                  |
| Part IX Other Assets. See Form 990, Part X, III  | ne 15.                     |                                  |
| (a) Descrip  | otion                      | (b) Book value                   |
|  |                            |                                  |
|  |                            |                                  |
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|  |                            |                                  |
|  |                            |                                  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line :                                     | 25.)                       |                                  |
| Part X Other Liabilities. See Form 990, Part >   |                            |                                  |
|  |                            |                                  |
| Part X Other Liabilities. See Form 990, Part >   | (, line 25.                |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (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.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes | (, line 25.<br>(b) A mount |                                  |

|      |  |              | raye       |
|------|--|--------------|------------|
| Pai  | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer                | nts          |            |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                       | 1            | 43,128,343 |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)  | 2            | 40,801,250 |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1                                   | 3            | 2,327,093  |
| 4    | Net unrealized gains (losses) on investments   | 4            | 699,471    |
| 5    | Donated services and use of facilities   | 5            |            |
| 6    | Investment expenses  | 6            |            |
| 7    | Prior period adjustments   | 7            |            |
| 8    | Other (Describe in Part XIV)   | 8            |            |
| 9    | Total adjustments (net) Add lines 4 - 8  | 9            | 699,471    |
| 10   | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9               | 10           | 3,026,564  |
|      | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p                  |              |            |
| 1    | Total revenue, gains, and other support per audited financial statements                       | 1            | 31,957,859 |
| 2    | A mounts included on line 1 but not on Form 990, Part VIII, line 12                            |              | · · ·      |
| а    | Net unrealized gains on investments  |              |            |
| ь    | Donated services and use of facilities   |              |            |
| c    | Recoveries of prior year grants  |              |            |
| d    | Other (Describe in Part XIV) 2d  |              |            |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e           | 699,471    |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3            | 31,258,388 |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                     |              |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 33,884                   |              |            |
| b    | Other (Describe in Part XIV)   |              |            |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c           | 11,869,955 |
| 5    | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)  | 5            | 43,128,343 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses                      | per Re       |            |
| 1    | Total expenses and losses per audited financial statements                                     | 1            | 28,931,295 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25                               | <del>-</del> |            |
| a    | Donated services and use of facilities   |              |            |
| ь    | Prior year adjustments   |              |            |
| c    | Other losses   |              |            |
| d    | Other (Describe in Part XIV) 2d  | 1            |            |
| e    | Add lines 2a through 2d  | 2e           | 0          |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3            | 28,931,295 |
| 4    | Amounts 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 33,884                     |              |            |
| b    | Other (Describe in Part XIV)   |              |            |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c           | 11,869,955 |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) | 5            | 40,801,250 |
|      | t XIV Supplemental Information   |              | <u> </u>   |

| Ident if ier                             | Return Reference                       | Explanation  |
|--|--|--|
| · · · · · · · · · · · · · · · · · · ·    | ption of Intended Use of<br>ment Funds | The College's endowment primarily consists of funds established for scholarships. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. As required by U.S. generally accepted accounting principles (GAAP), net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The College has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the College must hold in perpetuity or for a donor-specified period(s) as well as board-designated funds. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of appropriate market indices while assuming a moderate level of investment risk. The College's investment objectives are to provide a total return sufficient to support the College's operating budget while preserving the assets against inflation. To meet these objectives the Board seeks a total return of at least 5% greater than the rate of inflation as measured by the Consumer Price Index (U.S. CPI-U.) over a long-term horizon. Total return is defined as dividends or interest income, plus or minus realized and unrealized capital appreciation or depreciation at fair market value, net of fees. The maximum amount of endowment income utilization is determined by a spending formula approved by the Board of Trustees. The amount available for spending is set at 5% of the previous three-year average market value for the years ended June 30, 2010 and 2009, respectively. The amounts distributed, net of unspent endowment income, under the sp |
| Part XII, Line 4b - Other<br>Adjustments |  | Institutional financial aid 11836071   |
| Adjustments Part XIII, Line 4b - Other   |  | Institutional financial aid 11836071   |

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

New England 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

|   | 02-0223955   |          |     |    |
|---|--|----------|-----|----|
|   |  |          | 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 The nondiscrimination policy is prominently included in all application materials as well as on the school's web site and in other printed materials  | 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 |    |
| С | 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)   |          |     |    |
|   |  | 1        |     |    |
| 5 | Does the organization discriminate by race in any way with respect to  |          |     |    |
|   | Students' rights or privileges?  | 5a       |     | Νo |
| Ь | Admissions policies?   | 5b       |     | Νo |
| С | Employment of faculty or administrative staff?   | 5c       |     | 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       |     | Νo |
|   | 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?<br>Has the organization's right to such aid ever been revoked or suspended?  | 6a<br>6b | Yes | Νο |
|   | 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  |          |     |    |
|   | of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form<br>990)  | 7        | Yes |    |

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DLN: 93493327004000

OMB No. 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

**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.

**Supplemental Information Regarding** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** New England College 02-0223955 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

|      | Form 990-EZ file  | rs are not require                      | d to com  | plete thi                 | s part.                              |  |  |
|------|---|---|---|---------------------------|--------------------------------------|--|--|
| 1    | Indicate whether the orga                                 | nızatıon raısed funds                   | through a                                       | ny of the                 | following activities Ch              | eck all that apply   |  |
| а    | Mail solicitations  |   | -   | e                         |                                      | n-government grants  |  |
| b    | Internet and e-mail so                                    | olicitations                            |   | f                         | Solicitation of gov                  |  |  |
| _    | Phone solicitations                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | a                         | Special fundraisir                   |  |  |
| d    | In-person solicitation                                    | c                                       |   | 9                         | , opecial fallaraisii                | ig events  |  |
| u    | ·   |   |   |                           |                                      |  |  |
| 2a   | Did the organization have or key employees listed in      |   |   |                           |                                      |  | Г <sub>Yes</sub> Г <sub>N</sub>                          |
| Ь    | If "Yes," list the ten highe<br>to be compensated at leas |   |   |                           |                                      |  |  |
|      | (i) Name of individual or entity (fundraiser)             | (ii) Activity                           | (iii)<br>fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of | (iv) Gross receipts<br>from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |
|      |   |   | Yes   | No                        |                                      | .,   |  |
|      |   |   |   |                           |                                      |  |  |
|      |   |   |   |                           |                                      |  |  |
|      |   |   |   |                           |                                      |  |  |
|      |   |   |   |                           |                                      |  |  |
|      |   |   | 1   |                           |                                      |  |  |
|      |   |   |   |                           |                                      |  |  |
|      |   |   |   |                           |                                      |  |  |
|      |   |   |   |                           |                                      |  |  |
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|      |   |   |   |                           |                                      |  |  |
|      |   |   |   |                           |                                      |  |  |
| Tota | d   |   |   |                           |                                      |  |  |
| 3    | List all states in which the                              | ne organization is reç                  | jistered oi                                     | r licensed                | to solicit funds or has              | been notified it is exem   | ot from registration or                                  |
|      |   |   |   |                           |                                      |  |  |

| Pa       |      | more than \$15,000 on Form   |  |                           |                          |          | Теропсе                              | 1   |
|----------|------|--|--|---------------------------|--------------------------|----------|--------------------------------------|-----|
|          |      |  | (a) Event #1  Miscellaneous Fundraising Events | (b) Event #2              | (c) O ther Events        | (Add col | tal Events<br>(a) throu              |     |
|          |      |  | (event type)                                   | (event type)              | (total number)           |          |                                      |     |
| Æ        | 1    | Gross receipts   | 118,34   | 1                         |                          |          | 118,3                                | 41  |
| Revenue  | 2    | Less Charitable contributions  |  |                           |                          |          |                                      |     |
|          | 3    | Gross income (line 1 minus line 2)   | 118,34   | 1                         |                          |          | 118,3                                | 41  |
|          | 4    | Cash prizes  |  |                           |                          |          |                                      |     |
| မွာ      | 5    | Non-cash prizes  |  |                           |                          |          |                                      |     |
| Expenses | 6    | Rent/facility costs  |  |                           |                          |          |                                      |     |
|          | 7    | Food and beverages   |  |                           |                          |          |                                      |     |
| Direct   | 8    | Entertainment  |  |                           |                          |          |                                      |     |
| Δ        | 9    | Other direct expenses .  |  |                           |                          |          |                                      |     |
|          | 10   | Direct expense summary Add lin   | es 4 through 9 ın columr                       | (d)                       | •                        |          |                                      |     |
|          | 11   | Net income summary Combine li  | nes 3, column d, and line                      | 10                        |                          |          | 118,3                                | 41  |
| Par      | t II | Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii                       |  | "Yes" to Form 990, Pa     | art IV, line 19, or repo | rted mor | e than                               |     |
| <u>Ф</u> |      | <u> </u>   | (a) Bingo                                      | (b) Pull tabs/Instant     | (c) O ther gaming        |          | tal gamıng                           |     |
| Revenue  |      |  |  | bingo/progressive bingo   |                          | 1 '      | ( <b>a)</b> throu<br>ol <b>(c)</b> ) | ıgh |
|          | 1    | Gross revenue  |  |                           |                          |          |                                      |     |
| မှာ      | 2    | Cash prizes  |  |                           |                          |          |                                      |     |
| Expenses | 3    | Non-cash prizes  |  |                           |                          |          |                                      |     |
|          | 4    | Rent/facility costs  |  |                           |                          |          |                                      |     |
| Direct   | 5    | Other direct expenses  |  |                           |                          |          |                                      |     |
|          | 6    | Volunteer labor  | ┌ Yes%   | ┌ Yes%                    | Г Yes%<br>Г No           |          |                                      |     |
|          | 7    | Direct expense summary Add line  | s 2 through 5 in column (                      | (d)                       |                          |          |                                      |     |
|          | 8    | Net gaming income summary Com  | ibine lines 1, column d, a                     | nd line 7                 |                          |          |                                      |     |
| _        |      |  |  |                           |                          |          | Yes N                                | ю   |
| 9<br>a   |      | ter the state(s) in which the organiza<br>the organization licensed to operate |  |                           | •                        | . 9a     |                                      |     |
| b        |      | 'No," Explain  |  |                           |                          | 34       |                                      |     |
|          | _    |  |  |                           |                          |          |                                      |     |
| 10a<br>b |      | re any of the organization's gaming<br>'Yes," Explain                          | licenses revoked, susper                       | nded or terminated during | the tax year?            | 10a      |                                      |     |
| 11       |      | es the organization operate gaming   | activities with nonmomb                        | ars?                      |                          |          |                                      |     |
| 12       | Is   | the organization a grantor, beneficia  | ry or trustee of a trust or                    | a member of a partnersh   | ip or other entity       |          |                                      | —   |
|          | fori | med to admınıster charıtable gamınç  | 1 <sup>7</sup>                                 |                           |                          | .   12   |                                      |     |

|           |  | Yes      | No |
|-----------|--|----------|----|
| 13        | Indicate the percentage of gaming activity operated in   |          |    |
| а         | The organization's facility  |          |    |
| b         | An outside facility  |          |    |
| 14        | Enter the name and address of the person who prepares the organization's gaming/special events books and records |          |    |
|           |  |          |    |
|           | Name 🟲   |          |    |
|           |  |          |    |
|           |  |          |    |
|           | Address -  |          |    |
|           |  |          |    |
| 15a       | Does the organization have a contract with a third party from whom the organization receives gaming              |          |    |
|           | revenue?   | ,        |    |
| b         | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the                           | +        |    |
|           | amount of gaming revenue retained by the third party 🟲 \$  |          |    |
| c         | If "Yes," enter name and address   |          |    |
|           |  |          |    |
|           | Name 🟲   |          |    |
|           |  |          |    |
|           |  |          |    |
|           | Address •  |          |    |
| 16        |  |          |    |
| 16        | Gaming manager information   |          |    |
|           |  |          |    |
|           | Name 🟲   |          |    |
|           | Name F   |          |    |
|           | Gaming manager compensation 🕨 \$   |          |    |
|           |  |          |    |
|           | Description of services provided -   |          |    |
|           | Director/officer Employee Independent contractor   |          |    |
|           | I Independent contractor   |          |    |
| <b>.7</b> | Mandatory distributions  |          |    |
| а         | Is the organization required under state law to make charitable distributions from the gaming proceeds to        |          |    |
|           | retain the state gaming license?   | <u> </u> |    |
| b         | Enter the amount of distributions required under state law distributed to other exempt organizations or spent    |          |    |
|           | in the organization's own exempt activities during the tax year ▶ \$   | 1        |    |

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DLN: 93493327004000 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

**Governments and Individuals in the United States** Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

**Grants and Other Assistance to Organizations,** 

| Internal Revenue Service             |                      |  |                              | 90                          |   |                     | Inspect ion                           |
|--------------------------------------|----------------------|--|------------------------------|-----------------------------|---|---------------------|---------------------------------------|
| Name of the organization             |                      |  |                              |                             |   | Employer identifica | ition number                          |
| New England College                  |                      |  |                              |                             |   | 02-0223955          |                                       |
| Part I General Infor                 | mation on Gran       | ts and Assistance  |                              |                             |   | •                   |                                       |
| the selection criteria use           | d to award the grant | ibstantiate the amount of t<br>its or assistance?<br>dures for monitoring the us |                              |                             | •   | •                   | ר Yes Γ                               |
| Form 990, Part                       | IV, line 21 for an   | to Governments and y 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 | <b>(b)</b> EIN       | (c) IRC Code section if applicable   | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash | (f) Method of valuation<br>(book, FMV, appraisal, |                     | (h) Purpose of grant<br>or assistance |

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

| (a)Type of grant or assistance | <b>(b)</b> Number of recipients | (c)A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-----------------------------|--------------------------------------|--|---------------------------------------|
| State Grant                    | 226                             | 106,045                     |                                      |  |                                       |
| Federal Pell Grant             | 570                             | 1,334,334                   |                                      |  |                                       |
| Federal SEOG Grant             | 511                             | 333,747                     |                                      |  |                                       |
| Federal Work Study             | 773                             | 225,898                     |                                      |  |                                       |
| Leveraged Grant                | 4                               | 6,000                       |                                      |  |                                       |
| Various Scholarships           | 991                             |                             | 9,809,247                            | FMV  | Internal Scholarships                 |
| Endowed Scholarship Recipients | 23                              | 20,800                      |                                      |  |                                       |

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<br>Grants in the U S |                  | Schedule I, Part I, Line 2 All assistance to individuals is in the form of financial aid, grants, scholarships and tuition discounts awarded to students. Assistance is applied directly to the student's account balance |
|   |                  |   |
|   |                  |   |
|   |                  |   |
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DLN: 93493327004000

Employer identification number

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

| Nev | ew England College 02-022   | 3955         |     |    |
|-----|---|--------------|-----|----|
| Pa  | art I Questions Regarding Compensation  | 3,00         |     |    |
|     |   |              | Yes | Νo |
| 1a  | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these   |              |     |    |
|     | First-class or charter travel   | luse         |     |    |
|     | Travel for companions Payments for business use of personal resid   | dence        |     |    |
|     | Tax idemnification and gross-up payments Health or social club dues or initiation fees  |              |     |    |
|     | Discretionary spending account Personal services (e.g., maid, chauffeur, che  | ef)          |     |    |
| b   | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain   | or <b>1b</b> | Yes |    |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  | 2            | Yes |    |
| 3   | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation compensation compensation compensation. | nmittee      |     |    |
| 4   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing or a related organization   | organization |     |    |
| а   | Receive a severance payment or change-of-control payment?   | 4a           |     | No |
| b   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b           |     | Νo |
| С   | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c           |     | Νo |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part II   | :I           |     |    |
| 5   | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of   |              |     |    |
| 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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of   |              |     |    |
| 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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  | 7            |     | No |
| 8   | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III  | 8            |     | No |
| 9   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Reg  |              |     |    |

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

| <b>(A)</b> Name |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |   |   | (C) Retirement and other deferred |             | (E) Total of columns | (F) Compensation                                |
|-----------------|-------------|--|---|---|-----------------------------------|-------------|----------------------|---|
|                 |             | (i) Base<br>compensation                           | (ii) Bonus &<br>incentive<br>compensation |   |                                   | benefits    | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
|                 | (ı)<br>(ıı) | 226,937<br>0                                       | 0   | _ | ,                                 | 42,983<br>0 | 280,824<br>0         | 0<br>0  |
|                 | (I)<br>(I)  | 131,019<br>0                                       | 0   | _ | 1                                 | 15,757<br>0 | 153,314<br>0         | 0<br>0  |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |
|                 |             |  |   |   |                                   |             |                      |   |

#### Part III Supplemental Information

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

| Ident if ier | Return<br>Reference | Explanation |
|--------------|---------------------|-------------|
|              |                     |             |

Schedule J (Form 990) 2009

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

# **NonCash Contributions**

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** New England College 02-0223955

| Pa  | Tile Types of Property                        |                 |                                       |                                |                     |        |      |    |
|-----|---|-----------------|---------------------------------------|--------------------------------|---------------------|--------|------|----|
|     |   | (a)             | (b)                                   | (c)                            | (d)                 | )      |      |    |
|     |   | Check           | Number of Contributions               | Revenues reported on           | Method of do        | etermı | nıng |    |
|     |   | ıf              |                                       | Form 990, Part VIII, line      | reven               | ues    |      |    |
|     | Art—Works of art                              | applicable<br>X | 1                                     | 1g                             | Appraisal by donor  |        |      |    |
|     | Art—Historical treasures .                    | <u> </u>        | 1                                     | 1,000                          | A ppraisal by donor |        |      |    |
|     |   |                 |                                       |                                |                     |        |      |    |
|     |   | '               |                                       |                                |                     |        |      |    |
| 4   | Books and publications Clothing and household |                 |                                       |                                | 1                   |        |      |    |
| 3   | goods   |                 |                                       |                                |                     |        |      |    |
| 6   | Cars and other vehicles                       |                 |                                       |                                |                     |        |      |    |
| 7   | Boats and planes                              |                 |                                       |                                |                     |        |      |    |
|     | Intellectual property                         |                 |                                       |                                |                     |        |      |    |
|     | Securities—Publicly traded .                  |                 |                                       |                                |                     |        |      |    |
|     | Securities—Closely held stock                 |                 |                                       |                                |                     | -      |      |    |
|     | Securities—Partnership, LLC,                  |                 |                                       |                                |                     |        |      |    |
|     | or trust interests                            |                 |                                       |                                |                     |        |      |    |
| 12  | Securities—Miscellaneous .                    |                 |                                       |                                |                     |        |      |    |
| 13  | Q ualified conservation                       |                 |                                       |                                |                     |        |      |    |
|     | contribution—Historic                         |                 |                                       |                                |                     |        |      |    |
| 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                       |                 |                                       |                                |                     |        |      |    |
| 25  | O ther ▶ ()                                   |                 |                                       |                                |                     |        |      |    |
|     | Other ▶()                                     |                 |                                       |                                |                     |        |      |    |
| 27  | O ther ▶()                                    |                 |                                       |                                |                     |        |      |    |
| 28  | O ther ▶ ()                                   |                 |                                       |                                |                     |        |      |    |
| 29  | Number of Forms 8283 receive                  | ed by the org   | anızatıon durıng the tax yea          | ar for contributions           |                     |        |      |    |
|     | for which the organization com                | oleted Form     | 8283, Part IV , Donee Ackr            | owledgement                    | 29                  |        |      |    |
|     |   |                 |                                       |                                |                     |        | Yes  | No |
| 30a | During the year, did the organi               | zation receiv   | e by contribution any prope           | rty reported in Part I, lines  | 1-28 that it        |        |      |    |
|     | must hold for at least three yea              | ars from the    | date of the initial contribution      | on, and which is not require   | d to be used        |        |      |    |
|     | for exempt purposes for the en                | tıre holdıng p  | period?                               |                                |                     | 30a    |      | No |
| b   | If "Yes," describe the arranger               | nent in Part 1  | II                                    |                                |                     |        |      |    |
| 31  | Does the organization have a g                | ıft acceptan    | ce policy that requires the i         | review of any non-standard     | contributions?      | 31     |      | No |
| 32a | Does the organization hire or u               | se third part   | ies or related organizations          | to solicit, process, or sell i | non-cash            |        |      |    |
|     | contributions?                                |                 |                                       |                                |                     | 32a    |      | Νo |
| ь   | If "Yes," describe in Part II                 |                 |                                       |                                |                     |        |      |    |
| 33  | If the organization did not repo              | rt revenues i   | n column (c) for a type of p          | roperty for which column (a    | ) is checked,       |        |      |    |
|     | describe in Part II                           |                 | · · · · · · · · · · · · · · · · · · · |                                | ,                   |        |      |    |
|     |   |                 |                                       |                                |                     |        |      |    |

Page 2

#### 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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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DLN: 93493327004000

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.

OMB No 1545-0047
2009
Open to Public

| Internal Revenue Service                     | ► Attach to Form 990. | Inspection                     |
|--|-----------------------|--------------------------------|
| Name of the organizat<br>New England College | on                    | Employer identification number |
|  |                       | 02-0223955                     |

| ldentifier                                | Return<br>Reference | Explanation   |
|---|---------------------|---|
| Form 990, Part VI,<br>Section B, line 11  |                     | The audit committee reviews the 990 prior to its filing. After their review, and any necessary changes are made, each board member is given a copy to review.   |
| Form 990, Part VI,<br>Section B, line 12c |                     | An annual reporting is conducted by the VP of Finance. The process involves sending out a form each year to all trustees. The form is updated by these individuals and is then reviewed by the VP of Finance to ensure that there were no note-worthy changes in the current year.                  |
| Form 990, Part VI,<br>Section B, line 15a |                     | In 2007, the organization engaged the services of a search firm to aid in the process of hiring a new President. This search firm also provided guidance in helping to design a compensation package. Other 990s from similar colleges were used, as were benchmark executive Compensation studies. |
| Form 990, Part VI,<br>Section C, line 19  |                     | The organization includes all of these documents in the college's library - which is available to the public upon request - and in all Vice President offices   |
|   |                     | Form 990, Part XI, Line 2c This process has not changed from the prior year   |