

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2009 ca	lendar yea	r, or tax year beginning 07-01-20	09 and ending 06-30-201	0					
		pplicable	Please	C Name of organization ST JOHN'S COLLEGE	_		D Employer i	dentification number			
_	ress ch		use IRS	52-05914	121						
_ ⊢ _{Nar}	me char	nae	label or print or	Doing Business As			E Telephone	number			
_	ial retur	-	type. See Specific				(410) 626	5-2514			
_			Instruc-	Number and street (or P O box if ma POBOX 2800	all is not delivered to street addre	ess) Room/suite	,	ts \$ 78,582,312			
_	mınated		tions.								
Am	ended r	return		City or town, state or country, and Zi ANNAPOLIS, MD 21404	[P + 4						
App	olication	pending		7111011 0113, 1115 21161							
			F Nan	ne and address of principal office	r	H(a) Is t	ー his a group reti	ırn for			
				TOPHER NELSON			ates?	┌ Yes ┌ No			
				LLEGE AVENUE POLIS, MD 21401		H/h) Aug	-II -661:-t :I	udada Evas Ens			
				,		1 ' '	all affiliates incl	·			
I Ta	x-exem	pt status	▽ 501(c)	(3) ◀ (insert no)	r 「 527	I	up exemption	st (see instructions)			
1 14/	a bait a		waren adu			n(c) 3.3	ap exemption	Talliber F			
۷۷ د	ebsite	· · · · · · · · ·	w sjca edu								
K Forr	n of org	janization	✓ Corporat	ion Trust Association Other ►		L Year of	ormation 1784	M State of legal domicile			
Da	rt I	Sumi	mary					MD			
Ра				e organization's mission or most	significant activities						
				ST-SECONDARY EDUCATION	significant activities						
ည											
Governance											
<u>ē</u>	١,	Charle 4		c.L			250/ -5-5-	h h -			
<u> </u>			,	if the organization discontinued							
			_	nembers of the governing body (F				3 5.			
Activities &				dent voting members of the gove		b)	•	44			
Ē		Total nu	51,05								
ទ្	6	Total nu	620								
٠.		-		ted business revenue from Part V	, , , , ,			7a			
	b	Net unr	elated busi	ness taxable income from Form 9	990-T, line 34			7b			
						Pr	or Year	Current Year			
_	8	Contri	butions and	d grants (Part VIII, line 1h) .			13,243,325	12,370,431			
	9	Progra	m service	revenue (Part VIII, line 2g) .		48,327,990	47,858,345				
Revenue	10	Invest	ment incor	ne (Part VIII, column (A), lines 3	3,4, and 7d)		3,840,296	3,862,611			
立	11	Other	revenue (P	art VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		3,423,901	505,403			
	12			dd lines 8 through 11 (must equa		e	60.005.540	64.506.700			
				<u> </u>			68,835,512				
	13			r amounts paid (Part IX, column			14,020,639	15,871,274			
	14			r for members (Part IX, column (0			
88	15	Saları 10)	es, other co	ompensation, employee benefits (Part IX, column (A), lines!	5-	33,631,595	34,231,997			
Expenses	16a	•	sional fund	raising fees (Part IX, column (A)	line 11e)			0			
<u>क</u>								0			
ŭ	ь			enses (Part IX, column (D), line 25) • 3,			17.270.242	16.266.510			
	17			Part IX, column (A), lines 11a-1			17,378,343				
	18		•	Add lines 13–17 (must equal Par			65,030,577				
00	19	Reven	ue less exp	penses Subtract line 18 from line	12		3,804,935	-1,773,000			
Net Assets or Fand Balances						Beginni	ng of Current Year	End of Year			
9.4g	20	Total	accetc (Par	t X, line 16)			208,777,095	217,313,096			
Α.B.	21			Part X, line 26)			44,076,696				
5 <u>5</u>	22			d balances Subtract line 21 from			164,700,399				
	22 11 III		ature Blo		1 line 20		164,700,399	174,149,402			
Fal	(11			rjury, I declare that I have examined th	is raturn, including accompanying	cchodulos and	statements, and t	o the hest of my knowledge			
				correct, and complete Declaration of pre							
Sign		****					L-01-12				
Here	2	Sign:	ature of office	er .		Date	2				
				TD TREASURER, ANNAPOLIS CAMPUS							
		Type	e or print nam	e and title							
		Preparer		ON M WIMBISH CPA	I I	Check If self-	Preparer's ide	ntıfyıng number			
Paid		signature	e F SHARC	MA DETOLISIT CAN	1	empolyed 🕨 🦵		113)			
Prepa	arer's		ame (or yours								
Use (Only		nployed), and ZIP + 4	2553 HOUSLEY ROAD SUITE 200			EIN Þ				
							Phone no	(410) 224-4920			
Mar.	h - 701	<u>ا</u>		ANNAPOLIS, MD 214016751	2 (ann implimination -)		Filone no F (410) 224-4920				
.v. コソ 1											

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

St John's College is a community dedicated to liberal education. Such education seeks to free men and women from the tyrannies of unexamined opinions and inherited prejudices. It also endeavors to enable them to make intelligent, free choices concerning the ends and means of both public and private life At St. John's, freedom is pursued mainly through thoughtful conversation about great books of the Western tradition. The books that are at the heart of learning at St. John's stand among the original sources of our intellectual tradition. They are timeless and timely, they not only illuminate the persisting questions of human existence, but also have great relevance to contemporary problems. They change our minds, move our hearts, and touch our spirits.

2	Did the organization und the prior Form 990 or 99				r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on Sc	hedule O			
3	Did the organization ceaservices? If "Yes," describe these					┌ Yes ┌ No
4	Describe the exempt pur	pose achievement 01(c)(4) organizat	s for each of th	on 4947(a)(1) trusts	e largest program services by are required to report the am service reported	
4a	(Code GRADUATE & UNDERGRADUA) (Expenses \$ ATE COURSE OF STUDY	•	including grants of \$ TELY 1100 STUDENTS	15,871,274) (Revenue \$	48,622,217)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services (Expenses \$	•	•	F d) /Payanus #	`
4e	Total program service e		uding grants of 	·) (Revenue \$)
 -	iotai piogrami service e	APCIISCSF'D	55,557,25	-		

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			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		No
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 2	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		ļ
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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		No
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		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings and	Tax C	Compliance
--------	-------------------	-----------	-----------	-------------	-------	------------

			Yes	No				
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes					
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		NI -				
h	return?	3a 3b		Νο				
а								
b	If "Yes," enter the name of the foreign country ▶BD See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
ì	organization solicit any contributions that were not tax deductible?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo				
	If "Yes," indicate the number of Forms 8282 filed during the year							
_	benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h						
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
)	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
L	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							

ANNAPOLIS, MD 21401

(410) 626-2514

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 53			
b	Enter the number of voting members that are independent 1b 48	_		
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		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
	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		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		110
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► MD , NM			
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 BRONTE JONES AND BRYAN VALENTINE 60 COLLEGE AVENUE	ne orga	inization	n) -

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	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee		
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director		Key employee Officer Institutional Trustee		Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data											

1b Total .									F	2,082,784	0	634,023

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization >32

			Yes	No
3	Did the organization list any former 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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARAMARK 1160 CAMINO CRUZ BLANCA SANTA FE, NM 87505	FOOD SERVICE	1,463,523
PARKHURST DINING SERVICE PO BOX 644091 PITTSBURGH, PA 15264	FOOD SERVICE	1,393,287
THE NORTH CHARLES STREET DESIGN ORGANIZA 222 WEST SARATOGA STREET BALTIMORE, MD 21201	MARKETING SERVICES	485,382
JENZABAR PO BOX 845939 BOSTON, MA 02284	COMPUTER SERVICES	380,069
ASSOCIATED SECURITY INDUSTRIES 1221 S SAINT FRANCIS DR STE B SANTA FE, NM 87505	SECURITY GUARD SERVICES	250,247
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►12) who received more than	

Page 8

Form 99								Page 9
Part V	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats a	1a	Federated camp	paigns 1a					
gra our	b	Membership du	es 1b					
£ ∰.	С	Fundraising eve						
<u>=</u>	d	Related organiz Government grants	rations 1d	2,574,822				
ons. Siri	e •	_	ons, gifts, grants, and 1f	9,795,609	ļ			
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above butions included in					
S E	h	Total. Add lines	s 1a-1f	▶	12,370,431			
<u> </u>				Business Code				
Program Serwce Revenue	2a	TUITION AND FEES	5	611,600	39,429,323	39,429,323		
æ. ≥	ь	ROOM AND BOARD	FEES	611,710	6,687,416	6,687,416		
AC.0	С	AUXILIARY ENTERP	PRISES	611,710	1,139,410	1,139,410		
Ser.	d							
E S	e							
į.	f	All other progra	im service revenue		602,196	602,196		
	g		32a-2f		47,858,345			
	3		ome (including dividend		3,604,142			3,604,142
	4		ar amounts) tment of tax-exempt bond p	<u> </u>	3,004,142			3,004,142
	5			· · · · · · · · · · · · · · · ·				
		·	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	14,243,991					
	b	Less cost or other basis and sales expenses	13,985,522					
	С	Gain or (loss)	258,469					
	d		s)		258,469	258,469		
Other Revenue	8a	Gross income fi events (not incl \$	luding reported on line 1c)					
<u>.</u>			а					
	b с		penses b loss) from fundraising e	avents				
_	9a		rom gaming activities e 19					
	b c		apenses b	vities				
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		loss) from sales of inve					
	11a	Miscellaneous		Business Code 900,099	254,187	254,187		
	ь	SABBATICAL I	-	900,099	251,216	251,216		
	c	CHANGE IN V	-LUL UI 3FL	, -		, -		
	d	All other revenu	ue					
	e	Total. Add lines	ı		505 400			
	12	Total revenue.	See Instructions	*	505,403 64,596,790	48,622,217	0	3,604,142

	990 (2009)				Page 10
Part					
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	15,871,274	15,871,274		
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	1,771,061	363,602	1,056,555	350,904
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	21,773,223	17,918,034	2,381,233	1,473,956
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,029,667	1,546,017	398,267	85,383
9	Other employee benefits	6,891,070	4,800,024	1,771,785	319,261
10	Payroll taxes	1,766,976	1,401,645	 	128,639
11	Fees for services (non-employees)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
 a	Management				
- h	Legal	102,168		102,168	
c	Accounting	140,885		140,885	
d	Lobbying	140,003		140,003	
e	Professional fundraising See Part IV, line 17				
	-			+	
f	Investment management fees	363.065	222.756	125 102	4.026
g 42	Other	363,865	223,756	 	4,926
12 13	Advertising and promotion	735,820	459,438	· · ·	176,684
	Office expenses	1,631,983	691,599	 	292,865
14	Information technology	365,813	63,467	293,311	9,035
15	Royalties	1 212 127	1 242 427		
16	Occupancy	1,342,137	1,342,137		
17 18	Travel	302,816	186,839	30,898	85,079
	state, or local public officials				
19	Conferences, conventions, and meetings	84,948	71,163	12,641	1,144
20	Interest	1,379,404	278,728	1,100,676	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,896,890	2,799,829	63,222	33,839
23	Insurance	384,832	717	384,115	
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	AUXILIARY ENTERPRISES -	2,477,668	2,477,668		
ь	STUDENT ACTIVITIES AND	1,268,772	1,110,835	106,590	51,347
С	OTHER SUPPLIES AND SERV	1,129,023	1,053,141	75,882	0
d	EQUIPMENT RENTAL AND MA	826,751	255,308	477,998	93,445
e	COST OF GOODS SOLD	484,268	484,268		
f	All other expenses	348,476	157,765	182,581	8,130
25	Total functional expenses. Add lines 1 through 24f	66,369,790	53,557,254	9,697,899	3,114,637
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				. ,

Pa	rt X	Balance Sheet					
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash—non-interest-bearing			114,378		270,089
	2	Savings and temporary cash investments	•		15,542,516		17,224,185
	3	Pledges and grants receivable, net	•		10,467,527	3	8,089,030
	4	Accounts receivable, net			232,589	4	740,423
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			5,840,381	7	6,111,906
Š	8	Inventories for sale or use			504,850	8	509,577
⋖	9	Prepaid expenses and deferred charges			588,260	9	820,960
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	120,882,649			
	ь	Less accumulated depreciation	10b	48,568,599	70,633,121	10c	72,314,050
	11	Investments—publicly traded securities			68,634,169	11	80,329,434
	12	Investments—other securities See Part IV, line 11			35,166,675	12	29,767,021
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,052,629	15	1,136,421
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			208,777,095	16	217,313,096
	17	Accounts payable and accrued expenses .			18,626,740	17	20,411,511
	18	Grants payable			1,473,783	18	1,429,959
	19	Deferred revenue			2,017,895	19	1,807,099
	20	Tax-exempt bond liabilities			19,730,000	20	19,295,000
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
- =		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,000,000	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			228,278	25	220,125
	26	Total liabilities. Add lines 17 through 25			44,076,696	26	43,163,694
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	lines 27			
φ		through 29, and lines 33 and 34.					
Fund Balance	27	Unrestricted net assets			34,030,740	27	40,992,960
Ω Ω	28	Temporarily restricted net assets			47,671,964	28	46,629,698
Ξ	29	Permanently restricted net assets			82,997,695	29	86,526,744
Œ		Organizations that do not follow SFAS 117, check here ► □ and	nd con	nplet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Ŋet	33	Total net assets or fund balances			164,700,399	33	174,149,402
	34	Total liabilities and net assets/fund balances			208,777,095	34	217,313,096

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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 Consolidated basis Both consolidated and separated 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)

OMB No 1545-0047

Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Name of the organization ST JOHN'S COLLEGE

Employer identification number

The	organi	zatıon ıs	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	ıgh 11, checl	only one bo	x)				
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of	churches :	section 170(b)(1)(A)(i).					
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Sched	ule E)						
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ			organization operate y, and state	ed in conjunc	ction with a	hospital des	cribed in sec	tion 170(b)(1)(A)(ii	i i). Ente	r the	
_	_	A n orga	nizotion one	rated for the honofit	of a college	or universi	ty owned or o	norsted by s	governments	م +بصبا	lacaribe	_ .d.m	
5	ı	_	•	erated for the benefit	-	or universi	ty owned or o	perated by a	governmenta	ii unit a	iescribe	eu m	
_	_			A)(iv). (Complete Pa	•								
6	<u> </u>			local government or (_								
7	ı	describ	ed in	t normally receives a A)(vi) (Complete Pa		I part of its	support from	a governme	ntal unit or fro	m the	general	public	:
8	_			described in section		Muil (Cor	malata Bart I	r \					
9	<u>'</u>		· ·	t normally receives			•	-	uitiona mamb	. a ra b i n	foos	nd ara	
9	'			ties related to its exe									55
		•		ess investment incom	•	_			` '				
				anization after June 3						ax) 11011	II Dusiii	esses	
10	_			anized and operated	•			•	•				
11	<u>'</u>	-	_	anized and operated	•					carry (out the	nurnos	os of
11	'	_	_	y supported organiza									
		the box		pes the type of suppo b Type II	rting organi	zation and		s 11e throug	jh 11h		Гуре II		
e	Γ	By chec	king this bo	x, I certify that the o	rganization	ıs not cont	rolled directly	or indirectly	y by one or mo	ore disc	qualifie	d perso	ons
				on managers and othe	erthan one d	or more pub	olicly support	ed organızat	ions describe	dın sed	ction 50	9(a)(1) or
_			509(a)(2)			fua + b a TD	C +h-+ .+	T.,		·T			
f		check t		received a written det	termination	iioiii tile 1R	.5 tilat it is a	туре 1, туре	ili or Type II	.ı supp	orting c	rigariiz	
g				006, has the organiz	ation accept	ted any gift	or contributi	on from any	of the				•
			g persons?										
				ectly or indirectly co	•		-	persons des	cribed in (ii)	_		Yes	No
				governing body of the			ation?			- ⊢	11g(i)		
		• •	•	r of a person describ							11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) a	above?			Ŀ	11g(iii)		
h		Provide	the followin	g information about t	he supporte	d organızat	ion(s)						
				(iii)	(iv)								
				Type of	Is the		Dıd you n		(vi				
	(i) Name		(ii)	organization (described on	organizat		organiza		organiza			(vii)
	suppo		EIN	lines 1- 9 above	col (ı) lıs		col (ı)		col (ı) org		i		ount of
	rganız			or IRC section	your gove docume		supp	ort?	in the U	JS?		sup	port?
				(see		1	<u> </u>		 ,,	T			
				ınstructions))	Yes	No	Yes	No	Yes	No	•		
						1				_			
						1							
						+			+				
						+			+	-			
Tota						+			+				
Tota													

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	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 stop here						► □
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 m, n	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					uii 22 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: 52-0591421

Name: ST JOHN'S COLLEGE

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

Compensated Employees, and		lent Co			ors					1
(A) Name and Title	(B) Average hours		tion (that a	(che	')			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MS SUSAN ALLEN MEMBER	1 00	Х						0	0	0
MR JOEL ARD MEMBER	1 00	Х						0	0	0
MS SHEILA ARMSTRONG	1 00	×						0	0	0
MEMBER MR JOHN BELCHER MEMBER	1 00	Х						0	0	0
MR ROBERT BIENENFELD	1 00	Х						0	0	0
MEMBER MR GEORGE BINGHAM MEMBER	1 00	X						0	0	0
MR STEVEN BOHLIN MEMBER	1 00	X						0	0	0
MS JANA CAREY MEMBER	1 00	Х						0	0	0
MR RAY CAVE MEMBER	1 00	Х						0	0	0
MS JEAN CLARKE MEMBER	1 00	Х						0	0	0
MS JILL COOPER UDALL MEMBER	1 00	X						0	0	0
MR GREG CURTIS VICE CHAIR	1 00	X						0	0	0
MR BRAD DAVIDSON MEMBER	1 00	Х						0	0	0
MR EVAN DUDIK MEMBER	1 00	Х						0	0	0
MR WILLIAM FANT MEMBER	1 00	X						0	0	0
MS MICHELE FARQUHAR MEMBER	1 00	Х						0	0	0
MR STEPHEN FEINBERG MEMBER	1 00	Х						0	0	0
MR RON FIELDING VICE CHAIR	1 00	Х						0	0	0
MR ROBERT GEORGE MEMBER	1 00	X						0	0	0
MR STEWART GREENFIELD MEMBER	1 00	Х						0	0	0
MR RICHARD GROENENDYKE MEMBER	1 00	X						0	0	0
MR KEITH HARRISON MEMBER	1 00	X						0	0	0
MR JOHN JEFFRIES MEMBER	1 00	X						0	0	0
MR WILLIAM JOHNSTON MEMBER	1 00	X						0	0	0
MS LESLIE JUMP-WALKER MEMBER	1 00	X						0	0	0

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

Compensated Employees, a	nd Independ	lent C	ontr	act	ors					
(A) Name and Title	(B) Average hours per		tion (/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
DR THOMAS KRAUSE	1 00	X						0	0	0
MEMBER MR PERRY LERNER VICE CHAIR	1 00	x						0	0	0
MR AUSTIN LIGON MEMBER	1 00	Х						0	0	0
MR MARK LINDLEY MEMBER	1 00	Х						0	0	0
MR MICHAEL MACDONALD MEMBER	1 00	Х						0	0	0
MR DOUGLAS MAYER MEMBER	1 00	X						0	0	0
MR MICHAEL MILLER MEMBER	1 00	Х						0	0	0
MR SCOTT MOMADAY MEMBER	1 00	Х						0	0	0
MR JAMES POLK III MEMBER	1 00	Х						0	0	0
MR SANJAY POOVADAN MEMBER	1 00	Х						0	0	0
MR THEODORE ROGERS MEMBER	1 00	Х						0	0	0
MR FORD ROWAN MEMBER	1 00	Х						0	0	0
MR MIKAEL SALOVAARA MEMBER	1 00	Х						0	0	0
MS PAMELA SAUNDERS ALBI SECRETARY	1 00	Χ						0	0	0
MR FREDERICA SAXON MEMBER	1 00	Χ						0	0	0
MS LINDA SCHAEFER MEMBER	1 00	Χ						0	0	0
MR JEREMY SHAMOS MEMBER	1 00	X						0	0	0
MS JUSTINE SHAVER MEMBER	1 00	Х						0	0	0
DR PATRICIA SOLLARS MEMBER	1 00	Х						0	0	0
MR WARREN SPECTOR MEMBER	1 00	Χ						0	0	0
MR MICHAEL UREMOVICH CHAIR	1 00	X						0	0	0
MR WILLIAM WARREN MEMBER	1 00	Х						0	0	0
MS DELORES WOLF MEMBER	1 00	X						0	0	0
MR LEE ZLOTOFF MEMBER	1 00	X						0	0	0
MR CHRISTOPHER B NELSO PRESIDENT - ANNAPOLIS	35 00	Х		X		X		355,210	0	168,175

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

(A) Name and Title	(B) Average hours		((tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MR MICHAEL PETERS PRESIDENT - SANTA FE	35 00	Х		Χ		Χ		261,812	0	78,914
MR MICHAEL DINK DEAN - ANNAPOLIS	35 00	X		Х		X		146,461	0	79,112
MS VICTORIA MORA DEAN - SANTA FE	35 00	X		Х		X		146,467	0	37,052
MS BARBARA GOYETTE VP ADVANCEMENT - ANNAPOL	35 00			Х		х		144,679	0	30,677
MR JIM OSTERHOLT VP ADVANCEMENT - SANTA F	35 00			Х		х		157,707	0	17,841
MR BRYAN VALENTINE TREASURER - SANTA FE	35 00			Х		х		145,465	0	35,573
MS BRONTE D JONES TREASURER - ANNAPOLIS	35 00			х		х		150,731	0	26,394
MS MARILYN HIGUERA DIRECTOR GRADUATE INSTIT	35 00					X		128,874	0	53,950
MR JOHN VERDI TUTOR - ANNAPOLIS	35 00					Х		112,141	0	44,236
MR WILLIAM PASTILLE TUTOR - ANNAPOLIS	35 00					Χ		111,941	0	22,988
MR JAMES CAREY TUTOR - SANTE FE	35 00					Х		111,540	0	20,406
MS LYNDA MYERS TUTOR - SANTE FE	35 00					X		109,756	0	18,705

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
AUXILIARY ENTERPRISES -	2,477,668	2,477,668		
STUDENT ACTIVITIES AND	1,268,772	1,110,835	106,590	51,347
OTHER SUPPLIES AND SERV	1,129,023	1,053,141	75,882	0
EQUIPMENT RENTAL AND MA	826,751	255,308	477,998	93,445
COST OF GOODS SOLD	484,268	484,268		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493012009671

OMB No 1545-0047

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 **Employer identification number** ST JOHN'S COLLEGE 52-0591421 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

the taxable year 🕨	
Number of states where property subject to conservation easement is located 🛌	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌	
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	┌ No
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	
	Oces the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Society of the section seasement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? The part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and coalance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

Par	411 Organizations Maintaining Co	ollections of Art	, His	torical Tre	eası	ires, or Ot	the	r Similar <i>I</i>	<u>Asse</u>	ets (co	ntınued)
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	nt u	se of its colle	ectio	n	
а	Public exhibition		d	┌ Loan o	rexc	hange progra	ams				
ь	Scholarly research		e	✓ Other	RAR	EANDOLD	LIB	RARY BOOK	(S		
c	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they further	the	organızatıon'	s ex	empt purpos	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				ılar	Г	Yes	√ No
Paı	t IV Escrow and Custodial Arrang					n answered	1 "Y	es" to Form	າ 990),	
	Part IV, line 9, or reported an ar		•	•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for contribut	ions	or other asse	ets r	not	Г	Yes	Г No
ь	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ing table							
	, ,								A moı	ınt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?			<u></u>			Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\										
	rt V Endowment Funds. Complete		n ans	wered "Yes	" to	Form 990,	Par	t IV, line 10	0.		
		(a)Current Year	(b) Prior Year	+	Two Years Back	(d)	Three Years Ba	ick (e	Four Ye	ears Back
la	Beginning of year balance	104,269,100		125,411,610	-						
b	Contributions	2,946,192		5,588,015			-		_		
C	Investment earnings or losses	14,302,735		-17,828,549	_				_		
d	Grants or scholarships	2,699,391		3,598,099	-						
е	Other expenditures for facilities and programs	4,319,836		5,303,877							
f	Administrative expenses										
g	End of year balance	114,498,800		104,269,100							
2	Provide the estimated percentage of the yea	r end balance held a	as				_				
а	Board designated or quasi-endowment	27 300 % %									
ь	Permanent endowment ► 72 700 % %										
c	Term endowment ► 0 % %	,									
3a	Are there endowment funds not in the posse	ssion of the organiza	atıon t	hat are held	and a	admınıstered	for	the			
	organization by	_								Yes	No
	(i) unrelated organizations				•		٠	_	3a(i)	Yes	
	(ii) related organizations				•			<u> </u> 3	a(ii)	Yes	
ь 4	If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the	•			•		•		3b		
	t VI Investments—Land, Building				n p	art X line '	1 Ո				
	Description of investment	o, una Equipino	<u> </u>	(a) Cost or o	ther	(b)Cost or other	ner	(c) Accumulat		(d) Boo	ok value
La	Land			25	5,000	2,533,	640		\dashv	:	2,558,640
	Buildings					96,908,		39,355,	,876		7,552,960
	Leasehold improvements					4,733,		1,923,	+		2,810,269
d	Equipment					9,836,	657	7,073,	,778		2,762,879
e	Other					6,845,	237	215,	,935	(5,629,302

72,314,050

Part VII Investments—Other Securities. See F	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
INVESTMENTS WITH THE COMMON FUND	8,841,225	F
ALTERNATIVE INVESMENTS (INSTITUTIONAL), L P	7,434,865	F
LEGACY VENTURE II, LLC	1,588,608	F
LEGACY VENTURE III, LLC	806,634	F
BERENS CAPITAL FUND, LTD	6,322,282	F
INVESTMENTS HELD BY THE HODSON SCHOLARSHIP FOUNDATION, INC	2,719,666	F
INVESTMENTS HELD IN CHARITABLE REMAINDER TRUSTS	1,827,890	F
US GOVERNMENT AND CORPORATE BONDS	105,875	F
CERTIFICATES OF DEPOSIT	119,976	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	29,767,021	
Part VIII Investments—Program Related. See		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Description		(b) Book value
(a) bescript		(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
UNAMORTIZED BOND PREMIUM	220,125	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	220,125	

Total revenue (Form 990, Part VIII, column (A), line 12)

64,596,790

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	66,369,790
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,773,000
4	Net unrealized gains (losses) on investments	4	11,222,003
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	11,222,003
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,449,003
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	59,947,519
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-4,649,271
3	Subtract line 2e from line 1	3	64,596,790
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	64,596,790
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	50,498,516
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	50,498,516
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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4с	15,871,274
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	66,369,790
Par	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
Part III, Line 4		SANTA FE - THE ARTWORK PLACED AROUND CAMPUS, AS WELL AS LIBRARY BOOK COLLECTION, FURTHER THE PURPOSE OF THE COLLEGE BY EXPOSING STUDENTS TO FINE WORKS OF ART, IN BOTH THE WRITTEN AND SCULPTED FORM THE EXCELLENCE AND THOUGHT REPRESENTED IN BOTH ART FORMS FIT VERY WELL WITH THE EXCELLENCE AND DEPTH OF THOUGHT AND CREATIVITY EXPECTED OF OUR STUDENTS ANNAPOLIS - THE COLLECTION IS AN ECLECTIC ASSEMBLAGE OF FINE AND DECORATIVE ART OBJECTS THAT HAVE BEEN GIVEN TO THE COLLEGE OVER THE YEARS THIS COLLECTION RANGES FROM UNFRAMED REPRODUCTION POSTERS TO FINE CHINESE SILK PAINTINGS MANY OF THESE OBJECTS ARE ON DISPLAY THROUGHOUT CAMPUS AND ENRICH CLASSROOM, COMMON, AND OFFICE SPACES
Part V, Line 4		THE COLLEGE INTENDS TO USE THE ENDOWMENT FUNDS TO SUPPLEMENT THE ANNUAL OPERATIONS OF THE COLLEGE AS WELL AS FULFILL DONOR RESTRICTIONS PLACED ON ENDOWMENTS
Part XII, Line 2d - Other Adjustments		FINANCIAL AID -15871274
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID 15871274

Additional Data

Software ID: Software Version:

EIN: 52-0591421

Name: ST JOHN'S COLLEGE

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
INVESTMENTS WITH THE COMMON FUND	8,841,225		F
ALTERNATIVE INVESMENTS (INSTITUTIONAL), LP	7,434,865		F
LEGACY VENTURE II, LLC	1,588,608		F
LEGACY VENTURE III, LLC	806,634		F
BERENS CAPITAL FUND, LTD	6,322,282		F
INVESTMENTS HELD BY THE HODSON SCHOLARSHIP FOUNDATION, INC	2,719,666		F
INVESTMENTS HELD IN CHARITABLE REMAINDER TRUSTS	1,827,890		F
US GOVERNMENT AND CORPORATE BONDS	105,875	·	F
CERTIFICATES OF DEPOSIT	119,976		F

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

ST JOHN'S 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

	52-0591421			
			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 STUDENT HANDBOOK DESCRIBES THIS POLICY, THIS HANDBOOK IS DISTRIBUTED TO STUDENTS AS PART OF THE REGISTRATION PROCESS	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	l <u>.</u>		
	with student admissions, programs, and scholarships?	4c	Yes	
a	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)			
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5a		Νo
Ь	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		Νo
		 - -		
	Does the organization receive any financial aid or assistance from a governmental agency? . Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	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 990)	7	Yes	

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

Schedule I

DLN: 93493012009671

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) **Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Open to Public **Inspection**

	of the organization						Employer identifica	tion number
ST JO	HN'S COLLEGE						52-0591421	
Part	t I General Infor	mation on Grant	s and Assistance				•	
t	the selection criteria use	d to award the grant	ostantiate the amount of t s or assistance? ures for monitoring the us					✓ Yes
Part	Form 990, Part	IV, line 21 for any	to Governments and recipient that received 90) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a)	Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance

2	Enter total	number	ofsection	501(c)	(3) and	government	organizations
---	-------------	--------	-----------	--------	---------	------------	---------------

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) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FEDERAL PELL GRANT PROGRAM	219	912,626		COST	
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS	184	325,266		COST	
ACADEMIC COMPETITIVENESS GRANT	44	37,354		COST	
ST JOHN'S COLLEGE GRANTS	765	14,158,419		COST	
MARYLAND STATE SCHOLARSHIPS	33	88,650		COST	
NEW MEXICO STATE SCHOLARSHIPS	26	60,460		COST	
NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT (SMART) GRANTS	69	274,000		COST	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE COLLEGE MONITORS THE USE OF GRANT FUNDS IN THE FINANCIAL AID OFFICE PERSONNEL REVIEW STUDENT NEED ON A YEARLY BASIS AND AWARD GRANTS BASED ON NEED AND ELIGIBILITY

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

DLN: 93493012009671

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization ST JOHN'S COLLEGE

Employer identification number

52-0591421

Pa	rt I Questions Regarding Compensation)	<u> </u>			
	-				Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgonometers of the expenses described the expenses described to the expense of the expen			1b	Yes	
2	Did the organization require substantiation prior to re	eimburs	sing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all th	at appl	y			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	·			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	I, Section A, line ${f 1}{f a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	ıt?	4a		Νo
Ь	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	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, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p					<u> </u>
	subject to the initial contract exception described in		·			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MR CHRISTOPHER B NELSON	(I) (II)	280,000 0	0 0	75,210 0	30,625 0	137,550 0	523,385 0		
MR MICHAEL PETERS	(ı) (ıı)	250,000 0	0 0	11,812 0	26,000 0	52,914 0	340,726 0		
MR MICHAEL DINK	(ı) (ıı)	146,461 0	0 0	0	20,138 0	58,974 0	225,573 0	1	
MS VICTORIA MORA	(ı) (ıı)	146,467 0	0 0		18,646 0	18,406 0	183,519 0		
MS BARBARA GOYETTE	(I) (II)	140,000	0	.,	17,500 0	13,177 0	175,356 0		
MR JIM OSTERHOLT	(I) (II)	149,442 0	0	,	15,261 0	2,580 0	175,548 0		
MR BRYAN VALENTINE	(I) (II)	144,537	0		18,067 0	17,506 0	181,038 0		
MS BRONTE D JONES	(ı) (ıı)	143,775 0	0	,	14,953 0	11,441	177,125 0		
MS MARILYN HIGUERA	(ı) (ıı)	128,874 0	0		17,602 0	36,348 0	182,82 4 0		
MR JOHN VERDI	(I) (II)	112,141 0	0	_	13,462	30,774 0	156,377 0		
						<u> </u>			

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	·	AS IS NORMAL AND CUSTOMARY WITH COLLEGES, THE PRESIDENTS OF THE ANNAPOLIS (CHRISTOPHER NELSON) AND SANTA FE CAMPUS (MICHAEL PETERS) ARE PROVIDED WITH HOUSING THE PRESIDENTS' HOME IS USED FOR MANY COLLEGE ACTIVITIES INCLUDING HOSTING EVENTS FOR STUDENTS, FACULTY, AND COLLEGE SUPPORTERS THE CALCULATED NONTAXABLE BENEFIT RECIEVED BY THE PRESIDENTS FOR THE PERSONAL USE OF THE HOUSING AMOUNTED TO \$125,830 AND \$39,889 FOR ANNAPOLIS AND SANTA FE, RESPECTIVELY IN ADDITION, PERSONAL SERVICES SUCH AS LANDSCAPER AND MAIDS ARE PROVIDED TO MAINTAIN THE UPKEEP ON THE RESIDENCE
		THE PRESIDENT OF THE ANNAPOLIS CAMPUS, CHRISTOPHER NELSON, PARTICIPATED IN A 457(F) PLAN THE BALANCE IN THE ACCOUNT WAS DISTRIBUTED DURING THE YEAR ENDED JUNE 30, 2010

Schedule J (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493012009671 OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

Open to Public Inspect ion

Schedule K (Form 990) 2009

Name of the organization **Employer identification number** ST JOHN'S COLLEGE 52-0591421 **Bond Issues** (h) O n (q) Defeased Behalf of (b) Issuer EIN (c) CUSIP # (f) Description of Purpose (a) Issuer Name (d) Date Issued (e) Issue Price Issuer Yes No Yes No DEFEASE PORTION OF PRIOR CITY OF ANNAPOLIS BONDS, PROVIDE FUNDS FOR MARYLAND SERIES A 52-6000764 035779CN5 06-08-2007 4.755.000 Х Х **NEW CENTRAL HEATING** SYSTEM DEFEASE PORTION OF PRIOR CITY OF ANNAPOLIS BONDS, PROVIDE FUNDS FOR 8,690,000 Х Х MARYLAND SERIES B 52-6000764 035779DC8 06-08-2007 NEW CENTRAL HEATING SYSTEM Part II **Proceeds** C В D Ε Α Total proceeds of issue 4,817,240 8,872,343 Gross proceeds in reserve funds 2 309,750 698,250 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 91,980 164,615 Working capital expenditures from proceeds 3,473,744 3,473,744 Capital expenditures from proceeds 4,583,635 4,583,635 Year of substantial completion 2008 2009 Yes Yes No No Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Χ Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? 11 Χ Х Does the organization maintain adequate books and records to support 12 Х Х the final allocation of proceeds? Part III **Private Business Use** Ε В С D Α Yes No Yes No Yes Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, Х Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х Χ which may result in private business use?

Cat No 50193E

Е

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		×		X						
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		×		Х						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		X							
Par	IV Arbitrage	A		В		С		D		E	
	Yes	n No	Yes	ь No	Yes		No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?				, 55			, 55			
		Х		Χ							
2	Is the bond issue a variable rate issue?	Χ		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	.,		V							
		X		X							
b	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X		Х							
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	x		Х							
6	Did the bond issue qualify for an exception to rebate?	X		Х							

В

С

D

DLN: 93493012009671

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Employer identification number

ST JOHN'S COLLEGE

52-0591421

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction

Yes No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . .

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)O riginal principal amount	(d)Balance due	(e) In default?		Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
BRONTE JONES										
HOME LOAN TO ASSIST										
EMPLOYEE WITH PURCHASE OF										
RESIDENCE		Χ	150,000	141,519		Νo	Yes		Yes	

141,519

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

MICHAEL DINK

DEAN/OFFICER

EDUCATIONAL BENEFITS TO EMPLOYEE AND FAMILY Amount \$ 45490

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

DLN: 93493012009671

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization ST JOHN'S COLLEGE

Employer identification number

52-0591421

Pa	rt I Types of Property				52-0591421			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check ıf applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermı	nıng	
1	Art-Works of art	аррисавис		19				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	29	700,806	HIGH/LOW AVERA	GE VA	LUE	
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()				1			
29	Number of Forms 8283 received for which the organization compl				29		v	
30≈	During the year, did the organiza	ition receiv	e hy contribution any prope	rty renorted in Part I lines	1 - 28 that it		Yes	No
500	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not required	a to be used			No
						30a		NO
31	 If "Yes," describe the arrangem Does the organization have a gif 			eview of any non-standard	contributions?	31	Yes	
3 2a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	non-casn	32a		Νo
ь	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	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

OMB No 1545-0047

SCHEDULE 0

Name of the organization

(Form 990)

Department of the Treasury Internal Revenue Service

ST JOHN'S COLLEGE

Supplemental Information to Form 990

Open to Public

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

Inspection **Employer identification number**

52-0591421

Section B, Ilne 11 MOTION AND APPROVE THE ACCEPTANCE OF THE FORM 990 AND POST A COPY OF THE COMPLETED 990 ON SECURE PORTAL FOR FULL BOARD REVIEW THE AUDIT AND COMPLANCE COMMITTEE WILL ALSO GRANT THANNAPOLS CAMPUS TREASURER PERMISSION TO PROCEED WITH SIGNING AND FILING THE FORM 990 THE CONFLICT OF INTEREST POLICY IS MONITORED AND COMPLANCE IS ENFORCED THROUGH A YEARLY STATEMENT ALONG WITH THE COLLEGES POLICY BEING DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS, Section B, Ince 12c FORM 990, PRESIDENT OF THE ANNAPOLIS CAMPUS FOR REVIEW AND FOLLOW-UP. ANY POTENTIAL CONFLICTS ARE DISCUSSED BETWEEN THE PARTIES AND A RESOLUTION IS MADE TO RESOLVE THE CONFLICT. Form 990, Part VI, Section B, Ince 15 Form 990, Part VI, Section B, Ince 16 Form 990, Part VI, Section B, Ince 16 Form 990, Part VI, Section B, Ince 17 Form 990, Part VI, Section B, Ince 17 Form 990, Part VI, Section B, Ince 18 FORM 1990, Part VI, Section B, Ince 18 FORM 1990, Part VI, Section C, Ince 18 FORM 19	Identifier	Return Reference	Explanation
Part VI, Section B, Interest Colleges Policy BEING DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOY EES FOR REVIEW AND SIGNATURE THE SIGNED STATEMENTS ARE RETURNED TO THE PRESIDENT OF THE ANNAPOLIS CAMPUS FOR REVIEW AND FOLLOW-UP ANY POTENTIAL CONFLICTS ARE DISCUSSED BETWEEN THE PARTIES AND A RESOLUTION IS MADE TO RESOLVE THE CONFLICT FOR PART VI, Section B, Interest of the Board, the Compensation of all eight officers, and before making a recommendation to the Executive Committee of the Board, the Compensation Review Committee consults with Yaffe & Company, Inc., an independ consulting firm which specializes in providing executive compensation advice to colleges and universities as we as to hospitals and health systems. One of the primary purposes of engaging an outside firm was to assure compliance with IRS regulatory requirements regarding the reasonableness of executive compensation in 501 (c (3) organizations. The Compensation Committee has established what is known as a rebuttable presumption of the reasonableness of compensation by satisfying three regulatory requirements (1) Compensation recommendation have been developed by an independent Committee of the Board, (2) Appropriate comparability data has been us (provided by Yaffe based on its survey), and (3) The process has been adequately documented through the minutes of the Compensation Review and Executive Committees. That Committee considers the recommendations the presidents relative to the vice-presidents and treasurers, and considers the projected formula-based salaries the deans, all in light of the external comparisons provided by Yaffe. The Committee also considers the benefits provided to the officers that make up a part of the total compensation package. The Committee that acts to make recommendation with respect to these six officers to the Executive Committee, which in turn of the vice-presidents and after review do by the Compensation Committee. Which in turn of the vice-presidents and after receiving reports from the Board Chai	Part VI, Section B,		THE COMMITTEE WILL CONDUCT A REVIEW OF THE 990 UPON DISCUSSION AND REVIEW, THE COMMITTEE WILL MOTION AND APPROVE THE ACCEPTANCE OF THE FORM 990 AND POST A COPY OF THE COMPLETED 990 ON A SECURE PORTAL FOR FULL BOARD REVIEW THE AUDIT AND COMPLIANCE COMMITTEE WILL ALSO GRANT THE
Part VI, Section B, line 15 Committee of the Board, the Compensation Review Committee consults with Yaffe & Company, Inc., an independ consulting firm which specializes in providing executive compensation advice to colleges and universities as we as to hospitals and health systems. One of the primary purposes of engaging an outside firm was to assure compliance with IRS regulatory requirements regarding the reasonableness of executive compensation in 501 (c (3) organizations. The Compensation Committee has established what is known as a rebuttable presumption of the reasonableness of compensation by satisfying three regulatory requirements. (1) Compensation recommendation have been developed by an independent Committee of the Board. (2) Appropriate comparability data has been use (provided by Yaffe based on its survey), and (3) The process has been adequately documented through the minutes of the Compensation Review and Executive Committees. That Committee considers the recommendations the presidents relative to the vice-presidents and treasurers, and considers the projected formula-based salaries the deans, all in light of the external comparisons provided by Yaffe. The Committee also considers the benefits provided to the officers that make up a part of the total compensation package. The Committee then acts to make recommendations as to each after reviewing all of the material considered by the Compensation Committee As for the recommendations relative to the presidents, those salaries and benefits are reviewed by the Compensation Review. Committee in the absence of the presidents and after receiving reports from the Board Chair concerning the performance of the presidents upon review by the Presidential Review Committee. The recommendation is made after a review of the same data and comparisons provided by Yaffe. This recommendation goes to the Executive Committee in the absence of the presidents upon review by the Presidential Review. Committee The recommendation is made after a review of the same data an	Part VI, Section B,		STATEMENT ALONG WITH THE COLLEGE'S POLICY BEING DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES FOR REVIEW AND SIGNATURE THE SIGNED STATEMENTS ARE RETURNED TO THE PRESIDENT OF THE ANNAPOLIS CAMPUS FOR REVIEW AND FOLLOW-UP ANY POTENTIAL CONFLICTS ARE
Part VI, Section C, Interest Policy is Published annually in the Staff Handbook The College has an audit and compliance committee that assumes responsible for the selection of the audit in addition, the audit and compliance committee is responsible for the selection of the audit in addition, the audit and compliance committee is responsible for the selection of the audit in addition.	Part VI, Section B,		Committee of the Board, the Compensation Review Committee consults with Yaffe & Company, Inc., an independent consulting firm which specializes in providing executive compensation advice to colleges and universities as well as to hospitals and health systems. One of the primary purposes of engaging an outside firm was to assure compliance with IRS regulatory requirements regarding the reasonableness of executive compensation in 501 (c) (3) organizations. The Compensation Committee has established what is known as a rebuttable presumption of the reasonableness of compensation by satisfying three regulatory requirements. (1) Compensation recommendations have been developed by an independent Committee of the Board, (2) Appropriate comparability data has been used (provided by Yaffe based on its survey), and (3) The process has been adequately documented through the minutes of the Compensation Review and Executive Committees. That Committee considers the recommendations of the presidents relative to the vice-presidents and treasurers, and considers the projected formula-based salaries of the deans, all in light of the external comparisons provided by Yaffe. The Committee also considers the benefits provided to the officers that make up a part of the total compensation package. The Committee then acts to make a recommendation with respect to these six officers to the Executive Committee, which in turn makes the final decisions as to each after reviewing all of the material considered by the Compensation Committee. As for the recommendations relative to the presidents, those salaries and benefits are reviewed by the Compensation Review Committee in the absence of the presidents and after receiving reports from the Board Chair concerning the performance of the presidents upon review by the Presidential Review Committee. The recommendation is made after a review of the same data and comparisons provided by Yaffe. This recommendation goes to the Executive Committee, which in turn considers all the considerations made by
OF THE AUDIT IN ADDITION, THE AUDIT AND COMPLIANCE COMMITTEE IS RESPONSIBLE FOR THE SELECTION C	Part VI, Section C,		FORM 1023, 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN ADDITION, THE FORM 990 IS AVAILABLE ON GUIDESTAR AND THE CONFLICT OF INTEREST POLICY IS PUBLISHED ANNUALLY IN THE STAFF HANDBOOK
			THE COLLEGE HAS AN AUDIT AND COMPLIANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT IN ADDITION, THE AUDIT AND COMPLIANCE COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITORS